TMA DoD Pharmacoeconomic Center
Fort Sam Houston, TX

MTF Quarterly Webcast

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Introduction

- Greetings from the PEC
- Purpose of the Quarterly MTF Webcast
- DCO Ground Rules
  - Type questions into DCO system
  - Put on mute, not on hold
  - Contingency plan if DCO system quits working

Review of P&T Activities

Dave Meade, PharmD, BCPS
Clinical Pharmacist

May 2010 DoD P&T Committee Meeting

- **Uniform Formulary Class Reviews**
  - **Antilipidemics-1**
    - **Statins, combinations, ezetimibe, niacin**
  - **Alpha Blockers for BPH**
- **New Drugs in Previously Reviewed Classes**
  - **Fentanyl transmucosal soluble film (Onsolis)**
  - **Sumatriptan needle-free injection (Sumavel Dose Pro)**
- **Other Issues**
  - **Quinine sulfate prior authorization**

Antilipidemic-1 Agents

Antilipidemics-1

Antilipidemic-1s Uniform Formulary (UF)		
BCF drugs - MTFs must have on formulary	**MTFs may have on formulary**	**MTFs encouraged to reserve use for patients meeting clinical criteria described below**
Simvastatin (generic) Pravastatin (generic) Atorvastatin (Lipitor) Niacin ER (Niaspan)	Ezetimibe (Zetia) Lovastatin (generic) Simvastatin/Niacin ER (Simcor)	Atorvastatin/Amlodipine (Caduet) Fluvastatin (Lescol, Lescol XL) Lovastatin ER (Altoprev) Niacin ER/Lovastatin (Advicor) Rosuvastatin (Crestor) Simvastatin/Ezetimibe (Vytorin)

- Nothing Non-Formulary
- Generics and Lipitor step-preferred agents
- Reserve the use of Crestor and Vytorin for patients requiring > 45% LDL reduction, unable to tolerate preferred agents, drug interactions issues

Antilipidemic -1s Class Definition

Generic name	Brand name (Manufacturer)	Generics
Statins		
Atorvastatin	Lipitor (Pfizer)	No; Nov 2011 expected
Fluvastatin	Lescol Lescol XL	No 2012 No 2012-2020
Lovastatin IR Lovastatin ER	Mevacor Altoprev (previously Altocor)	Yes No 2017-2018
Pravastatin	Pravachol	Yes
Rosuvastatin	Crestor (Astra Zeneca)	No 2016-2022 (litigation 06/10)
Simvastatin	Zocor	Yes
Pitavastatin -not launched; approved Aug 2009	Livalo (Kowa)	No 2015-2024
Statin Combinations		
Simvastatin / Niaspan	Simcor (Abbott)	No 2013-2018
Lovastatin / Niaspan	Advicor (Abbott)	No 2013-2018
Atorvastatin /Amlodipine	Caduet (Pfizer)	No; Nov 2011 expected
Simvastatin/Ezetimibe	Vytorin (Merck Schering Plough)	No 2014-2017
Add-on therapies		
Niacin	Niaspan (Abbott); Niacin IR	No to Niaspan 2014-2018 yes to IR
Ezetimibe	Zetia (Merck Schering Plough)	No 2014-2022

% LDL lowering

HMG CoA Reductase Inhibitors (Statins)							
Statin LDL reduction	Lovastatin (Mevacor)	Lovastatin (Altoprev)	Pravastatin (Pravachol)	Simvastatin (Zocor)	Fluvastatin (Lescol, Lescol XL)	Atorvastatin (Lipitor)	Rosuvastatin (Crestor)
25-30%	20mg	20mg	20mg	10mg	40mg		
30-40%	40-80mg	40mg	40mg	20mg	80mg XL	10mg	
40-45%	80mg (40mg X 2)	60mg	80mg	40mg or Vytorin 10/10		20mg	5mg
45-50%	Ezetimibe: ↓ LDL 10-20% Niacin: ↓LDL 5-15% Advicor: 40 mg lova + niacin Simcor: 20 mg simva + niacin			80mg or Vytorin 10/20		40mg	10mg
50-55%				Vytorin 10/40		80mg	20mg
>55%				Vytorin 10/80			40mg

POS Expenditures and Utilization
April 09 – May 10

Expenditures in millions

	MTF	Mail	Retail	All POS
<45%	$ 14.6	$ 37.8	$ 142.8	$ 195.2
>45%	$ 29.7	$ 41.1	$ 128.9	$ 199.7
Add On	$ 33.6	$ 10.9	$ 49.2	$ 93.7
Total	$ 77.9	$ 89.8	$ 320.9	$ 488.6

30 day equiv in millions

	MTF	Mail	Retail	All POS
<45%	4.1	2.2	3.3	9.6
>45%	1.5	1.1	1.4	4
Add On	0.7	0.5	0.5	1.7
Total	6.3	3.8	5.2	15.3

Not VARR corrected
Source: PDTS

Overall Clinical Effectiveness Conclusion
Surrogate and Clinical Outcomes

- **Surrogate Markers:**
  - **Across equipotent doses, statins ↓ LDL & ↑ HDL to similar extent**
  - **Ability to raise HDL plateaus as statin dose ↑**
  - **Doubling statin dose gives only an additional 4 – 7% ↓ LDL & 3-6%↓ non-HDL lowering**
  - **There is a 1:1 log-linear relationship btw ↓ both LDL & non-HDL and a reduced relative risk of CHD**
    - **LDL and CRP are correlated; CRP is a strong predictor of CHD**
    - **Non-HDL was a stronger predictor than LDL in one mortality study**

- **Primary Clinical Outcomes:**
  - **Low to moderate doses:**
    - **atorva = prava= simva in long-term CV prevention (meta-analysis)**
    - **lovastatin and fluvastatin have fewer trials, but still positive outcomes data (lova: WOSCOPS ↓ mortality; fluva: LIPS ↓ need for revasc)**
    - **Simvastatin ≤40 mg remains the DOD workhorse statin**

Overall Clinical Effectiveness Conclusion

Primary Clinical Outcomes

- **Primary prevention**
  - **Statins don't decrease risk of all-cause mortality**
  - **Statins ↓ risk of major CV events by 22-30%**

- **Secondary prevention**
  - **Statins ↓ risk of mortality, ↓ risk of major CV events by 21-23%**
  - **Acute Coronary Syndromes: Atorvastatin 80 mg ↓ risk of 2nd event by 16-19%**
  - **Rosuvastatin – no studies in 2◦ prevention**

- **Rosuvastatin**
  - **1◦ prevention trial (JUPITER) - Benefits limited to pts with CRP >2, other CHD risk factors, and age**
  - **ATP IV delayed until 2011; emphasis on CRP unknown**

- **Vytorin:**
  - **Outcomes studies still ongoing; Simva benefits from HPS & 4S studies**

Overall Clinical Effectiveness Conclusion
Add-on therapies / Special Populations

- **Ezetimibe & Niaspan:**
  - **Fulfill unique niches**
  - **Ezetimibe provides additional 10%-20% ↓ LDL; unique mechanism**
  - **Niaspan ↓LDL 5-15% and ↑ HDL**

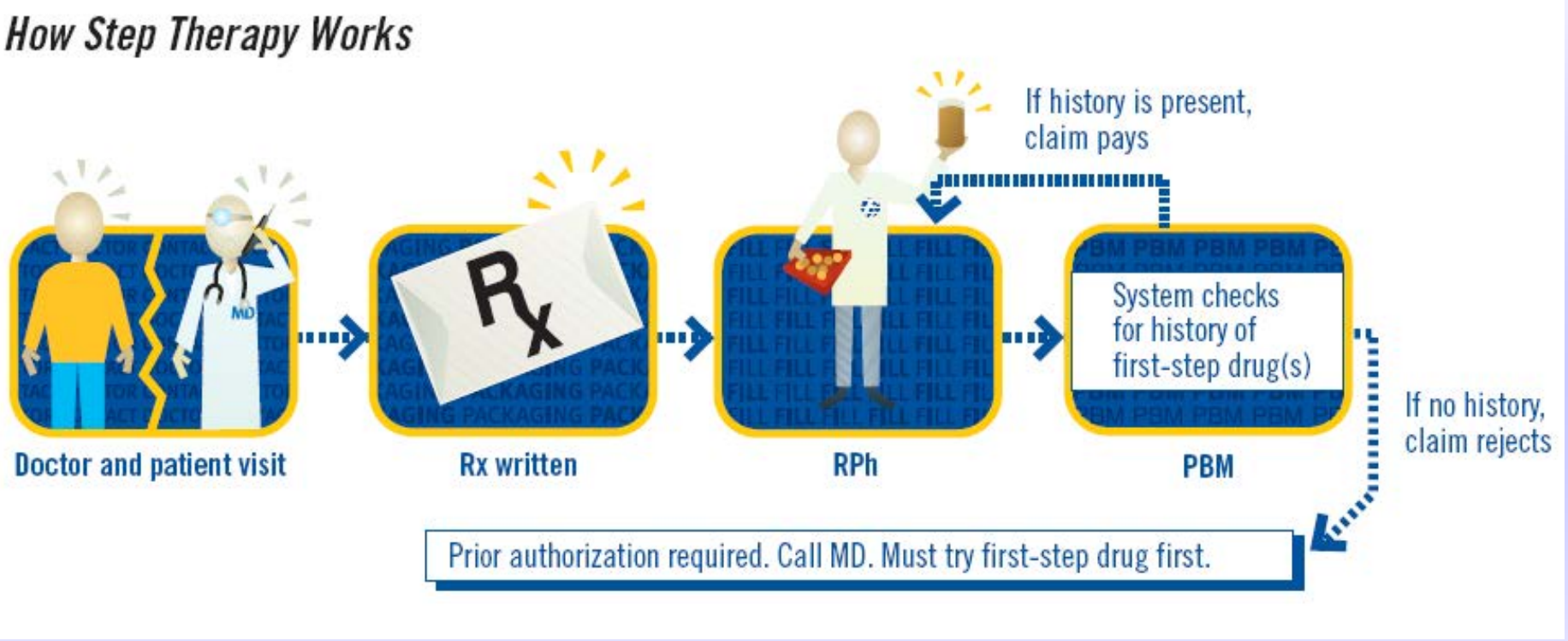
- **Simcor, Advicor, Altoprev, Caduet, Lescol XL**
  - **Provide no additional clinical benefits over parent statin**

- **Special populations**
  - **Pediatrics ages 8-18: pravastatin approved**
  - **Pediatrics ages 10-17: atorva, lova, rosuva & simva approved**
  - **HIV/AIDS: fluvastatin, pravastatin, pitavastatin & rosuvastatin preferred**
  - **Pregnancy: do not use statins - all category X**

Overall Clinical Effectiveness Conclusion
Safety and Tolerability

- **Elevated LFT's:**
  - **No evidence any one statin is less likely to cause elevated LFTs**
- **Proteinuria:**
  - **Most evidence is with rosuvastatin 40 mg; unclear clinical significance**
- **Myotoxicity:**
  - **Risk increases with increasing statin dose**
  - **No evidence any one statin is less likely to cause myotoxicity; simvastatin 80mg FDA warnings recently updated**
  - **Rhabdomyolysis is rare & dose-related; risk increases with increasing dose**
- **Other safety issues:**
  - **Association of statins with cognitive decline, behavioral defects or cancer is inconclusive**
  - **Insufficient data to determine the impact of risk of DM with statins**

Step - Therapy



Step-Therapy
Automated Review Process (Retail and Mail Order)

The Pharmacy

Express Scripts

Adjudication
Eligibility Check
Age Restrictions Gender Restrictions

Emdeon

Automated Profile Review (APR)
Look-back at all points of service
180 days

Claim failed APR	
1.	System will look for active overrides.
2.	Rejection message will be sent to the pharmacy.
3.	Start manual PA process.

Successful Review
Paid Claim

Step-Therapy
Manual Process (Retail and Mail Order)

Claim failed Automated Profile Review.

Message sent to pharmacy:

Must try [first line agent(s)]. If not appropriate for this patient, prescriber must call ESI @ 1-866-684-4466

Provider

- Change to preferred agent
- Submit Prior Authorization to ESI for approval

LIP-1 Step Therapy Set UP

- **Step Preferred Agents: (First Step)**
  - **generics (e.g. simvastatin)**
  - **Lipitor**

- **Step Non-preferred Agents: (Second Step)**
  - **Crestor**
  - **Vytorin**
  - **Lescol / Lescol XL**
  - **Livalo**
  - **Caduet**
  - **Altoprev**
  - **Simcor**
  - **Advicor**

LIP-1 Step Therapy Set Up

Prescribed Medication	Look-back Criteria Defined for Automated Review (180 days)	Percent LDL Lowering
Altoprev 10 mg Lescol 20mg	Any strength of Lovastatin OR Pravastatin OR Simvastatin OR Lipitor	<25%
Altoprev 20mg Lescol 40mg Livalo 1mg	Lovastatin ≥ 20mg OR Pravastatin ≥ 20mg OR Simvastatin ≥10mg OR Lipitor ≥ 10mg	25-30%
Altoprev 40mg Lescol XL 80mg Caduet 10mg Livalo 2mg	Lovastatin ≥ 40mg OR Pravastatin ≥ 40mg OR Simvastatin ≥20mg OR Lipitor ≥10mg	30-40%
Crestor 5mg Vytorin 10/10mg Altoprev 60mg Caduet 20mg Livalo 4mg	Lovastatin ≥ 60mg OR Pravastatin 80mg OR Simvastatin ≥40mg OR Lipitor ≥20mg	40-45%
Crestor ≥10mg Vytorin ≥ 10/20mg Caduet ≥ 40mg	Simvastatin 80mg OR Lipitor ≥40mg	>45%

What does this mean to MTFs?

Crestor

Manual profile review for step preferred agents

Successful Review

Dispense medication

Failed Manual Review

1. New script for step preferred agent
2. Direct patient or provider to TRICARE formulary search tool for appropriate forms

% LDL lowering

HMG CoA Reductase Inhibitors (Statins)							
Statin LDL reduction	Lovastatin (Mevacor)	Lovastatin (Altoprev)	Pravastatin (Pravachol)	Simvastatin (Zocor)	Fluvastatin (Lescol, Lescol XL)	Lipitor (Lipitor)	Crestor (Crestor)
25-30%	20mg	20mg	20mg	10mg	40mg		
30-40%	40-80mg	40mg	40mg	20mg	80mg XL	10mg	
40-45%	80mg (40mg X 2)	60mg	80mg	40mg or Vytorin 10/10		20mg	5mg
45-50%	Please note: Ezetimibe or Niacin generally decreases LDL up to an additional 15%			80mg or Vytorin 10/20		40mg	10mg
50-55%				Vytorin 10/40		80mg	20mg
>55%				Vytorin 10/80			40mg

Alpha Blockers for BPH

Alpha Blockers

Uniform Formulary (UF)		
BCF drugs - MTFs must have on formulary	**MTFs may have on formulary**	**MTFs must not have on formulary**
Terazosin (generic) Alfuzosin (Uroxatral) Tamsulosin (generic, Flomax)	Doxazosin (generic, Cardura)	Doxazosin extended release (Cardura XL) Silodosin (Rapaflo)

- **Uroxatral remains BCF**
- **Generic tamsulosin added to the BCF**
- **PA and Step therapy applies to the class**

Class Definition

Generic	Brand (manufacturer)	Generic availability	Strengths & formulations	FDA approval	Earliest Patent expiration
Terazosin	Hytrin (Abbott)	Yes	1, 2, 5 mg tablets / capsules	8/7/1987 tab 12/14/1995 cap	(-)
Doxazosin	Cardura (Pfizer)	Yes	1, 2, 4, 8 mg tablets 4, 8 mg XL tablets	11/2/1990 2/22/2005 XL	(-) (-)
Tamsulosin	Flomax (BI)	Yes (launched March 2010)	0.4 mg capsule	4/15/1997	Oct 2009
Alfuzosin	Uroxatral (Sanofi-Aventis)	No	10 mg ER capsule	6/12/2003	Aug 2017
Silodosin	Rapaflo (Watson Labs)	No	4, 8 mg capsules	8/8/2008	Oct 2013

Alpha Blockers for BPH
Relevant Clinical Conclusions

- **Terazosin, doxazosin, tamsulosin, alfuzosin & silodosin produce clinically significant and comparable symptom improvements vs. placebo**

- **Alfuzosin vs. tamsulosin**
  - **No evidence of clinically relevant differences in efficacy**
  - **Limited differences in adverse events; both are well tolerated**
  - **Low rate of drug D/C due to AEs**

- **Uroselective vs. non-uroselective**
  - **Non-selective drugs have a much higher rate of drug D/C due to AEs and vasodilatory AEs**

- **TAMSULOSIN 0.4 MG CAP 100**
- **NDC 00228-2996-11**
- ***$11.00/100***
- ***ACTAVIS ELIZABETH LLC 78204***

New Drugs in Previously Reviewed Classes & Utilization Management

Uniform Formulary Recommendations

- **Fentanyl transmucosal soluble film (Onsolis) – Uniform Formulary**
- **Sumatriptan needle-free injection (Sumavel Dose Pro) – designated non-formulary**
  - **60-day implementation (Oct 4th)**
- **Utilization Management**
  - **Prior Authorization for quinine sulfate (Qualaquin)**

Fentanyl transmucosal soluble film (Onsolis) Conclusion

- New delivery system for fentanyl
  - Actiq lozenges now generic
  - Fentora buccal tablet available
- Onsolis vs. other mucosal fentanyl products
  - Higher bioavailability; not dose equivalent
  - More efficient absorption across mucosa; less drug is swallowed
  - Active patient participation not required for administration
  - Possibly fewer GI adverse events & risk of dental caries
- Efficacy – more effective than placebo at treating breakthrough cancer pain in opioid-tolerant patients
  - No head to head studies with other fentanyl products
- FDA Risk Evaluation & Mitigation System (REMS)
  - Onsolis only available through one pharmacy
  - Strict criteria – MD and patient enrollment required

Sumatriptan Needle-free Injection (Sumavel DosePro) Clinical Conclusion

- New injection device for sumatriptan
  - Drug delivered via nitrogen burst
  - Generics to Imitrex stat dose now available

- Sumavel vs. Imitrex Stat dose - Advantages
  - Alternative for needle phobic patients
  - Single-use system is easy to use (3 steps)
  - Immediately disposable in ordinary domestic refuse (no biological contamination, no needle to dispose)
  - Device is difficult to break or abuse

- Sumvael vs. Imitrex Stat dose- Disadvantages
  - Has the same pharmacokinetic properties; similar onset of action
  - Limited clinical data; no efficacy endpoints were used for the actual commercial product
  - Limited safety data. More bleeding/bruising/swelling initially than sumatriptan injection.
  - First commercial use of Intraject device

Sumatriptan Injection (Sumavel DosePro) Clinical Conclusion

- **Sumavel DosePro is a convenient device for patients and can be disposed of without special precautions, it has the same onset of action as generic SQ sumatriptan (Imitrex STATdose)**

- **There is insufficient data to conclude that Sumavel DosePro offers improved efficacy, safety, or tolerability in the treatment of migraine compared the preferred generic medication in this class**

Quinine Sulfate (Qualaquin) Prior Authorization recommendation

- **2010: FDA updated warnings regarding off-label use for leg cramps**
- **Prior Authorization criteria**
  - **Limits Qualaquin use for malaria treatment only**
  - **No grandfathering clause**
- **Beneficiary letter to consultants**
  - **Available on the PEC webpage**

DoD P&T Committee Meetings
Prior and future meetings

- **Aug 2010**
  - **ARB/ACE/Direct Renin Inhibitors and combos**
  - **Ophthalmic NSAID/Mast Cell stabilizers/Antihistamines**
- **Nov 2010**
  - **Non-insulin diabetes agents**

MTF Implementation of DSB Edit in CHCS

- **URL for Fee Exempt DEA Application: http://pec.ha.osd.mil/files/Waiver_Form_224.pdf**

Closing the Loop

Following up on DoD P&T Decisions

Adapted from selected slides presented at Aug 2010 DoD P&T Meeting

Reviewed Classes

Basal insulins
Anti-hemophilic factors
PDE-5s for PAH
PDE-5s for ED
MS-DMDs
Antilipidemics I (statins, niacin, ezetimibe) x 2
Antidepressants I x 2
Narcotic analgesics x 2
OAB agents x 3
RAAs x 2-3
TIBs x 2
Alpha blockers for BPH x 3

ADHD / narcolepsy x 3
Antilipidemics II (fibrates, bile acid, omega-3) x 3
Nasal allergy drugs x 2
PPIs x 3
Antiemetics x 2
Pulmonary I agents (ICS, LABAs, ICS/LABAs, SABAs)
Triptans
Blood glucose test strips
CCBs x 2
Osteoporosis

Adrenergic blocking agents x 2
Newer antihistamines x2
Leukotriene modifiers x 2
Contraceptives x 2
Growth stimulating agents
5-alpha reductase inhibitors
Newer sedative hypnotics

Reviewed Classes

MAOIs
Ophthalmic glaucoma agents
Misc antihypertensives
Older sedative hypnotics
Topical antifungals x 2
H2 blockers/ GI protectants
GABA analogs
Alzheimers drugs
Macrolide/ketolides
TZDs

- 39 total classes through Feb 2010
- New drugs: TNTC
- ~ 60% of total spend
- ~60% of 30-day equivalent Rxs

PDTS data

Top 50 Outpatient Meds by $$, All POS
Jul 09 – Jun 10

1	**ESOMEPRAZOLE MAG TRIHYDRATE**
2	CLOPIDOGREL
3	**ATORVASTATIN CALCIUM**
4	**FLUTICASONE/SALMETEROL**
5	**MONTELUKAST SODIUM**
6	CELECOXIB
7	**ADALIMUMAB**
8	**PIOGLITAZONE HCL**
9	**VENLAFAXINE HCL**
10	**ROSUVASTATIN CALCIUM**
11	**ETANERCEPT**
12	**DULOXETINE HCL**
13	ARIPIPRAZOLE

14	**DONEPEZIL HCL**
15	TIOTROPIUM BROMIDE
16	SITAGLIPTIN PHOSPHATE
17	**OXYCODONE HCL**
18	VALACYCLOVIR HCL
19	**INSULIN GLARGINE,HUM.REC.ANLOG**
20	QUETIAPINE FUMARATE
21	**BLOOD SUGAR DIAGNOSTIC**
22	**ESCITALOPRAM OXALATE**
23	**EZETIMIBE/ SIMVASTATIN**
24	**PREGABALIN**
25	**RABEPRAZOLE SODIUM**
26	**SIMVASTATIN**

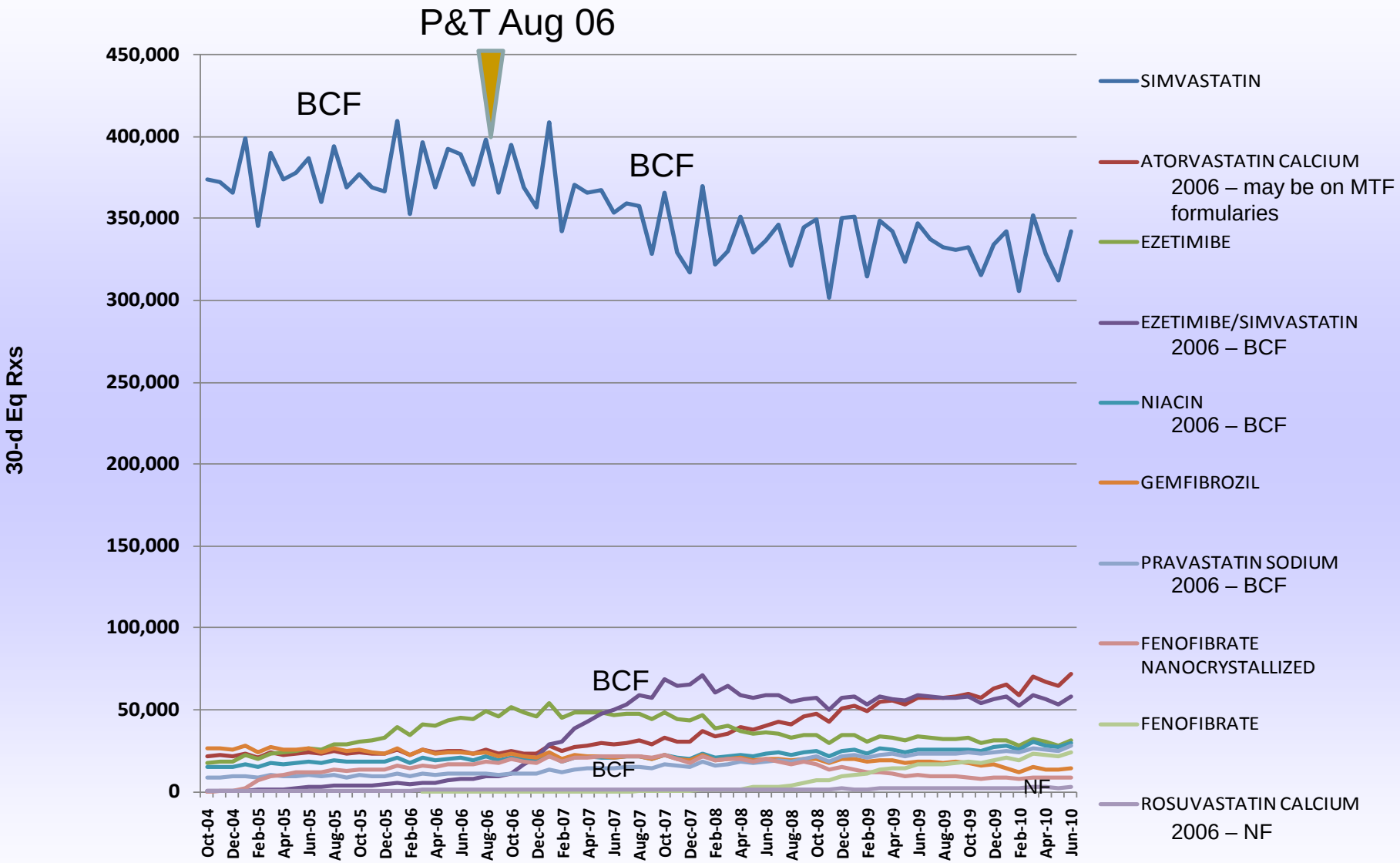
27	ENOXAPARIN SODIUM
28	**ZOLPIDEM TARTRATE**
29	LENALIDOMIDE
30	**MEMANTINE HCL**
31	**EZETIMIBE**
32	LIDOCAINE
33	**LANSOPRAZOLE**
34	**FLUTICASONE PROPIONATE**
35	LEVOFLOXACIN
36	TOPIRAMATE
37	**METHYLPHENIDATE HCL**
38	**NIACIN**
39	**TOLTERODINE TARTRATE**

40	**AMPHET ASP/AMPHET/D-AMPHET**
41	TESTOSTERONE
42	**TAMSULOSIN HCL**
43	**METOPROLOL SUCCINATE**
44	**LISINOPRIL**
45	**ESZOPICLONE**
46	**LOSARTAN POTASSIUM**
47	**FENOFIBRATE NANOCRYSTALLIZED**
48	MESALAMINE
49	ESTROGENS,CONJUGATED
50	**GLATIRAMER ACETATE**

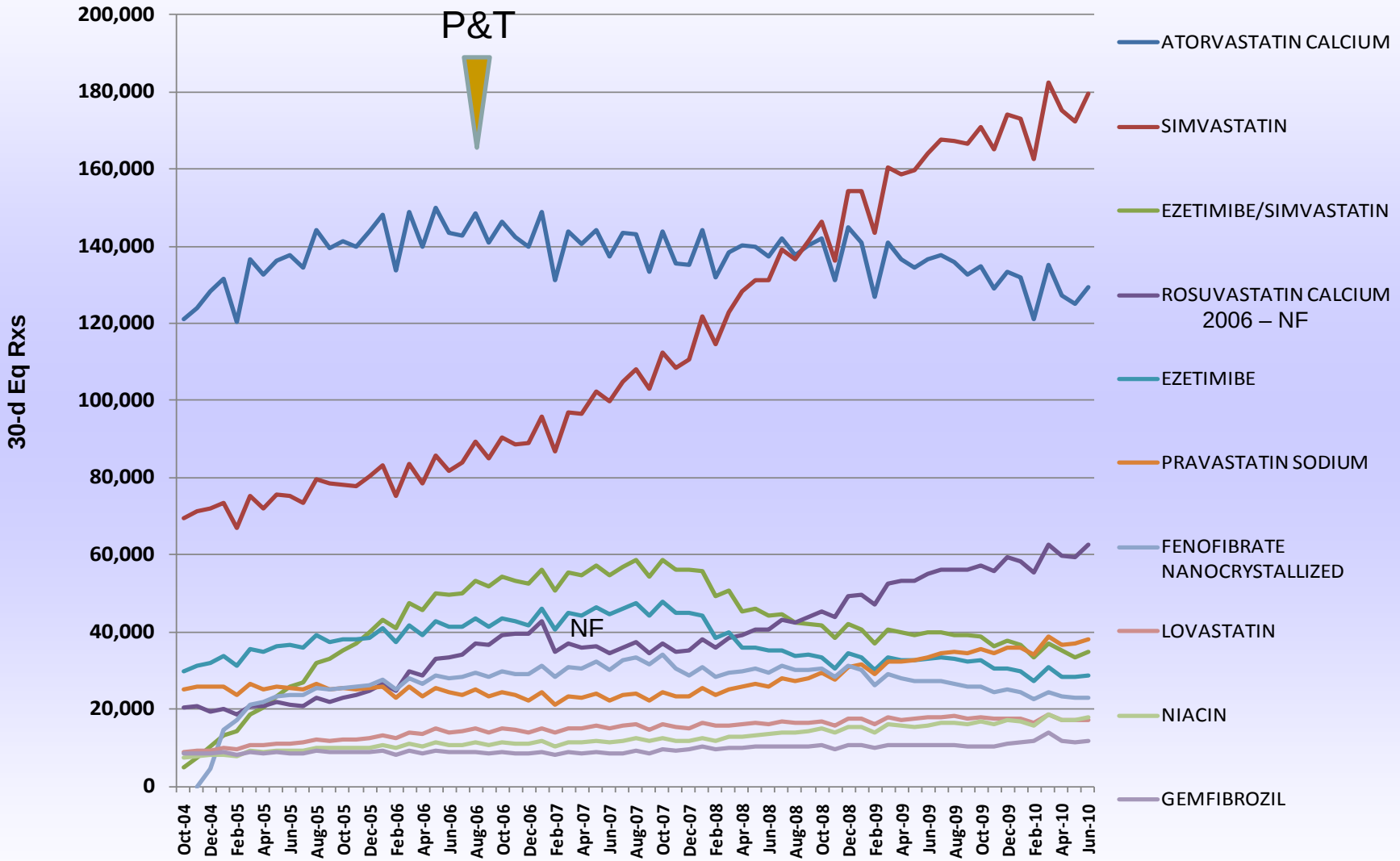
Antilipidemics I

- **Expenditures ~$0.5 Billion / year**
  - **unadjusted PDTS data, Jul 09 – Jun 10**
- **Reviewed**
  - **May 2010**
    - **All UF**
    - **Step preferred: atorvastatin (Lipitor), simvastatin, pravastatin**
    - **BCF: simvastatin, pravastatin, atorvastatin (Lipitor), niacin ER (Niaspan)**
  - **August 2006**
    - **NF: Rosuvastatin (Crestor), atorvastatin/amlodipine (Caduet)**
    - **BCF: simvastatin, pravastatin, niacin ER (Niaspan), ezetimibe/ simvastatin (Vytorin)**
- **Prior to UF**
  - **Joint VA/DoD contract for simvastatin (effective 1 May 03) as only high-potency statin on BCF and VA formulary**

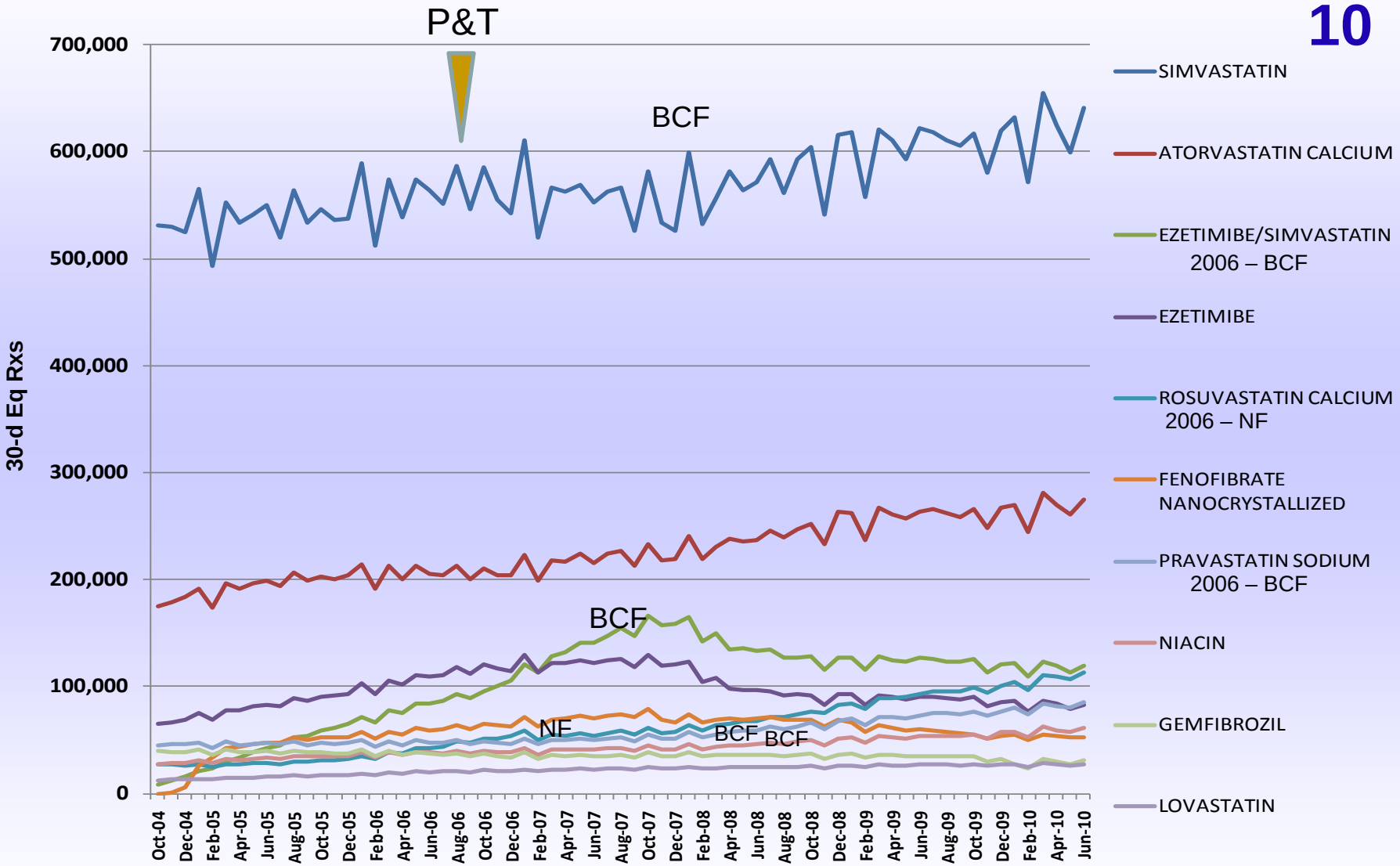
Top 10, Antilipidemics I, MTF, Oct 04 – Jun 10



Top 10, Antilipidemics I, Retail, Oct 04 – Jun 10



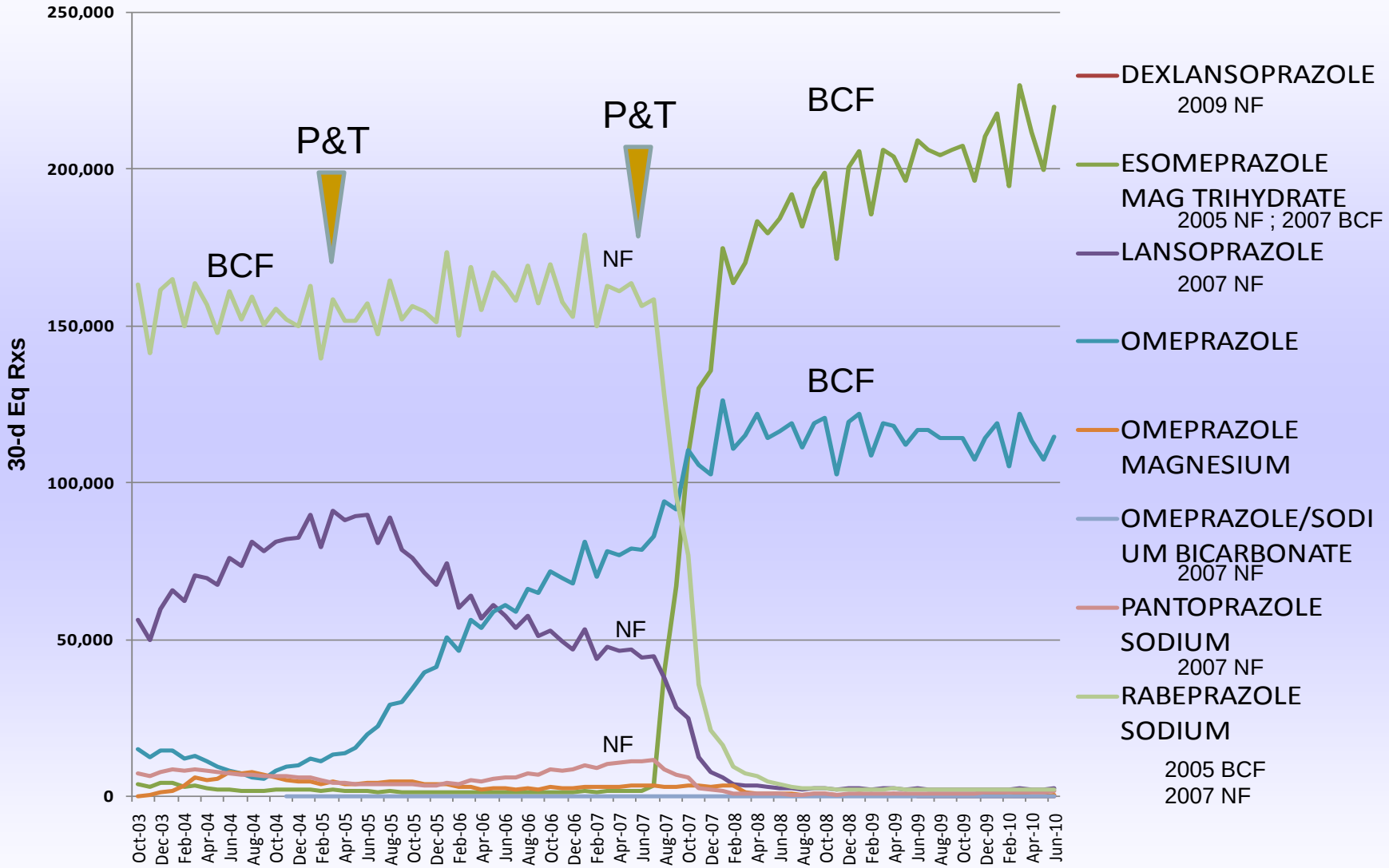
Top 10 Antilipidemics I, All POS, Oct 04 – Jun 10



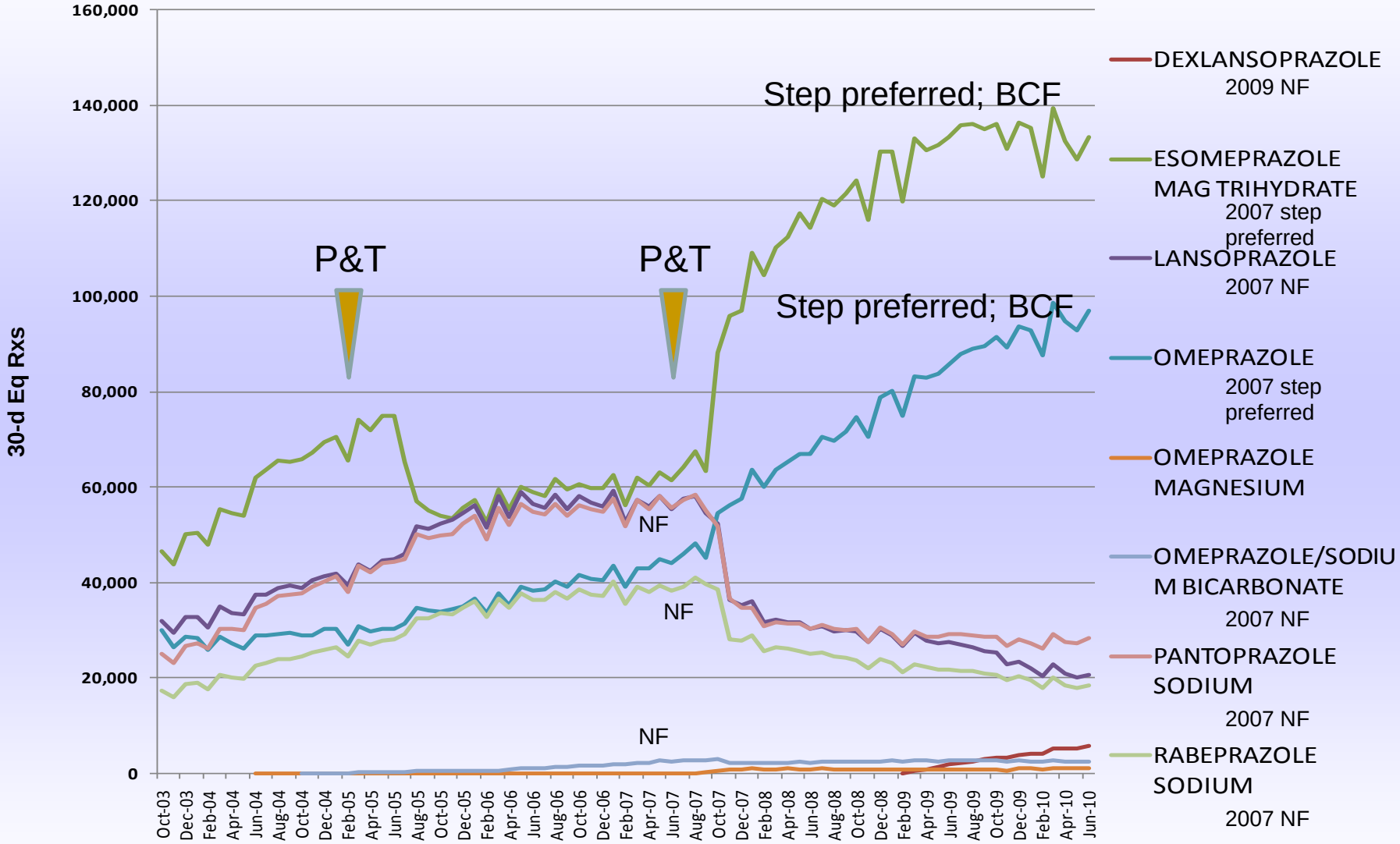
PPIs

- **Another $0.5 B/year class**
  - **unadjusted PDTS data, Jul 09 – Jun 10**
- **Reviewed**
  - **New drug May 09 - dexlansoprazole [Kapidex]; NF**
  - **May 2007**
    - **NF: lansoprazole (Prevacid), omeprazole/bicarb (Zegerid), pantoprazole (Protonix), rabeprazole (Aciphex)**
    - **BCF: omeprazole (except 40 mg), esomeprazole (Nexium)**
    - **Step preferred: omeprazole or esomeprazole (Nexium)**
  - **Feb 2005**
    - **NF: esomeprazole (Nexium)**
    - **BCF: omeprazole, rabeprazole (Aciphex)**
- **Prior to UF**
  - **Rabeprazole (Aciphex) and lansoprazole (Prevacid) on BCF in accordance with incentive agreements (effective 1 Apr 03)**

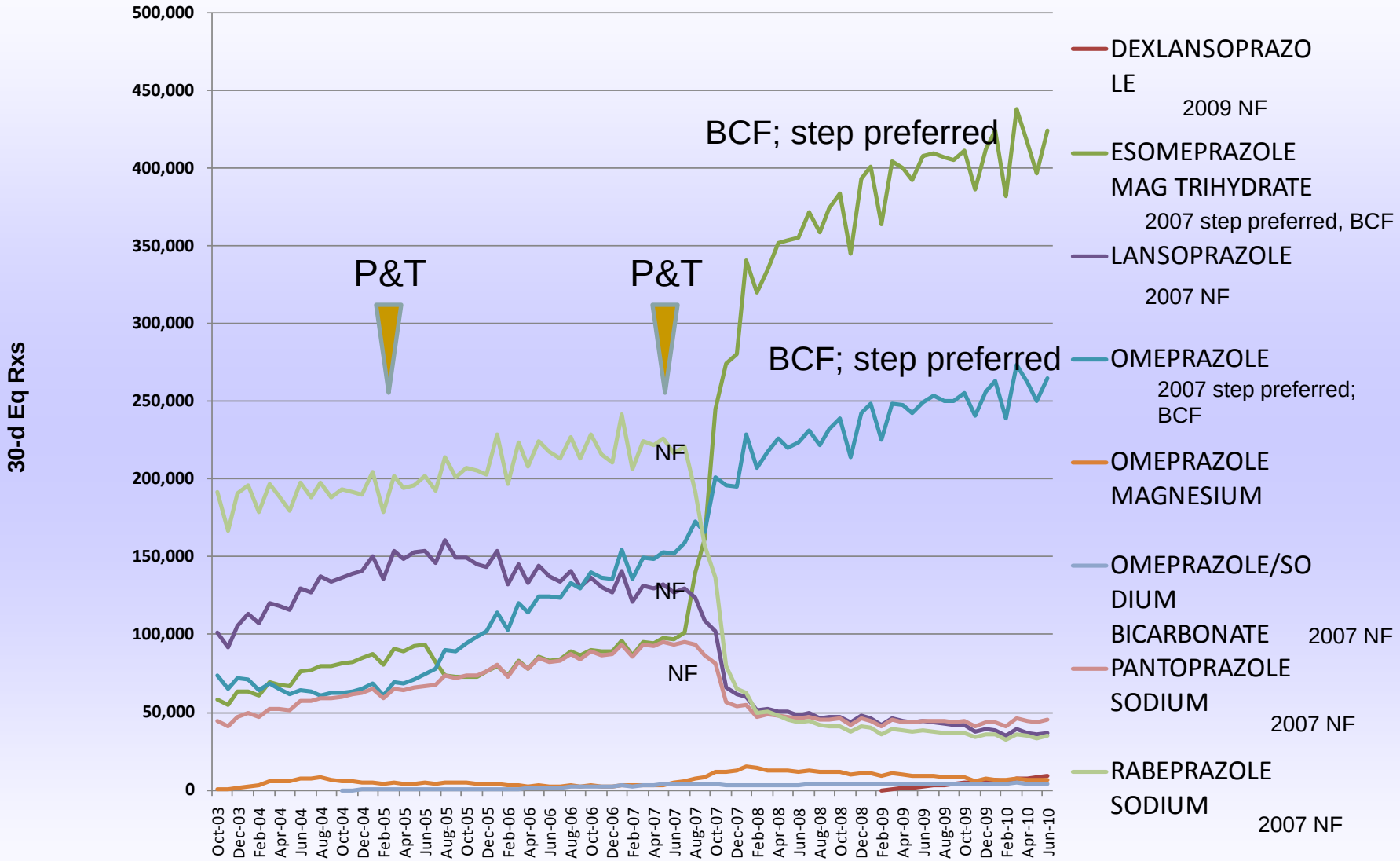
PPI Utilization, MTF, Oct 04 – Jun 10



PPI Utilization, Retail, Oct 04 – Jun 10



PPI Utilization, all POS, Oct 04 – Jun 10



RAAs

- **Expenditures ~$330 M/year**
  - **Unadjusted PDTS data, Jul 09 – Jun 10**
- **Reviewed**
  - **Nov 09 (new drugs, BCF)**
    - **Valsartan/amlodipine/HCTZ (Exforge HCT) – UF**
    - **Telmisartan, telmisartan/HCTZ (Micardis, Micardis HCT) removed from BCF**
  - **Nov 08 (Tier 3 to Tier 1 generic)**
    - **Ramipril reclassified as Tier 1**
  - **Jun 08 (new drugs; reclassification)**
    - **Olmesartan/amlodipine (Azor) – NF**
    - **Aliskiren/HCTZ (Tekturna HCT) – UF**
    - **Reclassified ACEI/CCBs into RAA class**
  - **Feb 08 (Tier 3 to Tier 1 generic, MN criteria)**
    - **Quinapril and quinapril/HCTZ reclassified as Tier 1**
    - **MN criteria for valsartan amended (pediatric hypertension)**

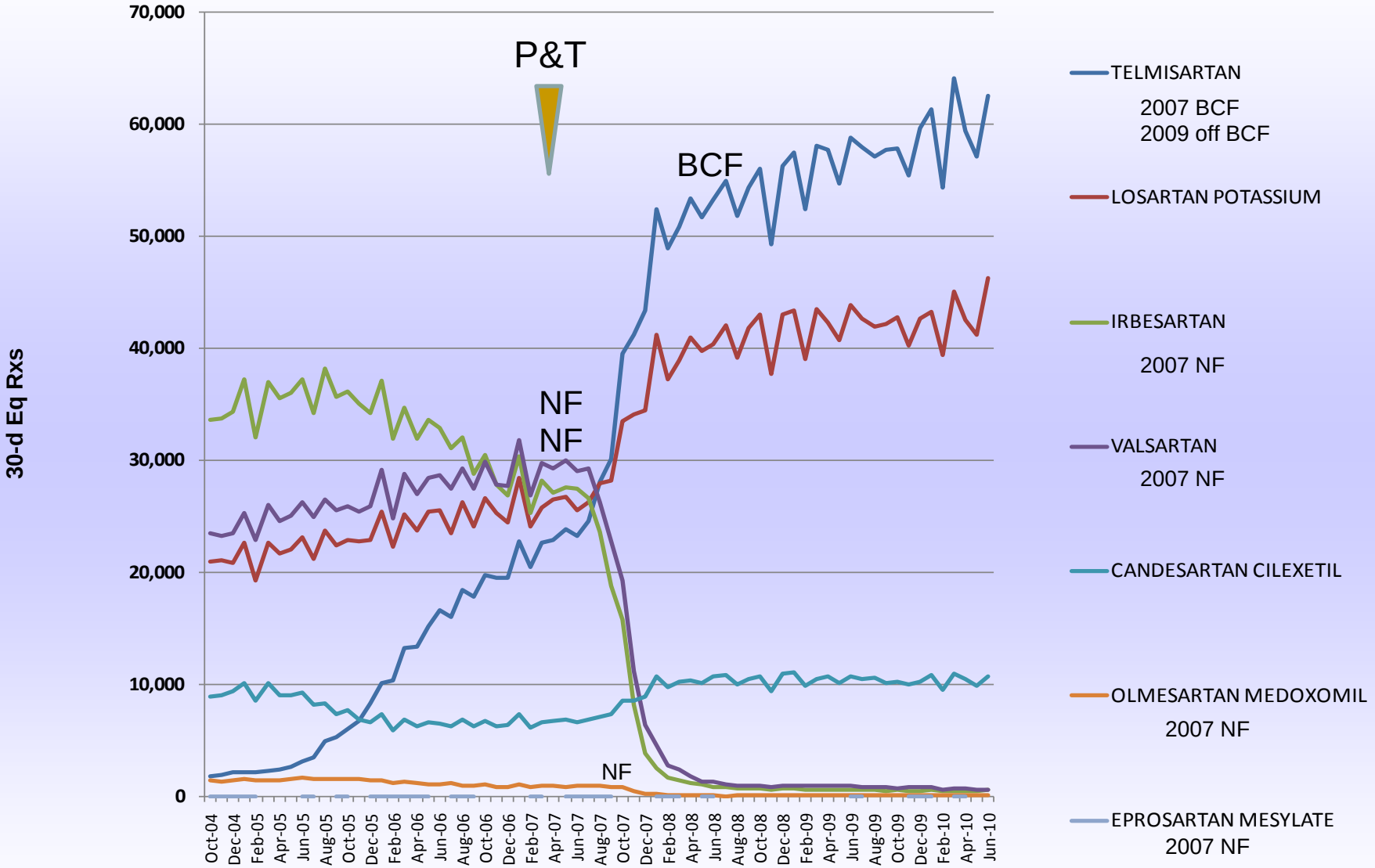
RAAs

- **Reviewed**
  - **Nov 07 (new drug)**
    - **Valsartan / amlodipine (Exforge) – NF**
  - **Aug 07 (new drug)**
    - **Aliskiren (Tekturna) – UF**
  - **May 07 (ARB review and reclassification)**
    - **NF: olmesartan/amlodipine (Azor), valsartan/amlodipine (Exforge);moexipril +/- HCTZ, perindopril, felodipine/enalapril (Lexxel), verapamil/trandolapril (Tarka); eprosartan, irbesartan, olmesartan, valsartan (all +/- HCTZ)**
    - **BCF: telmisartan +/- HCTZ**
    - **Reclassified ACEIs, ARBs, ARB/CCBs into RAAs**
  - **Feb 06 (review of misc antihypertensives, including ACEI/CCBs)**
    - **NF: Felodipine/enalapril (Lexxel), verapamil/trandolapril (Tarka)**
    - **UF: Amlodipine/benazepril (Lotrel)**
  - **Aug 05 (ACEI review)**
    - **NF: Moexipril, perindopril, quinapril, ramipril (all +/- HCTZ)**
    - **BCF: lisinopril, lisinopril, captopril**

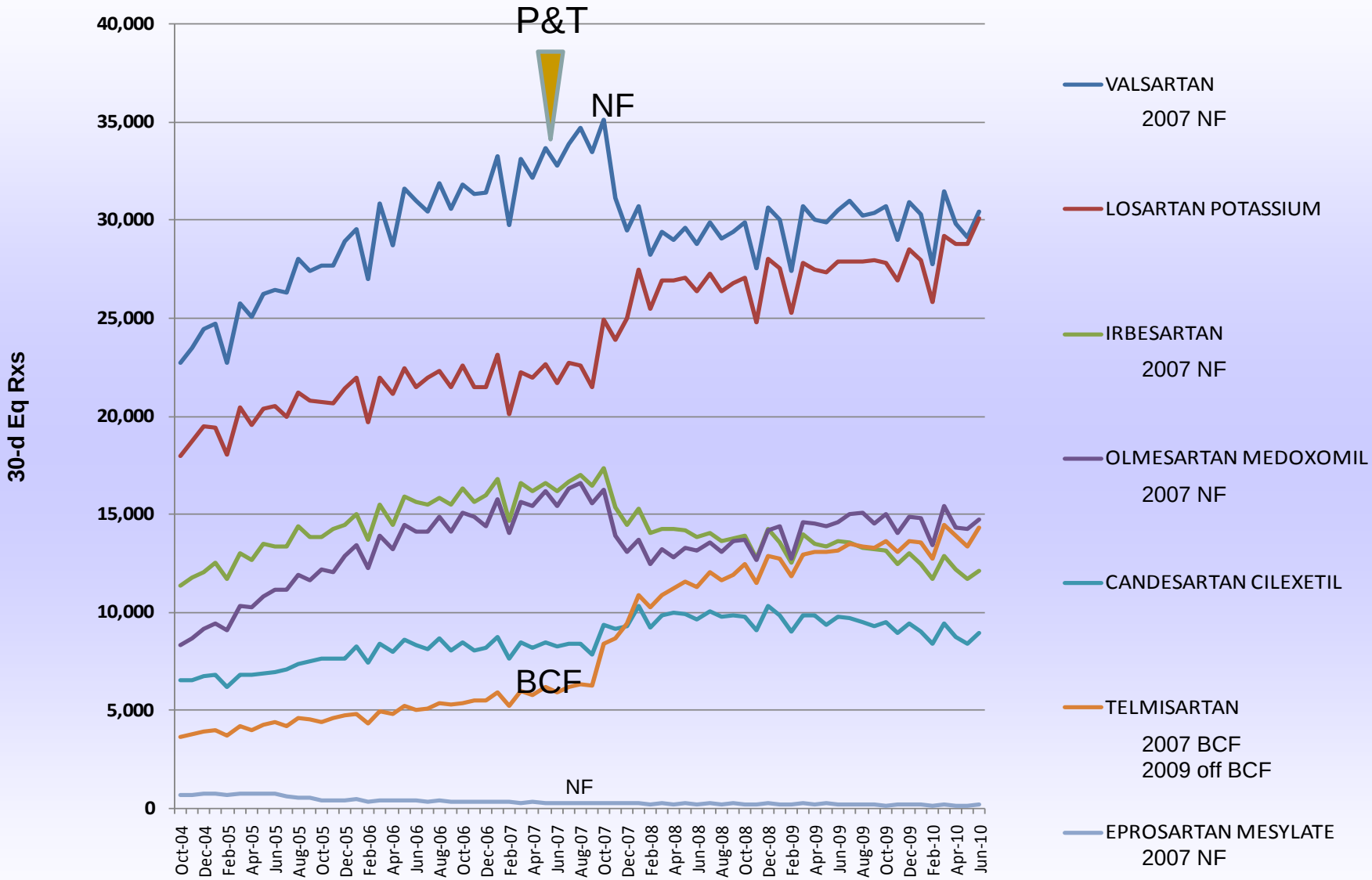
RAAs

- **Reviewed**
  - **Aug 05 (ACEI review)**
    - **NF: Moexipril, perindopril, quinapril, ramipril (all +/- HCTZ)**
    - **BCF: lisinopril, lisinopril, captopril**
  - **May 05 (ARB review)**
    - **NF: eprosartan, eprosartan/HCTZ**
    - **BCF: telmisartan, telmisartan/HCTZ**
- **Prior to UF**
  - **03-04 – DoD / VA contracting efforts derailed by protests**
  - **02 – P&T agrees ARB class suitable for closed class contract**

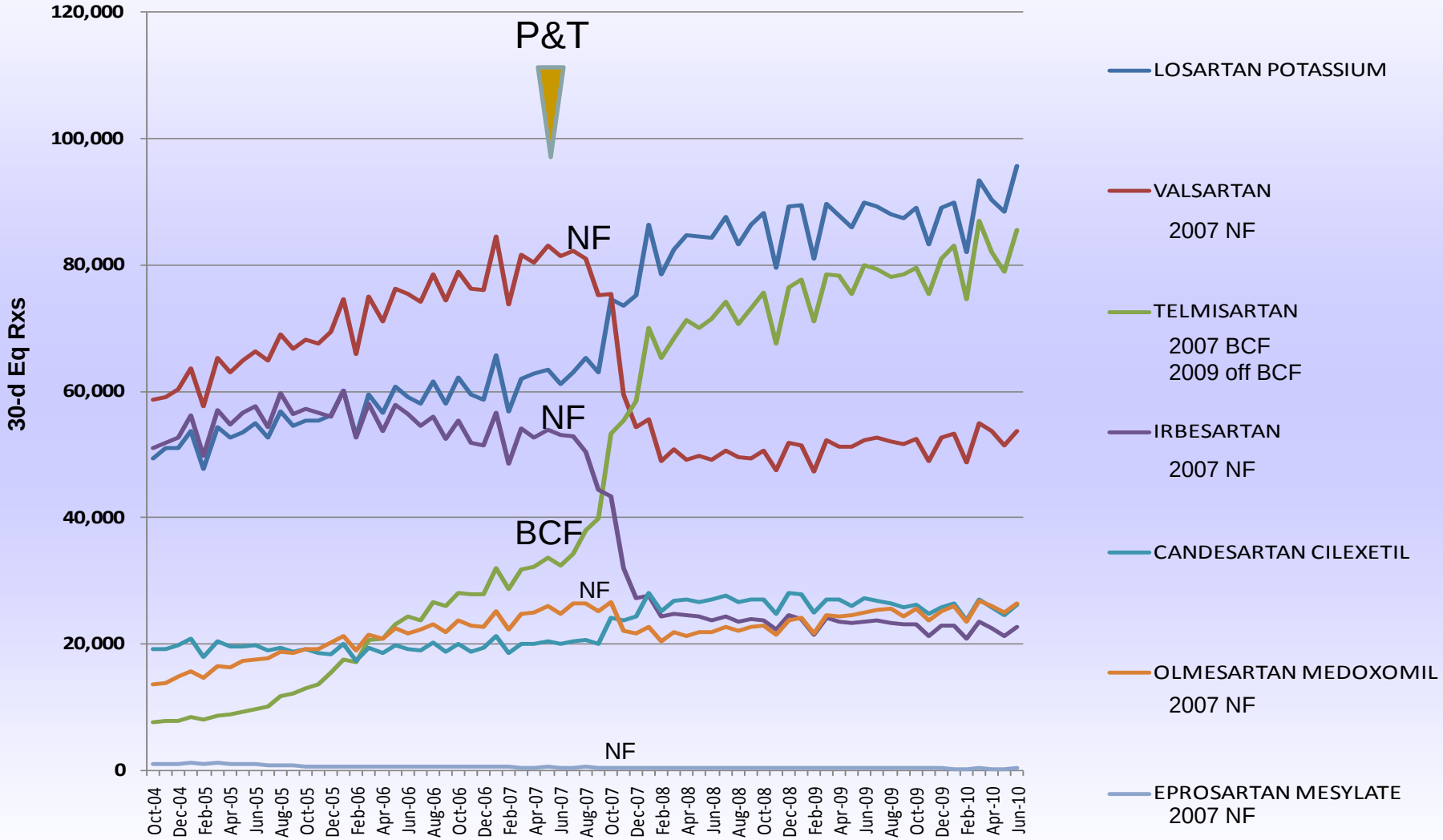
ARBs, MTFs, Oct 04 – Jun 10



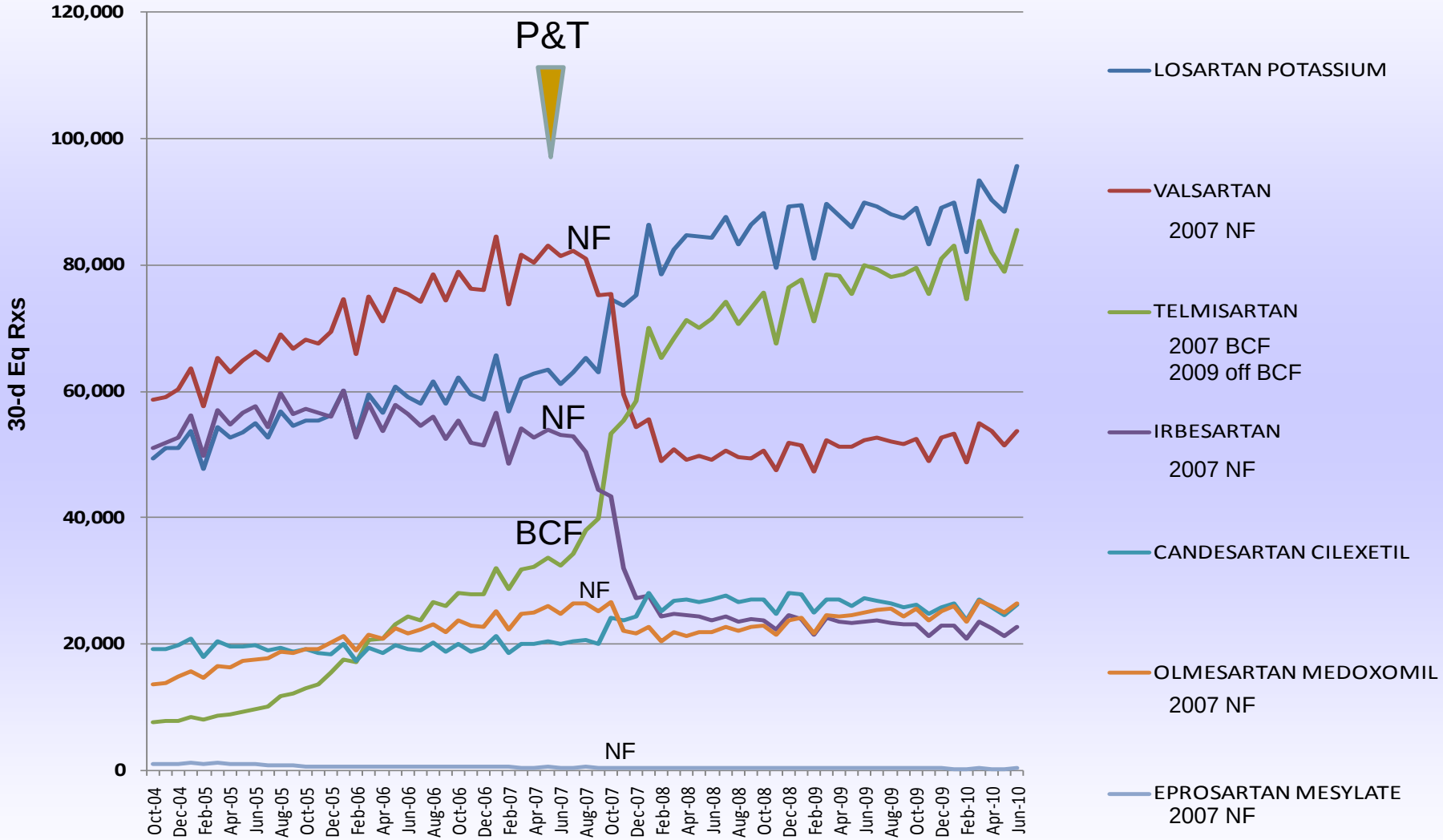
ARBs, Retail, Oct 04 – Jun 10



ARBs, all POS, Oct 04 – Jun 10



ARBs, all POS, Oct 04 – Jun 10



Medication Therapy Management Tickler

Pharmacy Outcomes Research Team

Promoting high quality, cost effective drug therapy throughout the Military Health System

Consensus Definition of MTM
11 national pharmacy organizations, 2005

- **A service or distinct group of services that optimize therapeutic outcomes for individual patients**
- **MTM services are independent of, but can occur in conjunction with, the provision of a medication product**
- **Encompasses a broad range of professional activities and responsibilities**

Bluml BM. Definition of medication therapy management: development of professionwide consensus. *J Am Pharm Assoc. 2005;45:566–72.*

The Purpose of MTM

- Optimize therapeutic outcomes
- Decrease likelihood of adverse events
- Enhance patient understanding and adherence
- Reduce overall healthcare spending

- Helps patients get best benefits from medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems

Core Elements Model of MTM

- **Core Elements**
  - **A medication therapy review (MTR)**
  - **A personal medication record (PMR)**
  - **A patient medication-related action plan (MAP)**
  - **Intervention (including patient education and/or recommendations to a prescriber) and/or referral**
  - **Documentation and follow-up**

American Pharmacists Association,
National Association of Chain Drug Stores Foundation

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model Version 2.0'; www.pharmacist.com/MTM/CoreElements2

Supported by AMCP,AACP,ACA,ACCP,ASCP,ASHP,NASPA,NCPA

Questionnaire – MTM Services Provided at MTFs

- **Pharmacy Outcomes Research Team (PORT) tasked to gather data on MTM services provided at MTFs**
- **25-item questionnaire (Jan – March 2010)**
  - **Describe MTM initiatives currently in place at MTFs**
  - **Identify successful programs and extract "lessons learned" to guide future efforts**
  - **Identify factors representing the greatest barriers to implementing or sustaining a successful MTM program**
  - **Used consensus definition of MTM**

Summary

- About 40% of MTFs responding report MTM services are being provided in their facility, to varying degrees
- Most of these are clinic-based; generally based on established clinical guidelines and documented in AHLTA
- MTM services provided outside clinics (8/32) are less structured and appear to be driven by the initiative of individual staff members rather than organizational commitment

Summary

- **Successful MTM programs (defined by improved patient outcomes) were only reported for clinic-based services**
- **However, few facilities reported providing non-clinic based MTM; it is not possible to predict the success or failure of such programs based on this information.**
- **Pharmacy staffing/training and prescriber support were clearly identified as the most important factors for success.**

Ongoing

- MTM presentation at JFPS
  - Background
  - MTF survey results
  - Way-forward discussion
- Developing concept paper for MTF-Based MTM Pilot
- Point of contact: Pharmacy Outcomes Research Team
  - PORTAMEDDCS@amedd.army.mil
  - 1-866-275-4732
    - Shana Trice, PharmD; Libby Hearin, PharmD

- **Miscellaneous Stuff**
  - **Joint Forces**
  - **Epocrates**
  - **703 NF Lists**
  - **PEC Residency**

PGY1 Managed Care Pharmacy Residency Program

DoD Pharmacoeconomic Center

Fort Sam Houston, TX

Promoting high quality, cost effective drug therapy throughout the Military Health System

Purpose

- **Disseminate knowledge of the PEC, drug class reviews, and formulary management to MTF's**
- **Supports the mission and vision of the PEC**
  - **Improve the clinical, economic, and humanistic outcomes of drug therapy in support of the readiness and managed healthcare missions of the MHS**
- **Supports the mission and vision of MHS**
  - **Develop, train and educate highly skilled military medical personnel & leaders**
  - **Empowering people to provide the world's best military medical education & training**

Purpose

- New active duty accessions
- Additional help to focus on outcomes research
- Hospital and health-system employers will expect all entry-level pharmacists to have completed an ASHP-accredited PGY1 residency
  - ASHP 2015 initiative
  - ASHP Vision Statement for pharmacy practice in hospitals and health-systems
  - Joint Commission of Pharmacy Practitioners

Overview of the Program

- PGY1 Pharmacy Residency in Managed Care
- Dually accredited by AMCP and ASHP
- Longitudinal experiences with some concentrated rotations
- Required and elective experiences
- Tailor the residency toward interests

Learning Experiences

Required Experiences

- **Formulary management**
- **Pharmacoeconomics**
- **Drug information and drug policy**
- **Direct patient care**
- **Leadership**
- **Outcomes research and analysis**
- **Informatics**
- **Tricare Management Activity (TMA)**
- **Administration and management**
- **Pharmacy operations center/PBM**

Elective Experiences

- **TMA in Falls Church**
- **Congressional policy overview**
- **Administration/Management with a MTF director of pharmacy**
- **Industry**
- **Other**

Benefits to DoD

- Train active duty (AD) and civilian leaders with knowledge of formulary management
- A recruiting tool for both AD & GS pharmacists
- Helps to ensure that DoD is ready to meet emerging residency training requirement
  - ASHP 2015 goal
- Demonstrates DoD's commitment to excellence in pharmacy as one of a few residency programs
- Residents will contribute significantly to fulfilling mission
- More buy in from physicians
- Staff satisfaction

Discussion

- **Next Steps**
  - **Brief Board of Advisors**
  - **Recruit at Midyear for new active duty accessions**
  - **Potentially recruit civilian candidates**
- **Questions**

Questions

PEC Contact Info

- **210-295-1271 (DSN 421-1271)**
  - **For PEC Clinical Staff,**

  1-866-ASK 4 PEC (275-4732)
  - **Pharmacy Operation Center**
  - **PECWEB@amedd.army.mil**
    - **Website issues**
  - **pdts.ameddcs@amedd.army.mil**
    - **Questions, assistance with PDTS, Business Objects**
  - **PECUF@amedd.army.mil**
    - **Clinical, Formulary questions**