

**VA**



U.S. Department  
of Veterans Affairs

# U.S. Department of Veterans Affairs Pharmacy Benefits Management: Formulary Management

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# Disclosures and Disclaimers

The author has no relevant financial or nonfinancial relationships to disclose. During the development, analysis, and preparation of this presentation, the author was an employee of the Veterans Health Administration, U.S. Department of Veterans Affairs.

The views and opinions expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of any agency of the U.S. government.



# Objectives

- Describe the VA PBM Organizational structure
- Summarize the VA Formulary Management System
- Identify key stakeholders and their roles
- Locate where to find VA formulary documents
- Determine what drugs are on the formulary
- Compare VA drug prices within a specific class

PBM, Pharmacy Benefits Management



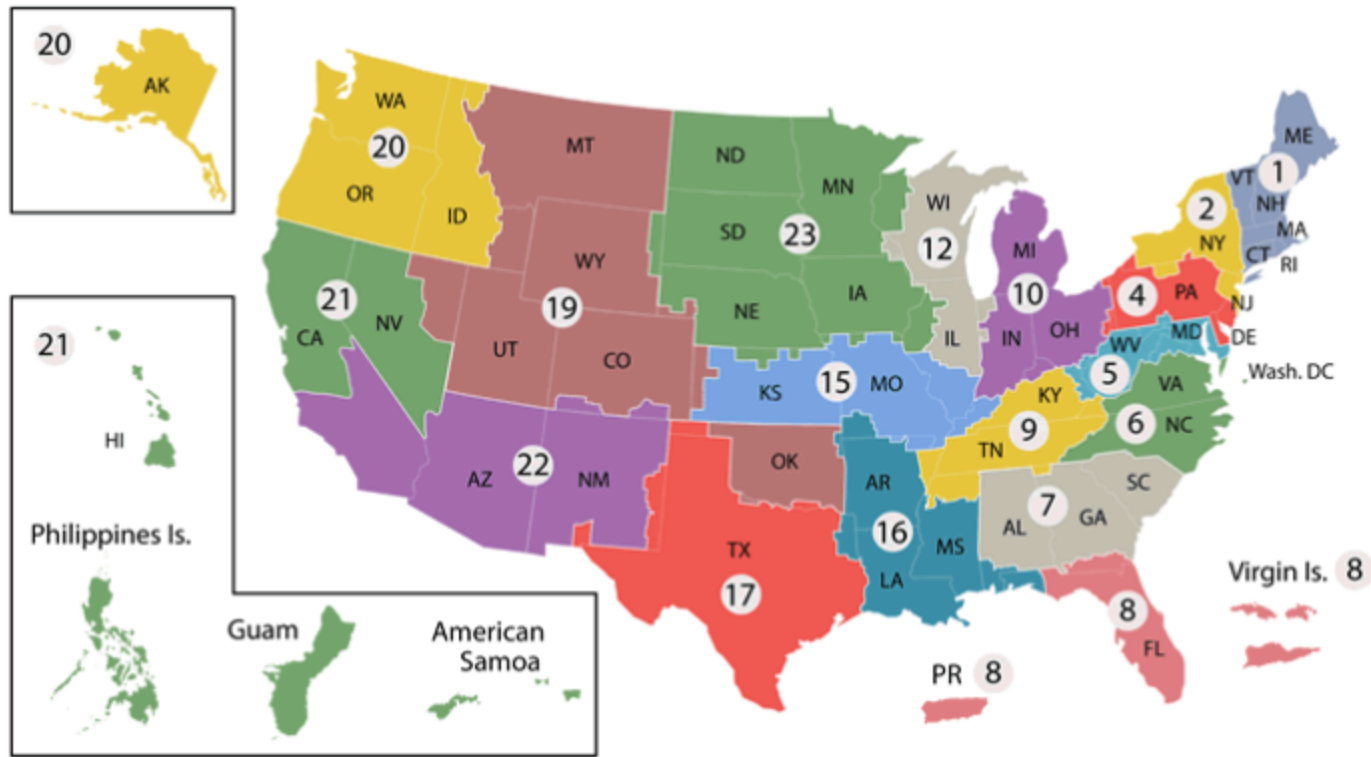
# Veterans Health Administration (VHA)

**18** VA Integrated Systems Networks (VISNs)

**172** Medical centers

**1,062** Outpatient facilities

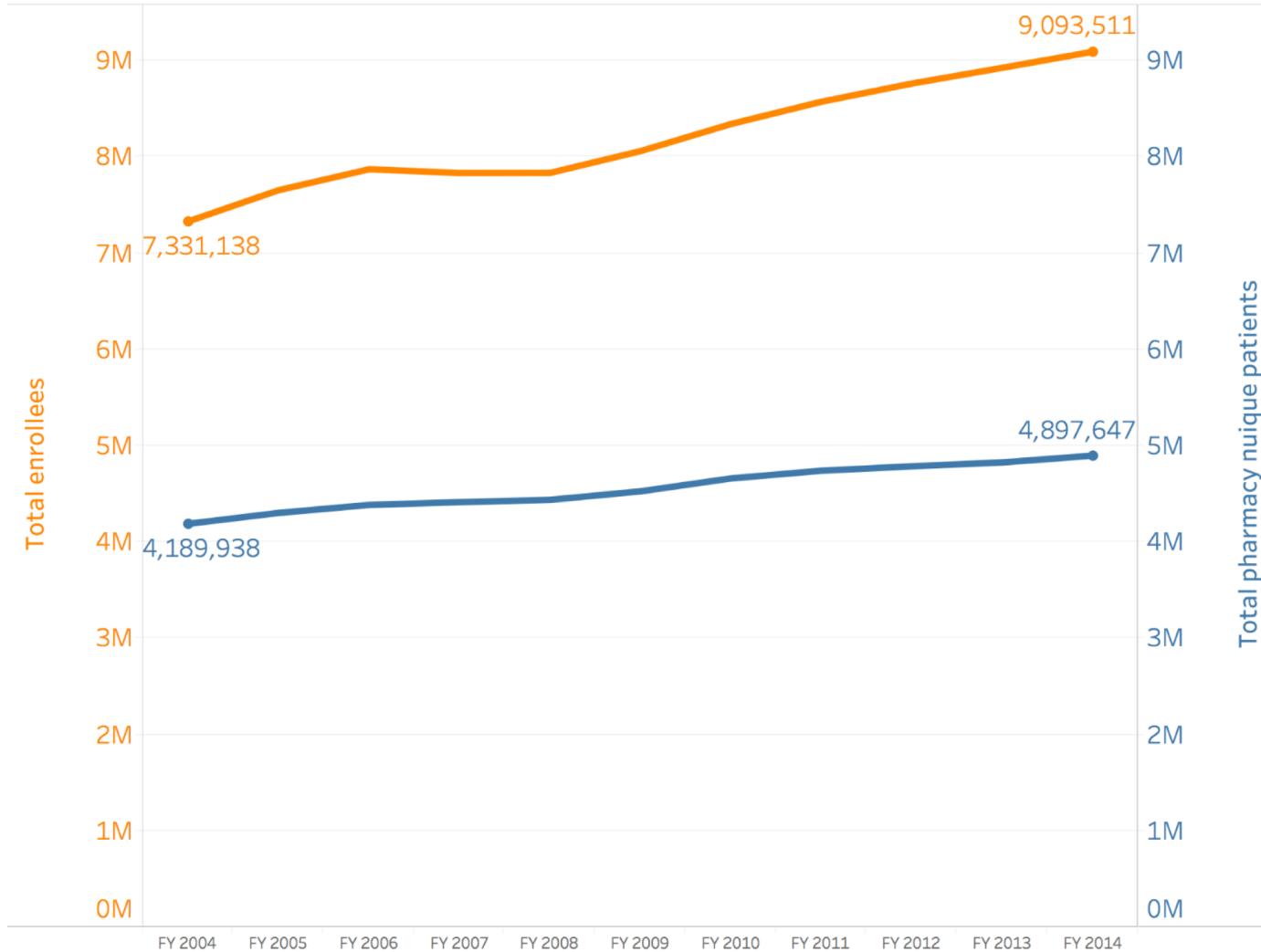
**9 million** veterans enrolled annually





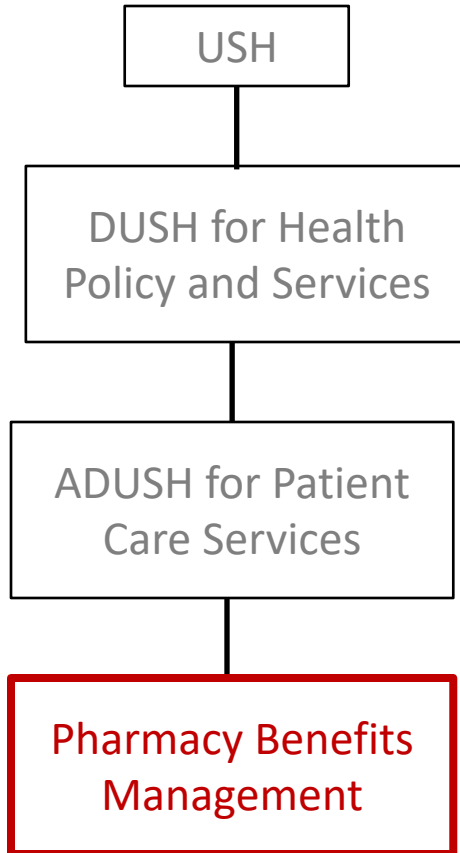
# VA enrollee and prescription trends

VA enrollee and prescription trends





# VHA organizational chart



## Pharmacy Benefits Management

Consolidated Mail Outpatient Pharmacy (CMOP)  
National Pharmacy Efficiency Program

### **Formulary Management**

VA Center for Medication Safety (VA MedSAFE)  
Emergency Pharmacy Services  
Pharmacy Re-engineering and Clinical Informatics  
Academic Detailing Service  
Pharmacy Residency Program Office  
Pharmacy Recruitment and Retention Office  
Clinical Pharmacy Practice Office



# VA Formulary Management

**Mission:** To improve the health status of Veterans by encouraging the appropriate use of medications in a comprehensive medical care setting

**Goal:** To provide Veterans with reliable, evidence-based medication information in an efficient manner so veterans along with their health care team can make informed decisions about their medications and improve their overall health.

The **VA National Formulary (VANF)** is a list of products (drugs and supplies) generally covered under VA pharmacy benefits. VANF products must be available for prescription at all VA facilities.



# About the VA National Formulary

## History

Individual medical centers had their own formulary  
VA National Formulary (VANF) was started on 2009

## VA National Formulary Management (MAP-VPE)

Operational and clinical oversight of the VANF:

- **Medical Advisory Panel (MAP)**
- **VISN Pharmacy Executive (VPE)**
- Add/Remove items to/from the VANF
- Criteria for Use (CFU) / Drug Monograph
- Efficacy/Safety of drugs
- Costs

MAP-VPE Committee meets Monthly / Quarterly face-to-face meetings





# Formulary Status

## Formulary

VA is a **closed** formulary, but not really.

## Formulary Status includes

**Formulary** – Any provider can write this medication for all patients

**Non-Formulary** – Requires a non-formulary review

**Formulary with restrictions** – Some providers can write this for some patients



# Prior Authorization

## There are three levels of Prior Authorization

**Prior Authorization-National (PA-N)** refers to medications that are formulary, but require prior approval at the national level before dispensing.

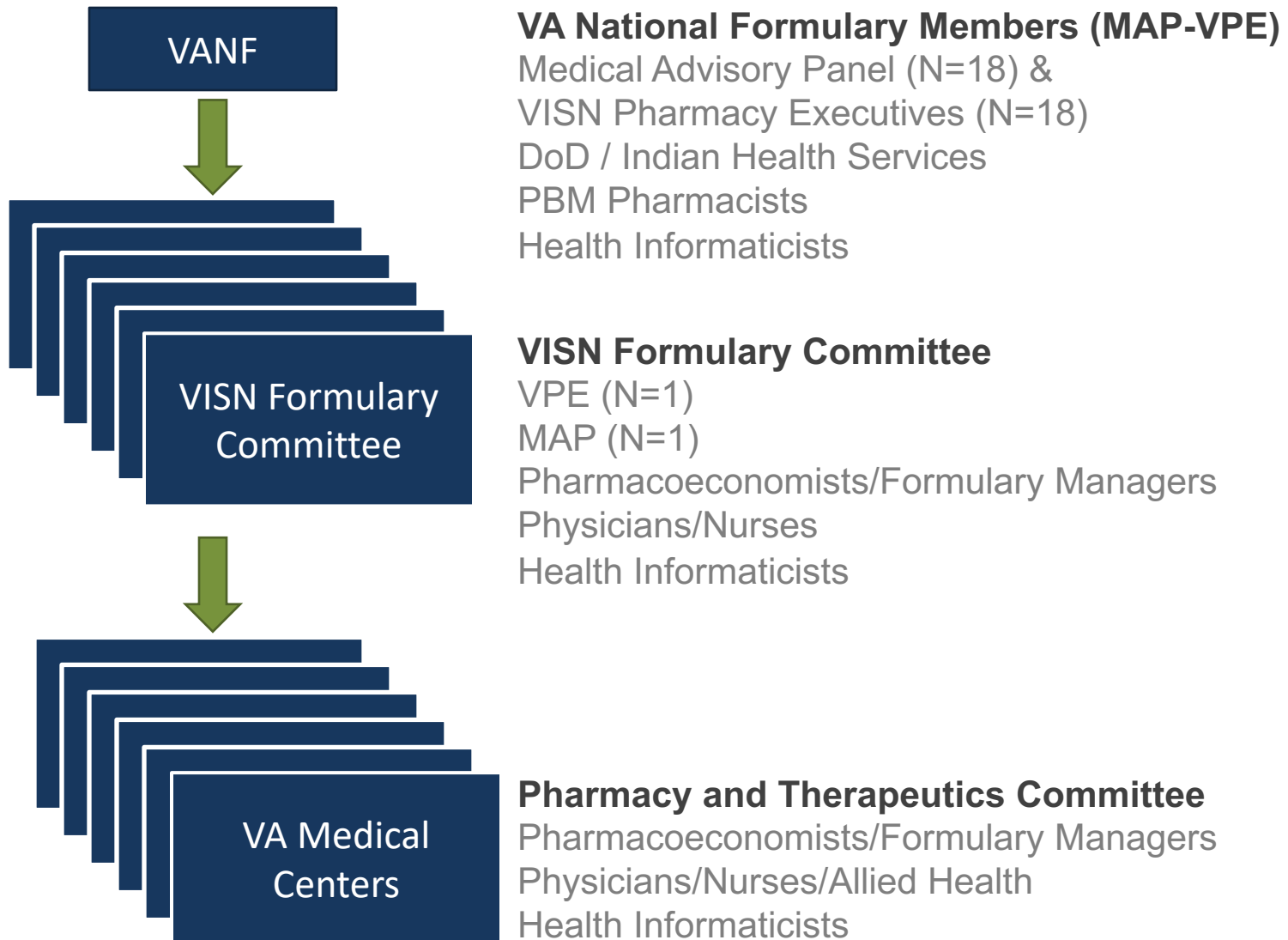
**Prior Authorization-VISN (PA-V)** refers to medications that are formulary, but require prior approval at the VISN level before dispensing.

**Prior Authorization-Facility (PA-F)** refers to medications that are formulary, but require prior approval at the facility level before dispensing. Prior Authorization is used to insure that the medication is appropriate for each individual Veteran.

**Restricted (R)** refers to the national restriction for antibiotics; all decisions regarding which agents to carry in these classes will be made at the local or VISN level. These decisions should be based on local culture and sensitivity patterns. The restriction for all other products is as otherwise noted.



# VA Pharmacoeconomics / Formulary Management System

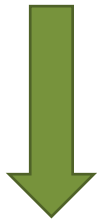




# VA National Formulary Decisions

## National Formulary Decision

Formulary Status is determined



Execute national decisions



Manages the decisions

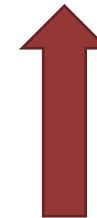
MAP/VPE  
Formulary  
Committee

VISN  
Formulary  
Committee

Local P&T

## Amending the VANF

MAP/VPE review



VISN members review



Change to the VANF request



Formulary status includes “**Formulary**”, “**Non-Formulary**”, or “**Formulary with Restrictions**”

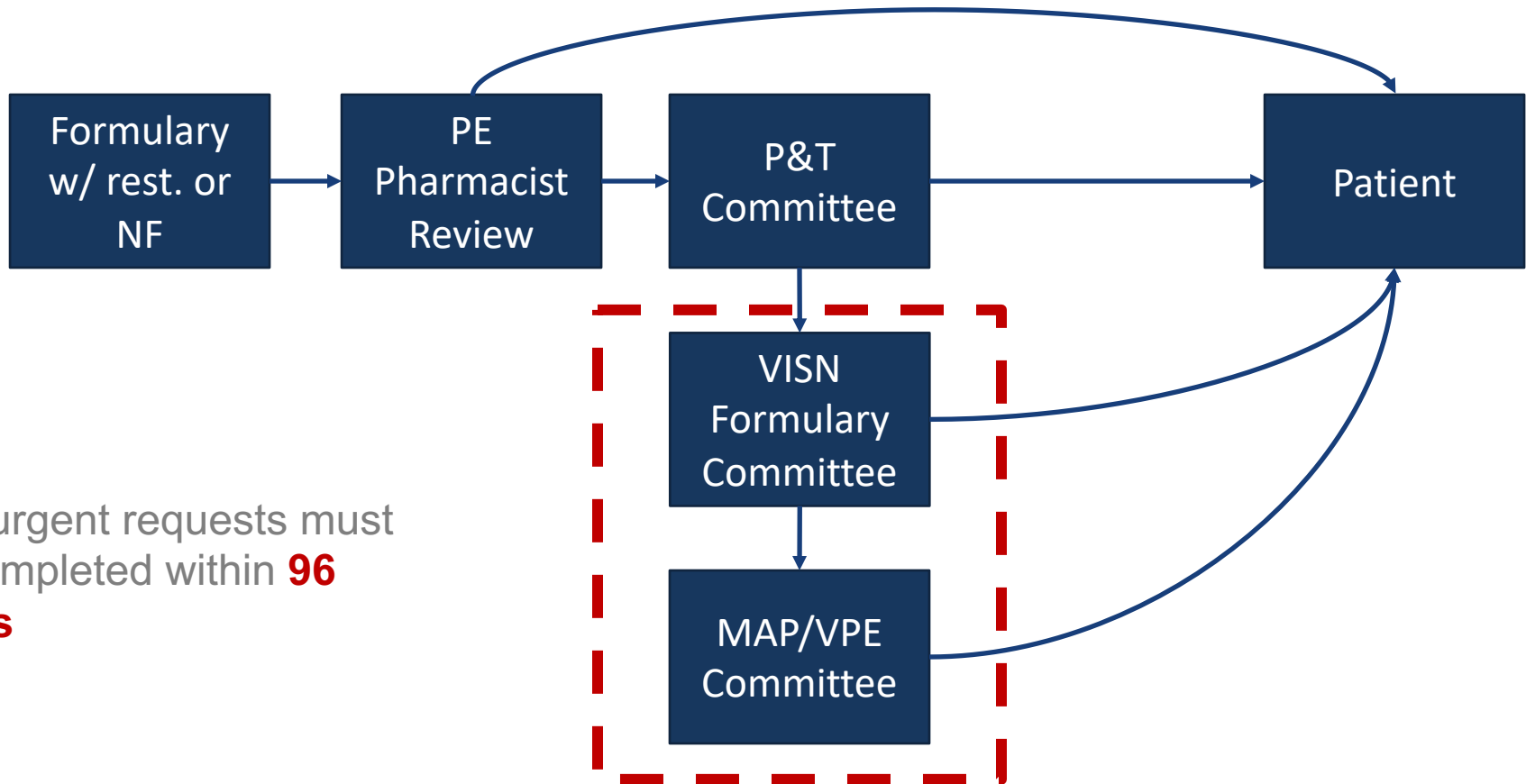


# Non-formulary / Priori Authorization Review

## Non-formulary medication and prior authorization processes

Formulary medication **may** require prior authorization review

Non-formulary medication requires non-formulary review



Non-urgent requests must be completed within **96 hours**



# VA Pharmacists' Roles in Formulary Management

## **Pharmacists assume major roles in the VA PBM:**

Secretaries of the local P&T committee

Implement VANF at the VISN (regional) level

Produce drug monographs / reviews

Develop Criteria For Use (CFU)

VISN Pharmacy Executive (VPE)

Perform budget impact analysis and cost-effectiveness analysis

Review prior authorization requests

Perform Drug Use Evaluations

Medication Safety Initiatives



# VA Criteria For Use (CFU)

## Anti-Tumor Necrosis Factor Disease-Modifying Anti-Rheumatic Drugs (DMARDs)

Adalimumab, Certolizumab Pegol, Etanercept, Golimumab, Infliximab, and Infliximab-dyyb

(HUMIRA, CIMZIA, ENBREL, SIMPONI, REMICADE, AND INFLECTRA)

### Recommendations for Use in the Treatment of Active Rheumatoid Arthritis

August 2017

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT.*

*The Product Information should be consulted for detailed prescribing information.*

**ABBREVIATIONS:** ACR, American College of Rheumatology; ACRG, 2015 ACR Guideline for the treatment of RA; bDMARD, Biologic disease-modifying antirheumatic drug; CHF, Congestive heart failure; CFU, Criteria for use; csDMARD, Conventional synthetic disease-modifying antirheumatic drug (i.e., methotrexate, hydroxychloroquine, sulfasalazine, leflunomide); DAS, Disease activity score for a given number of joints (e.g., DAS28 is based on 28 joints); HAQ, Health Assessment Questionnaire (score range, 0 = Best to 3 = Worst in 0.125 increments); HCO, Hydroxychloroquine; LEF, Leflunomide; IQR, Interquartile range; MTX, Methotrexate; **Non-TNFB**, Non-TNF biologic (abatacept, rituximab, tocilizumab; excludes anakinra); PA, Prior authorization; QE, Quality of Evidence; QoL, Quality of life; RA, Rheumatoid arthritis; RCT, Randomized clinical trial; SHS, Sharp / Van der Heijde (range, 0–448; progression defined as change in total score of >0.5); SSZ, Sulfasalazine; TNFI, Tumor necrosis factor inhibitor

**TERMS:** **Combination csDMARD** refers to concomitant use of two or three csDMARDs (i.e., double or triple therapy); **CONDITIONAL RECOMMENDATION** means that clinicians should be prepared to help patients make a decision that is consistent with their own values, and policy makers should be aware that there is a need for substantial debate and involvement of stakeholders. **Double Therapy** refers to MTX + SSZ, MTX + HCO, SSZ + HCO, or combinations with LEF; **Early RA** refers to <6 months of symptoms / disease, not time since diagnosis. **Established RA** refers to ≥6 months of symptoms / disease. **STRONG RECOMMENDATION** means that most patients should receive the recommended course of action, and policy makers can adapt the recommendation as a policy in most situations. **Triple Therapy** refers to concomitant use of methotrexate, hydroxychloroquine, and sulfasalazine.

#### VHA FORMULARY POLICIES

The formulary TNFis – adalimumab, etanercept, and infliximab-dyyb – are available through facility prior authorization. Certolizumab pegol, golimumab, and infliximab are available through the nonformulary process in VHA.

This guidance may serve as a [reference](#) for facility prior authorizations for the formulary TNFis and for requests for the nonformulary TNF inhibitors. The intent of using facility prior authorizations is to **simplify access to TNF inhibitor therapy.**

#### Formulary Status of TNFis

Formulary With PA	Nonformulary Without CFU
Adalimumab	Certolizumab
Etanercept	Golimumab
Infliximab-dyyb	Infliximab

**Criteria For Use** provides guidance on when and how to use certain medications. It also may contain a decision tree that preferences effective formulary agents.



# VA Drug Monograph

## Dabigatran (Pradaxa®) National Drug Monograph April 2011

VA Pharmacy Benefits Management Services,  
Medical Advisory Panel, and VISN Pharmacist Executives

*The purpose of VA PBM Services drug monographs is to provide a comprehensive drug review for making formulary decisions. These documents will be updated when new clinical data warrant additional formulary discussion. Documents will be placed in the Archive section when the information is deemed to be no longer current.*

### **Executive Summary:**

- Dabigatran is an oral direct thrombin inhibitor that was approved by the Food and Drug Administration (FDA) for the reduction of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF).
- The recommended dose of dabigatran is 150 mg orally twice daily without regard to meals for patients with a creatinine clearance  $>30$  ml/min. Based on pharmacokinetic modeling, a reduced dose of dabigatran of 75 mg orally twice daily is available for patients with a creatinine clearance (CrCl) of 15-30 ml/min, though there are no clinical data evaluating the use of this dosing regimen, as these patients were excluded from the pivotal RE-LY study. No dosing recommendations can be made for patients with CrCl  $<15$  ml/min or those on dialysis.
- The effects of dabigatran on reducing the risk of stroke or systemic embolism in patients with non-valvular AF and at increased risk for stroke was evaluated in the pivotal RE-LY trial, a phase 3, multicenter, prospective, randomized, open-label, blinded outcomes (PROBE design), non-inferiority trial that compared two blinded doses of dabigatran and open-label adjusted dose warfarin (target International Normalized Ratio [INR] 2 to 3). A total of 18,113 patients were included and followed for a median

**Drug Monographs** are complete reviews of a pharmaceutical's efficacy, safety, and economics. Prepared by National PBM Pharmacists and reviewed by the MAP-VPE committee before being disseminated to the VISNs and VA Medical Centers.





# Specialty Drugs

## **Risk Evaluation Mitigation Strategy (Specialty Distributed) Drugs**

Specialty Distributed drugs are not available through the normal supplier

Ordering process is specific to the manufacturer

Distributed through a specialty distribution company or a third-party distributor

## **Reasons for specialty distribution include:**

Patient safety

Limited manufacturing capacity

Need for educating providers and pharmacies to ensure appropriate use

**NOTE:** The PBM maintains a Web site with a list of specialty distribution drugs and the process for ordering (Not available to the public)



# Veterans' benefits

## Service Connection Disability and Compensation

Veterans are rated based on their **Service Connection**

Service Connection is based on the **disability veterans developed** due to active service in the uniformed services

Service Connection ranges from **0% to 100% compensation**

This impacts the medical benefits (e.g., **pharmaceutical**) the veterans receives

Additionally, **special VA disability compensation programs** include: individual unemployability, automobile allowance, clothing allowance, prestabilization, hospitalization, convalescence, dental, and birth defects



# Veterans Service Connection Priority Groups

Priority Group	Definition
1	<ul style="list-style-type: none"><li>• Veterans with VA-rated service-connected disabilities 50% or more disabling</li><li>• Veterans determined by VA to be unemployable due to service-connected conditions</li></ul>
2	<ul style="list-style-type: none"><li>• Veterans with VA-rated service-connected disabilities 30% or 40% disabling</li></ul>
3	<ul style="list-style-type: none"><li>• Veterans who are Former Prisoners of War (POWs)</li><li>• Veterans awarded a Purple Heart medal</li><li>• Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty</li><li>• Veterans with VA-rated service-connected disabilities 10% or 20% disabling</li><li>• Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"</li><li>• Veterans awarded the Medal Of Honor (MOH)</li></ul>
4	<ul style="list-style-type: none"><li>• Veterans who are receiving aid and attendance or housebound benefits from VA</li><li>• Veterans who have been determined by VA to be catastrophically disabled</li></ul>
5	<ul style="list-style-type: none"><li>• Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code) adjusted income limits</li><li>• Veterans receiving VA pension benefits</li><li>• Veterans eligible for Medicaid programs</li></ul>



# Veterans Service Connection Priority Groups

Priority Group	Definition
6	<ul style="list-style-type: none"> <li>• Compensable 0% service-connected Veterans.</li> <li>• Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.</li> <li>• Project 112/SHAD participants.</li> <li>• Veterans who served in the Republic of Vietnam between January 9, 1962, and May 7, 1975.</li> <li>• Veterans of the Persian Gulf War who served between August 2, 1990, and November 11, 1998.</li> <li>• Veterans who served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987.</li> <li>• Currently enrolled Veterans and new enrollees who served in a theater of combat operations after November 11, 1998 and those who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for five years post discharge</li> </ul> <p><i>Note: At the end of this enhanced enrollment priority group placement time period, Veterans will be assigned to the highest PG their eligibility status at that time qualifies for.</i></p>
7	<ul style="list-style-type: none"> <li>• Veterans with gross household income below the geographically-adjusted income limits for their resident location and who agree to pay copays</li> </ul>
8	<ul style="list-style-type: none"> <li>• Veterans with gross household income above the VA and the geographically-adjusted income limit for their resident location, and who agrees to pay copays</li> </ul> <p><b>Veterans eligible for enrollment:</b>            Noncompensable 0% service-connected and:</p> <ul style="list-style-type: none"> <li>o Subpriority a: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status</li> <li>o Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less</li> </ul> <p><b>Nonservice-connected and:</b></p> <ul style="list-style-type: none"> <li>o Subpriority c: Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status</li> <li>o Subpriority d: Enrolled on or after June 15, 2009, whose income exceeds the current VA or geographic income limits by 10% or less</li> </ul> <p><b>Veterans not eligible for enrollment:</b> Veterans not meeting the criteria above:</p> <ul style="list-style-type: none"> <li>o Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)</li> <li>o Subpriority g: Nonservice-connected</li> </ul>



# Copayment tiers

Priority Group	Outpatient Medication Tier	Copayment amount		
		1-30 day supply	31-60 day supply	61-90 day supply
2-8	<b>Tier 1</b> (Preferred Generics)	\$5	\$10	\$15
	<b>Tier 2</b> (Non-Preferred Generics and some OTCs)	\$8	\$16	\$24
	<b>Tier 3</b> (Brand Name)	\$11	\$22	\$33
	\$700 Medication Copayment Cap			



## VA contracted prices (Public Law 102-585, Veterans Health Care Act of 1992)

**FSS (Federal Supply Schedule)** is a multiple award, multi-year federal contract that is available for use by any Federal Government agency. It satisfies all Federal contract laws and regulations. Pricing is negotiated based on how vendors do business with their commercial customers

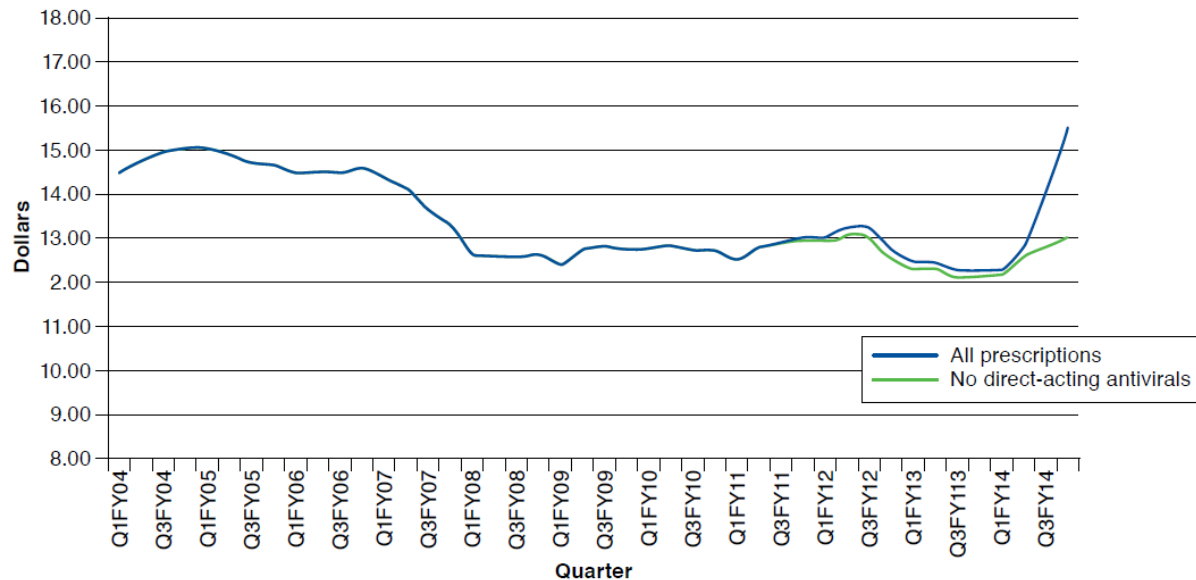
**Big 4** prices are only available to VA, Department of Defense, Public Health Service (Indian Health Service), and U.S. Coast Guard customers and are based on pricing calculations outlined under the Public Law.



# VA contracted prices (Federal Supply Schedule Prices)

By law, VA gets a **24% discount** on drug prices (Average Manufacturer Price)  
Federal Supply Schedule 65-IB includes “Drugs and Biologics” and  
“Medicated Cosmetics and Toiletries”  
Contracting is performed by the **National Acquisition Center**

**FIGURE 1** Average Acquisition Cost Per 30-Day Equivalent Prescriptions from FY 2004 to FY 2014<sup>a</sup>



<sup>a</sup>These data are not broken down by the number of unique pharmacy users; therefore, they do not illustrate the influence of an increasing number of users on cost. Average 30-day drug cost is defined as the sum (prescription costs) ÷ sum (30-day prescriptions); for each prescription, cost equals the quantity multiplied by the unit cost. Thirty-day prescription = 1 for ≤ 30 days of supply; 30-day prescription = 2 for > 30 and ≤ 60 days of supply, and 30-day prescription = 3 for > 60 days of supply. Data are from VA Pharmacy Benefits Management Services prescription database, version 3.0, for FY 2004-FY 2014. FY=fiscal year; Q=quarter; VA=Veterans Affairs.



# Cost Savings

**Objective:** To evaluate economic outcomes of a pharmacist-adjudicated formulary management consult service in a Veterans Affairs (VA) medical center offering outpatient and inpatient services between January 1, 2014 and March 31, 2014.

**TABLE 4**

Cost Savings According to Pharmacy Team Adjudicating Consult (N= 195)

Pharmacy Team	Cost Savings (\$) <sup>a,b</sup>		
	Total	Mean per Consult	Median per Consult
Formulary management (n = 176)	343,525.77	1,951.85	242.88
Anticoagulation (n = 10)	10,403.21	1,040.32	1,279.48
Inpatient (n = 7)	1,922.10	274.59	1.98
Oncology (n = 2)	78,887.76	39,443.88	39,443.88

<sup>a</sup>Cost per year or specified duration.

<sup>b</sup>Cost savings after adjusting for cost of pharmacist review.





# Look up a VA formulary status and drug price

Go to the VA PBM formulary page and find adalimumab (Humira)

Answer the following questions:

- 1) Is adalimumab on the VA National Formulary?
- 2) What does the VA criteria for use recommend providers use for patients with RA?
- 3) How much does it cost compared to certolizumab?



# Step 1: Download the VANF

<https://www.pbm.va.gov/nationalformulary.asp>




## Pharmacy Benefits Management Services

- ▼ Pharmacy Benefits Management Services
  - PBM Home
  - ▶ Clinical Guidance
  - ▶ Education and Training
  - Ez Minutes Newsletter
  - Links & Other Resources
  - Drug Prices, Contracts & Agreements
  - ▼ **VA National Formulary**
    - Formulary Documents
    - Formulary Search
  - ▶ VA Center for Medication Safety - VAMedSAFE
  - ▶ Academic Detailing Service
  - VA Mail Order Pharmacy
  - VA Medication Reconciliation
  - ▶ More Health Care


**QUICK LINKS**

### VA National Formulary



**VA National Formulary Section**

- VA National Formulary October 2018** 
- VA National Formulary by class October 2018 
- VA National Formulary Changes October 2018. 






**VA Class Index Section**


- VA Class Index  - Excel Spreadsheet


**Previous Changes to VA National Formulary**

- VA National Formulary Changes by Month 10-98 TO 10-18 
- VA National Formulary Changes 10-98 TO 10-18 

**General Documents**

- National Drug File Support Group Guidelines 
- National Formulary Frequently Asked Questions 
- Non-Promotable List 
- VA Drug Standardization List 
- List of Medications at Lower Copayment Rate Under 38 CFR 17.110(b)(iv) 

**VHA FORMULARY POLICY DIRECTIVE** 

VA Product Name List  - Excel Spreadsheet (updated October 2018)

**Download the formulary**



## Step 2: Identify Adalimumab

VA Class	Restriction	Generic	Dosage Form	Comments
MS190	PA-F	DALIMUMAB	INJ,SOLN	Restricted to providers appropriate for prescribing TNF inhibitors

**PA-F** indicates that this is on the Formulary, but requires a **Prior Authorization** Review at the **Facility Level**

**Restricted** to specific providers such as rheumatologists



# Step 3: Find the CFU

<https://www.pbm.va.gov/nationalformulary.asp>

- ▼ Pharmacy Benefits Management Services
- PBM Home
- ▼ Clinical Guidance
  - Abbreviated Reviews
  - Clinical Recommendations
  - Criteria For Use**
  - Drug Class Reviews
  - Drug Monitoring
  - Drug Monographs
  - FAQ Sheets
  - Patient Letters
  - Permission and Referencing PBM-MAP Documents
  - Therapeutic Interchange Guidance



## VA Formulary - Search

Search For:

Search

Enter at least 3 characters!



## VA Formulary - Search

[Return to previous screen](#)

[New Search](#)

VA Generic Name	Dosage Form	Listed on VA Formulary?	VA Drug Class Click below to display other drugs in the same VA Drug Class
ADALIMUMAB	INJ,SOLN	Yes	<a href="#">MS190</a>

[Criteria for Use](#)



**Click on CFU**



# Step 4: Review the CFU

## VHA FORMULARY POLICIES

The formulary TNFIs – adalimumab, etanercept, and infliximab-dyyb – are available through facility prior authorization. Certolizumab pegol, golimumab, and infliximab are available through the nonformulary process in VHA.

This guidance may serve as a reference for facility prior authorizations for the formulary TNFIs and for requests for the nonformulary TNF inhibitors. The intent of using facility prior authorizations is to simplify access to TNF inhibitor therapy.

Formulary Status of TNFIs	
Formulary With PA	Nonformulary Without CFU
Adalimumab	Certolizumab
Etanercept	Golimumab
Infliximab-dyyb	Infliximab



# Step 5: Compare prices

## Two methods

**Method 1:** Download entire drug price table and look for adalimumab

<https://www.va.gov/opal/nac/fss/pharmPrices.asp>

### Office of Procurement, Acquisition and Logistics (OPAL)

#### Pharmaceutical Prices

Tel: (708) 786-7737 Fax: (708) 786-5828 [fss.help@va.gov](mailto:fss.help@va.gov) [Contacts](#) [Survey](#)

The Federal Supply Schedule (FSS) Service awards multi-year, multiple award federal contracts that are available for use by any eligible Federal Government agency. It satisfies all Federal contract laws and regulations. Pricing is negotiated based on how vendors do business with their commercial customers. The FSS program may also provide additional opportunities for savings with negotiated quantity and tier discounts, along with contract-specific voluntary temporary price reductions.

VA National Contracts are mainly requirement-type contracts that offer additional pricing concessions in return for commitment to potential vendors. The VA National Contract program results in pricing lower than FSS and is used for VA's standardization efforts. The VA National Contracts program is a separate contract vehicle from the FSS contract program.

The Pharmaceutical pricing data (as of 10/15/2018) for all VA National Acquisition Center (NAC) programs, including FSS and National Contracts, is updated on or around the 2<sup>nd</sup> and 16<sup>th</sup> of each month.

Note: This information was previously available for download via the VA Pharmaceutical Benefits Management (PBM) website. The format for this information as presented currently differs from the format that was previously used by PBM. The table below goes over these differences in detail.

#### IN THIS SECTION

[OPAL Home](#)

[NAC Home](#)

[FSS Home](#)

[VA Schedule Programs](#)

[Electronic Submission of Offers/Proposals](#)

[Prospective Contractors](#)

[Current Contractors](#)

[Modification Forms](#)

[Federal Customers](#)

[Training](#)

[Resource Library](#)

[FAQ Library](#)

[Contract Catalog Search Tool \(CCST\)](#)

[Site Map](#)



# Step 5: Compare prices

## Two methods

**Method 1:** Download entire drug price table and look for adalimumab

NDC With Dashes	Sub-Item	Package Description	Generic	Trade Name	VA Class	Covered	Prime	Net Price	Price Start Date	Price Stop Date	Price Type
00074-4339-07	4		ADALIMUMAB 40MG/0.8ML INJ,PEN,KIT	HUMIRA 40MG/0.8	MS190	T	T	2870.09	09/01/2018	08/31/2023	Big4
00074-4339-07	4		ADALIMUMAB 40MG/0.8ML INJ,PEN,KIT	HUMIRA 40MG/0.8	MS190	T	T	9597.17	09/01/2018	08/31/2023	FSS

There are two prices for the syringe kit (**FSS** and **BIG4**)

BIG4 price = **\$2,871**



# Step 5: Compare prices

## Two methods

**Method 2:** Look the price up at the National Acquisition Center

<https://www.va.gov/nac/>

### National Acquisition Center (CCST)

Welcome to the National Acquisition Center (NAC) Contract Catalog Search Tool (CCST)

	UPDATE DATE	UPDATE TIME
Search Menu	10/31/2018	01:52:52 AM

#### What is the CCST?

The CCST (updated daily) is the most comprehensive online listing of the Department of Veterans Affairs (VA) NAC's active nation-wide healthcare-related contract vehicles, open to VA and other Government agencies. The CCST contains over 1,700 active contract vehicles and over 1 million catalog line items pertaining to VA's Federal Supply Schedule contracts and national standardization contract vehicles including contracts, Blanket Purchase Agreements (BPAs) and Basic Ordering Agreements (BOAs). Get quick access to the [National Acquisition Center](#), including the [Federal Supply Schedule \(FSS\) Service](#) and [National Contract Service \(NCS\)](#) and the programs they offer such as [MedSurg Catalog](#) and [Pharmaceutical Catalog](#) products and services.

### Catalog search

Search Pharmaceutical catalog

Includes :

- Pharmaceuticals (65 I B)
- Big 4, National Contracts





# Step 5: Compare prices

## Two methods

**Method 2:** Look the price up at the National Acquisition Center

### Pharmaceutical Catalog Search

Search by Contract Number

Search by Contractor Name

Search by Generic Name / Trade Name using terms or phrase

adalimumab

HUMIRA 10MG/0.1ML INJ,SYRINGE :: ADALIMUMAB 10MG/0.1ML INJ,SYRINGE  
HUMIRA 10MG/0.2ML INJ,SYRINGE :: ADALIMUMAB 10MG/0.2ML INJ,SYRINGE,KIT  
HUMIRA 1X80MG 1 X40MG INJ PED CROHNS STARTER :: ADALIMUMAB 80MG/0.8ML;ADALIMUMAB 40MG/0.4ML INJ,SYRINGE  
HUMIRA 20MG/0.2ML INJ,SYRINGE :: ADALIMUMAB 20MG/0.2ML INJ,SYRINGE  
HUMIRA 20MG/0.4ML INJ,SYRINGE :: ADALIMUMAB 20MG/0.4ML INJ,SYRINGE,KIT  
HUMIRA 40MG/0.4ML INJ,SYRINGE :: ADALIMUMAB 40MG/0.4ML INJ,SYRINGE  
HUMIRA 40MG/0.4ML INJ,SYRINGE,PEN :: ADALIMUMAB 40MG/0.4ML INJ,SYRINGE,PEN  
HUMIRA 40MG/0.8ML INJ KIT 4 UNITS/PACKAGE :: ADALIMUMAB 40MG/0.8ML INJ,PEN,KIT  
HUMIRA 40MG/0.8ML INJ KIT 6 UNITS/PACKAGE :: ADALIMUMAB 40MG/0.8ML INJ,PEN,KIT  
HUMIRA 40MG/0.8ML INJ PEN :: ADALIMUMAB 40MG/0.8ML INJ,PEN

1) Enter the generic name

2) Select the kit



# Step 5: Compare prices

## Two methods

**Method 2:** Look the price up at the National Acquisition Center

NDC	PKG	CONTRACT NUMBER	PV	VENDOR	GENERIC NAME	TRADE NAME	FSS PRICE	NC PRICE	BIG 4 PRICE
00074-4339-07	4	36F79718D0528	X	Abbvie US	ADALIMUMAB 40MG/0.8ML INJ,PEN,KIT	HUMIRA 40MG/0.8ML INJ KIT 4 UNITS/PACKAGE	\$9,597.17	\$0.00	\$2,870.09

There are two prices for the syringe kit (**FSS** and **BIG4**)

BIG4 price = **\$2,871**



## Step 6: Compare adalimumab and certolizumab

### Price comparison

#### Adalimumab

FSS price = **\$9,597**

BIG4 price = **\$2,871**

Price per dose =  $\$2,871 / 4 =$  **\$718**

#### Certolizumab

FSS price = **\$991**

Price per dose =  $\$991 / 2 =$  **\$495**

Why does the price favor certolizumab even though it is not on the VANF?

**Need to consider the rebates that are hidden from the public**



# References

## Links to VA Sites

[VA Copayment Rates](#)

[VA Service Connection Priority Groups](#)

[VA PBM Main Site](#)

[VA Formulary Management FAQ](#)

[VA Drug Monograph List](#)

[VA National Formulary List](#)

[VA Drug Class Reviews](#)

[VA Criteria For Use](#)



# Questions

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