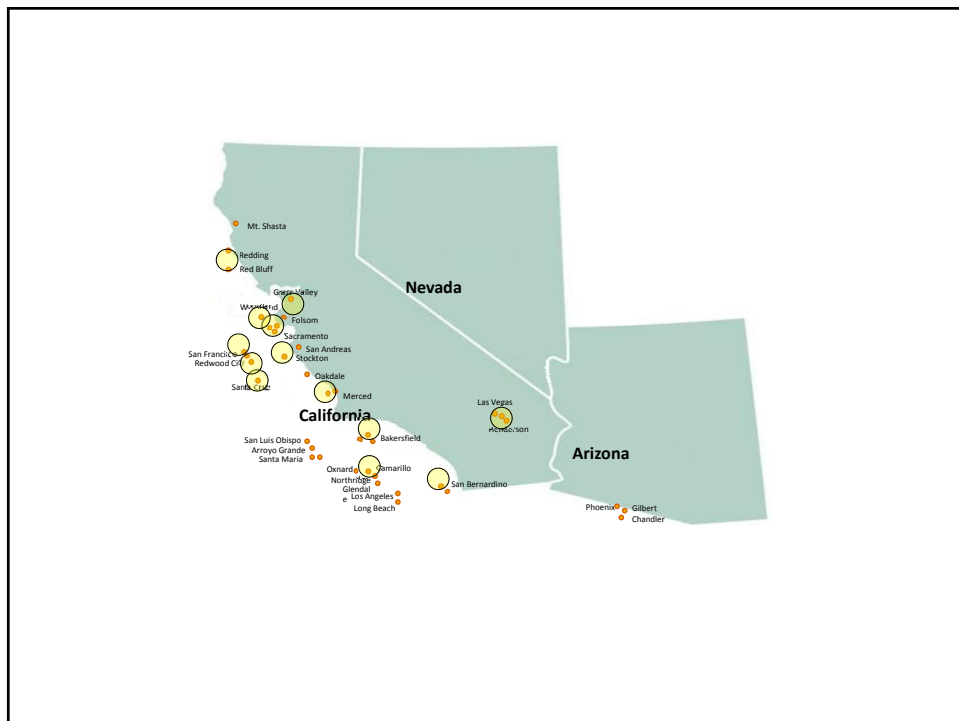


Standardizing Vaccines & Cost Savings Opportunities

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Learning Objectives

- Explain the importance of standardization for vaccines
- Describe the steps needed to standardize vaccines
- Identify other potential standardizing opportunities to vaccines as well as other medications

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Reasons to Standardize



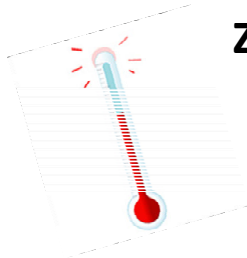
Patient Safety
Cost Savings
Allocations
Exceptions



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Patient Safety

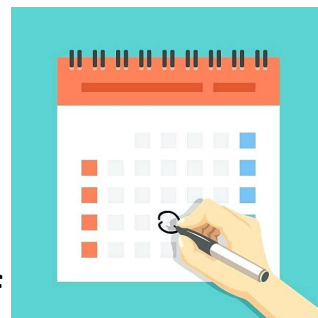
- Education of clinic staff
 - Storage (Fridge, freezer, room temp)
 - Preparation (diluent/reconstitution)
 - Example: Meningococcal, Rotavirus, Zoster



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Patient Safety

- Education of clinic staff
 - Dosing Schedules
 - Some vaccines are not Interchangeable
 - Some have different recommended number of doses to complete



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Patient Safety

Examples:

Rotavirus

- Vaccine A (3 dose series) liquid form
- Vaccine B (2 dose series) powder form

Meningococcal B

- Vaccine A (2-3 dose series over 6-month period)
- Vaccine B (2 doses over 1-month period)

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Patient Safety

- **Continuity of Care**
 - Decrease in variation among different clinics
 - Patient starts vaccine at clinic and then continues series with another office within same medical group

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Patient Safety

- Continuity of Care
 - Decrease medication errors
 - Floating or covering MAs/RNs/LVNs are familiar with vaccines since all clinics should have the same vaccines stocked.

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Cost Savings Opportunities

- Leveraging contract opportunities with manufacturer
 - Volume Discounts
 - Committed Contracts
 - Market Share Shift



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Cost Savings Opportunities

Volume Discounts

- Purchase a certain amount each order to get a discount (Bulk purchasing) – not always best

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Cost Savings Opportunities

Committed Contracts

Agreement to purchase a certain volume over the contracted term receive discounted pricing

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Cost Savings Opportunities

Market Share

- **No committed contract or timeframe but shift the market share over a certain percentage to receive discounted pricing**
 - **Monitor clinic performance (outliers)**

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Cost Savings Opportunities

When you know the price point your vaccines should be, it is easier to recognize when one of them may have fallen off of contract

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Allocations & Stock Changes

Keep your purchase history high with one specific manufacturer's vaccine, vs. the same vaccine by multiple manufacturers

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Allocations & Stock Changes

Your organization is now a priority over a competing account that spread their purchases among different manufacturers, if supply changes and allocations are implemented.

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Allocations & Stock Changes

Example:

100 doses per month for Vaccine A

Vs.

20 doses Vaccine A & 80 doses for Vaccine B

Then Vaccine B has a shortage...

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Allocations & Stock Changes

Now that you are the priority

- Constant communication with local rep**
- first to know when a shortage is coming**
- Preferred account when stock is available**
- first in line for allocation with distributor**



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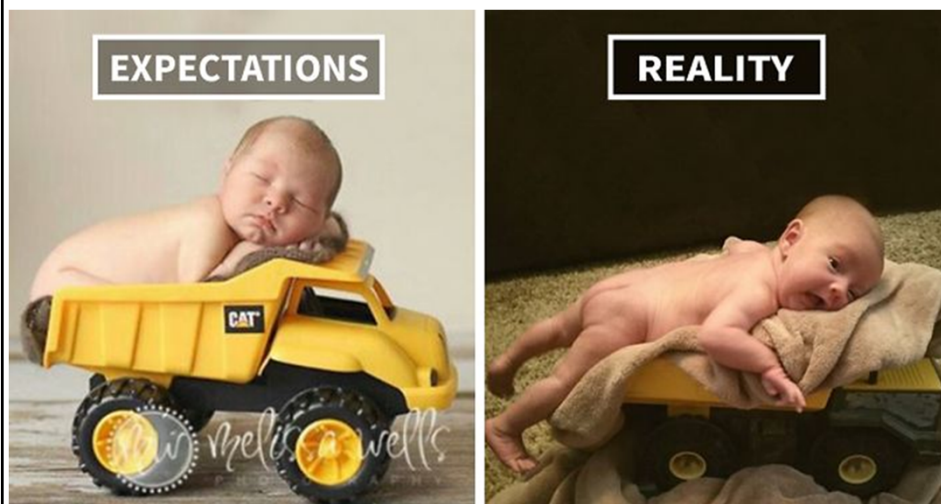
Allocations & Stock Changes

Example: Zoster shortage

- Regular allocations from distributor based on purchase history, but also direct orders from the manufacturer
- Communication on how to get the most supply from different avenues because of that strong relationship with manufacturer

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Exceptions



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Exceptions

Goal vs. Reality

- **Market Share Goal:** Aim to switch 100% of all vaccines
- **Reality:** Falling around 80% is still a win
- *Example:* New patients that have already started series with another vaccine
- *Example:* Push back from certain providers

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First Steps In Standardization

- **Recognize the cost savings opportunity for therapeutically equivalent products**
- *Examples:*
 - Vaccines
 - Flu
 - Viscosupplements



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First Steps In Standardization

- **Physician Champion**



- Find a physician within your organization that understands and agrees with your plan.
- They will be a driving force to get their colleagues on board

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First Steps In Standardization

- **Utilize manufacturer**
 - Provide the education to clinic staff
 - Use reporting to identify opportunities
 - Use reporting as a compliance tool

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First Steps In Standardization

BEFORE	Category		Marketshare
	Category A		63.4%
	Category B		67.6%
	Category C		85.5%
	Category D		85.0%

Category A	Category B	Category C	Category D
-	-	-	-
15.4%	71.7%	100.0%	99.2%
-	-	-	-
-	-	100.0%	-
100.0%	67.2%	85.2%	77.1%
48.5%	61.7%	100.0%	94.6%
58.0%	56.8%	100.0%	100.0%
67.6%	76.1%	100.0%	91.7%
-	-	-	-
68.3%	100.0%	100.0%	100.0%
61.4%	100.0%	100.0%	31.3%
0.0%	-	68.2%	93.1%
-	100.0%	77.8%	83.3%
-	15.4%	97.8%	80.9%
32.9%	67.4%	86.9%	34.7%
100.0%	26.3%	100.0%	63.9%
-	-	100.0%	100.0%
-	-	100.0%	100.0%
-	-	100.0%	100.0%
-	-	-	-
100.0%	100.0%	100.0%	100.0%
-	100.0%	100.0%	100.0%
-	-	100.0%	0.0%
-	-	0.0%	0.0%
100.0%	82.0%	100.0%	100.0%
-	-	-	-
-	-	100.0%	-
-	-	0.0%	0.0%

Category		Marketshare
Pediatric		90.6%
Adult		98.6%
Adolescent		98.8%

Pediatric	Adult	Adolescent
-	-	-
61.4%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	93.6%	90.5%
90.2%	100.0%	100.0%
100.0%	100.0%	100.0%
94.2%	100.0%	90.7%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
45.2%	100.0%	63.1%
100.0%	100.0%	100.0%
-	-	-
100.0%	100.0%	100.0%
-	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%
-	100.0%	-
-	-	-
-	100.0%	100.0%
-	100.0%	-
100.0%	100.0%	100.0%
100.0%	100.0%	100.0%

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Thank You

Questions?


Dignity Health
Medical Foundation

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