Managing the Complexity & Rate Of Change In Pharmacy Inventory

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Learning Objectives

- 1) Evaluate the benefits of optimizing supply chain management for pharmacy inventory
- Explain and define 340B drug delivery models and subsequent inventory models used for drug purchasing and distribution
- 3) Explain and identify the current drug shortages within pharmacy inventory and potential causes
- Discuss possible rates of change within pharmacy inventory and identify how to generate savings on drug purchasing





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Hospital Pharmacies

- Data analytics and benchmarks used to evaluate drug costs comparable to industry standards & determine drug prices that are higher than the expected reimbursement received
- Closely monitor payments to drug vendor invoices for complete product order inventory records

Hospital Pharmacies (continued)

Drug procurement: the procedure to be used throughout the organization for drug procurement

- Focus on safety and quality of care
- Creation of formulary

Hospital Pharmacies (continued)

US Drug Enforcement Administration (DEA) Schedule II drugs must be ordered by completing official paper DEA 222 order form or electronically

- > Schedule II: includes oxycodone, hydrocodone, fentanyl, etc.
 - At high risk for abuse
 - Controlled medical treatment use

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Pharmacy Revenue Cycle Pharmacy Pharmacy Purchasing Patient Billing Charges Data Charge Dispensing Description Master (CDM) Transactions 8



systems must be able to:

- Track store inventories,
- Medication orders,
- And newly received inventories.



Retail Pharmacies: Inventory Management

Due to larger movements of medications, pharmacy inventory should be periodically checked for expired medications

- Conduct user reports to determine the most commonly dispensed medications
- Maximizes inventory use and reduces the medications sent to reverse distributors

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Retail Pharmacies: Inventory Management (continued)

Proper management of reorder quantities (ROQs) and reorder points (ROPs) for commonly used medications

- Determining when to place orders for medications based off on-hand inventory
- Optimizing pharmacy supply chain in order to reduce spending costs

Drug Supply Chain Security Act (DSCSA) of 2013

• Goal: to safeguard the nation's pharmaceutical supply, as well as to protect consumers from counterfeit or compromised drugs









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Drug Inventory Management Software



This software keeps track of:

- Orders
- Monitors medicine supply and utilization
- And simplifies pharmacist verification and billing

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Drug Inventory Management Software (continued)

Drug Inventory Management inclusion qualifications:

- Keep track of every drug that is stored and given to patients (cost, lot number, expiration date, patient name).
- Monitor medication deliveries and shipments.
- Inventory data is centralized, including a tally of how much of each drug is in stock, usage statistics, and trend data on predicted demand against reality.

Inventory Management: Potential Issues

- Ilegal diversion of drugs: the risk of this issue increases when one individual is responsible for purchasing and receiving without the necessary oversights or checks and balances in place
- Hospitals run the risk of not being able to provide patients with the most appropriate medication when it is most needed



Inventory Management: Potential Issues (continued)

- Pharmacies' dispensing patterns and drug selection choices may have a direct effect on the affordability of care
- Utilizing drugs that are non-contracted or not on the formulary may be more costly to the patient, or may result in a lower-than-expected reimbursement



What is a potential issue that can arise from the inventory management process?

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- a) Illegal Diversion of Drugs
- b) Drug exclusion
- c) Medication expenditures
- d) Drug shortage

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Drug Delivery Systems

- Drug Delivery Systems: the guided release of therapeutic agents from technologies engineered for target delivery.
- These systems provide great alternatives for peptide and protein therapeutics which are mainly used for treat major autoimmune and cancer illnesses
- In principle, drug delivery systems "provide enhanced efficacy and/or reduced toxicity for anticancer agents" (Tiwari et al., 2012)



Drug Delivery Systems (continued)

Forms of drug delivery systems:

- Lung-specific drug delivery
- Anticancer drugs
- Nanoparticulate systems for brain delivery of drugs
- Colon-specific drug delivery
- Transdermal delivery



340B Drug Delivery Models: Specialty Pharmacies

Physicians making the switch from independent practices to practices owned by hospitals

- Emerging profit drivers
 - Copay maximizers
 - Nonbiologic specialty generics
 - White bagging
 - Pharmacy benefit biosimilars coming to market in 2023, such as adalimumab



340B Drug Delivery Models: Specialty Pharmacies (continued)

Vertical integration of health systems buying practices pose **new market access risks**, for:

- New products coming to market;
- New companies trying to enter the market;
- And new pharmacies trying to get into the market.

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340B Drug Delivery Models: Entity-Owned Pharmacies

Owned by the covered entity located either within the entity itself or off-site

 Benefits: Can be used as a community pharmacy for locals, higher capture rate, can expand patient care team, and "low-cost medication access to uninsured patients"



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340B Inventory Models

Separate Physical Inventory

- Requires space and standard operating procedures that guide the staff on the rules for using the two inventories (for 340B and non 340B drugs)
- Potentially more costly and requires more space than they have available

340B Inventory Models (continued)

Replenishment Model

- One neutral physical inventory which are neither 340B nor non-340B
- Saves location space and inventory cost associated with separate physical inventories
- Must virtually separate inventory
- May require software/tracking systems
 Separate costs to ensure compliance with 340B requirements

True or False?

In the 340B program, there are 2 types of Inventory Models:

- Separate physical inventory,
- And the replenishment model.





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Drug Shortages

Drug shortages are **caused by** numerous things:

- Covid-19 pandemic
- Manufacturer delays
- Supply chain issues

Current shortages:

- Sterile injections (epinephrine)
- Oncology treatments (doxorubicin)
- Antibiotics (clindamycin)
- And other classifications

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Drug Shortages (continued)

Drug Formulary:

- An updated list of medications and related info compiled by pharmacists, clinicians, and other diagnostic experts...
- Created to ensure abundant supply of regularly used medications

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Drug Shortages (continued)

Drug Formulary System:

- Formulary list
- Medication use policies
- Pharmacy and therapeutics committee
- And other related information in formulary management

Drug Shortages (continued)

- Biosimilars: Act as possible solution to reduce spending costs and improve inventory needs
- Medicare Part D could have saved \$84 million by increasing the use of all available biosimilars

With the current drug shortage across the U.S., what is a way for pharmacies to increase inventory and savings?

- a) Use drug formulary systems
- b) Incorporate generics
- c) Incorporate biosimilars
- d) Negotiate with manufacturers for a lower price on popular medications

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Price Gouging

Federal government involvement:

 Federal Law prohibits the government from getting involved in drug pricing negotiation and regulation for Medicare

U.S. inflation rate is 7.9% up from 1.7%:

 Pharmaceutical companies are blaming inflation for rising drug prices

Price Gouging (continued)

Increased revenue due to increased drug prices:

Revenues from U.S. sales in 2020 were almost double the total revenues for the rest of the world

Possible savings:

 Medicare could have saved \$14.4 billion on just 50 drugs in 2016 if the program had paid the same prices as the Department of Veterans Affairs

Build Back Better Act: Federal Government Involvement

Medicare Price Negotiation:

• Amends the Social Security Act to establish the Fair Price Negotiation Program

Inflation Rebates:

 Mandatory drug rebates on certain Medicare Part B and Part D drugs, when prices exceed the rate of inflation

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Build Back Better Act: Federal Government Involvement

- Cap Medicare Part D recipients' out-of-pocket costs: > \$2,000/year
- Limits Cost-Sharing for Insulin: > \$35 for a 30-day supply

Congressional Budget Office estimates **\$297 billion in** Federal Savings for prescription drugs

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What is a way the federal government can help increase savings for pharmacies when purchasing certain Medicare drugs?

a) Price gouging

- b) Inflation rebates
- c) Mandate a price cap on the purchasing of certain drugs
- d) Negotiating a limit to how many drugs can be sold

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a) Price gouging

b) Inflation rebates

- c) Mandate a price cap on the purchasing of certain drugs
- d) Negotiating a limit to how many drugs can be sold

Conclusions

- Optimize supply chain in both hospital and retail pharmacies to minimize order delays, reduce costs, and improve inventory management
- Specialty, contract, and entity-owned pharmacies can help improve access to medications and maximize costs

Conclusions (continued)

- Drug shortages have always existed, and pharmacies could utilize biosimilars to reduce risks of shortages and back orders
- Savings can be generated multiple ways through Medicare and Federal government involvement (approx. \$312.24 billion)





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