

Inventory Purchasing Standardization Across a System

Scott Milner, PharmD, MBA
Sr. Director of Pharmacy, St. Luke's

Disclosures

• The presenter has no real or perceived conflicts of interest related to this presentation

Note: This program may contain the mention of suppliers, brands, products, services or drugs presented in a case study or comparative format using evidence-based research. Such examples are intended for educational and informational purposes and should not be perceived as an endorsement of any particular supplier, brand, product, service or drug.



Learning Objectives

At the end of this session, participants should be able to:

- 1. Review basic standardization definitions when comparing automation solutions
- 2. Describe internal and potential external political hurdles pharmacy teams need to be equipped to manage
- 3. Identify useful strategies in managing standardization





Why Standardize Purchasing Tools

- Medication costs constitute a large portion of hospitals supply expense
- Largest volume of medications reside within the pharmacies, with satellite inventory in automation cabinets
- Pharmacy costs continues to grow above the rate of inflation
- Drug sourcing is more complex in comparison over traditional med/surg supplies
- Wasted/outdated medications may not always contain value in inventory (return for credit) or cumbersome to determine
- Inability to "run out" of key medications is not acceptable for patient safety in healthcare





Inventory Analysis Terms—Problems

Presentation will not address directly

- Just in time (JIT): the ability for a business to obtain necessary inventory as it is needed and not beforehand
 - JIT has become painful for hospitals as our ability to care for patients considering natural disasters or pandemics require a more stable pharmacy supply chain
- Inventory Turns: the measurement of how often inventory is acquired/used in a given time frame, traditionally annually
 - The bulk of inpatient dispenses are low-cost items with high volume administration. High cost items traditionally inflate/deflate inventory turns in comparison
- Pharmacy Waste: valuation of medications that have been expired and sent back to the manufacturer or holding/expiring company
 - Not all waste is captured
 - Not all medications have the ability to returned for value-direct discard/disposal
 - Valuation may not reflect the actual purchase price
- Formulary: a designation by healthcare entity for a preferred agent in the therapy/class with clinical equivalence/cost comparison information been evaluated
 - We all have piles of non-formulary medications
- WAC/GPO/340B buckets: not all systems may have distinct purchasing rules that apply to them. This changes how systems compare supply chain standardization opportunities





St. Luke's Health System (SLHS)



8 medical centers



200+ clinics and centers



2.58 million clinic & hospital outpatient visits



56,645 hospital admissions



2,998 Health Partners providers



103,090 children served at Idaho's only children's hospital



210,270 emergency department visits



1,495 volunteers & board members



St Luke's Health System (SLHS)



St. Luke's Boise



St. Luke's Elmore



St. Luke's Jerome



St. Luke's Magic Valley



St. Luke's McCall



St. Luke's Meridian



St. Luke's Nampa



St. Luke's Wood River



St. Luke's Health System (SLHS)—System Facts

- St. Luke's Health System employees: **14,434.** We're Idaho's largest private employer.
- Physicians with privileges on St. Luke's Medical Staff: 2,998
- Inpatient facilities: 1,005 licensed beds

- ✓ Boise: 430 beds
- ✓ Meridian: 174 beds
- ✓ Nampa: 87 beds
- ✓ Magic Valley: 224 beds
- ✓ Wood River: 25 beds

- ✓ Elmore: 25 beds
- ✓ Jerome: 25 beds
- ✓ McCall: 15 beds
- ✓ RehabilitationHospital: 34 beds





St. Luke's Health System (SLHS)







SLHS Pharmacy Journey



- Independent, <u>site based</u> leadership and purchasing
- 2 outpatient pharmacies
- Limited alternative delivery mechanisms (meds to beds)
- Limited clinical program expansion (Medication Historians)
- Limited 340b participation
- Limited Specialty Pharmacy Program



2017-2019

- System leadership structure, hired Chief Pharmacy Officer
- System purchasing structure and optimization
- 340b expansion
- Outpatient pharmacy expansion to Nampa
- Bedside prescription delivery expansion
- Introduction of clinical utilization initiatives
- Formulary standardization
- Wholesaler change
- Partnership with CPS



2020 & Beyond

- Part of the clinical division and care team
- Continued standardization and risk management
- Integrated clinical utilization work into Cross Functional Governance
- Specialty Pharmacy Expansion
- Hospice and Home Infusion Pharmacy
- Innovation relative to script delivery mechanisms
- Staff Development and technician pipeline creation



SLHS Pharmacy Purchasing Foundation

Central buyers did:

- Review orders for 2 hospitals (Boise, Meridian)
- Coordinate ordering/distribution amongst 170+ clinics
- Run weekly system drug shortage meeting, not all sites participated
- This team did not
 - Have full system inpatient oversight
 - Review cancer center orders
 - Provide input for OP orders
 - Have a standard clinic template for medication ordering





Standardization of the Purchases (2017)

Evaluate reports/analytic sources

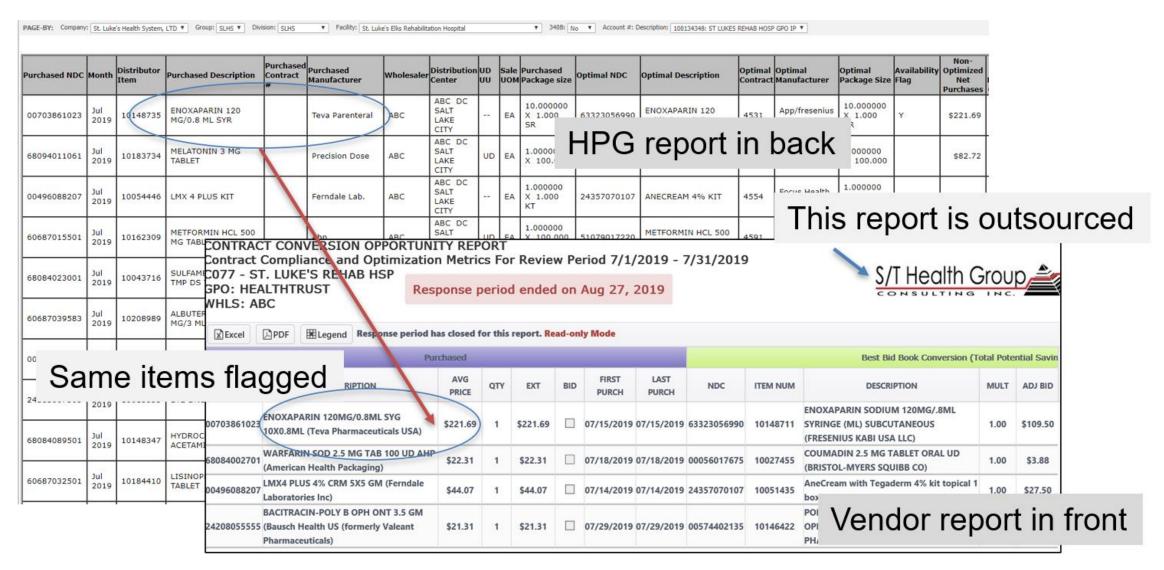
Outline which reports we would evaluate/frequency

Prioritize projects/review process

Expand the review process



Evaluate Reports/Analytic Sources





Outline Which Reports We Would Evaluate/Frequency

- Utilized primary distributor "Lost Savings Report" on a monthly basis
 - Originally around \$250k a month, more specific to distributor generic programs
- HPG/Vendor report on a monthly basis
 - Around \$230k a month in product substitution, BUT helpful to outline drug shortage costs
- *Outlined weaknesses in each report

This outlined the need to standardize HOW we purchased medications, how we aligned across the system

- How can we enable all team members with purchasing rights to align with contractual needs?
- How can we communicate product changes?
- How do we increase compliance?





Prioritize Projects/Review Process

- Central buying team became the "owners" of the ABC catalog/formulary flagging and selection
- Created "groupings" within ABC for formulary/standardization preferences
 - Some areas did NOT have a GPO account, adjusted the standard to what maximized value
 - Example: oncology infusion centers were purchasing the GPO best priced items, financially not in their interest
 - Substituted the best WAC/340B for 9 generic medications and saved over \$1.1 million in 2018
 - Dialed in the products for GPO based facilities
- Adjusted each groups "formulary" item, made visible to front end purchaser
 - Formulary was the indication ABC gave us control to indicate the preferred item

LIDOCAINE-EFINEPH 2%-1:100K MDV 25X20 ML	n	25X20	PFZ
XYLOCAINE-EPINEPH 2%-1:100K VL 25X50 ML	n	25X50	APP
XYLOCAINE-EPINEPH 2%-1:100K VL 25X20 ML	n	25X20	APP
LIDOCAINE-EPINEPH 2%-1:100K MDV 25X50 ML	n	25X50	PFZ
LIDOCAINE-EPINEPH 2%-1:100K MDV 25X30 ML	o	25X30	PFZ

- If we needed absolute compliance, central buying team would remove from system catalog
 - In case of shortages, central buying team maintained absolute catalog visibility



Prioritize Projects/Review Process

- Not all projects created savings-BUT safety first!
 - Reports of staff being injured while opening ampules
 - Evaluated items we have purchased in ampules that we could transition to vials (not all could)

Evaluated items we have purchased in ampules that we could transition to viais (not an could)										4 18	417								
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ALFENTANIL HCL	AMPUL			8		6		14											410
ALPROSTADIL	AMP			,	1			1								N			
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CARBOPROST TROMETHAMINE	AMPUL												Vial available as 12m	_	strength		100		
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		EPINEPHRINE	AMP	EPINEPHRINE	1 MG-ML AMP 25	X1 ML	409724101				0		0 w/Adrenalin \$13.91	vial	switched 4/9		UNIVE	ERSITY	1 (0)

Prioritize Projects/Review Process

Dr Reddy's FDA woes turn spotlight on compliance standards again



Dr Reddy's Laboratories Ltd stock fell by as much as 14.7% on Friday, after it disclosed that three units have received warnings letters from the US FDA. Photo:

2 min read . Updated: 23 Nov 2015, 01:50 AM IST

https://www.livemint.com/Money/1J8yHNc7AzIFPpnbtSM4CL/Dr-Reddys-FDA-woes-turn-spotlight-on-compliance-standards-a.html



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Dr Reddy's Labs fined by FTC for non-compliance

22-01-2018

https://www.thepharmaletter.com/article/dr-reddy-s-labs-fined-by-ftc-for-non-compliance

Dr. Reddy's sterile plant now meets at least minimal compliance, FDA says

by Eric Palmer Feb 18, 2020 10:31am



Dr. Reddy's Laboratories' sterile formulations plant in Duvvada, an area of Visakhapatnam in India, received an eight-observation Form 483 in August, but the FDA has said it won't need to take regulatory action. (Dr. Reddy's Laboratories)



Expand the Review Process

- Buying team split into 3 teams
 - Inpatient Buyers
 - Review ALL orders for preferred items created by purchasers
 - Manage alt distribution center requests
 - Clinic Buyers
 - Created standard clinic ordering forms
 - Streamlined non-formulary request process
 - Outpatient (OP)/St Luke's Cancer Institute Buyers
 - Formalized outpatient order review, product standardization
 - 3 OP purchasing different products
 - NO GPO accounts (WAC/340B only)





Three Outpatient Pharmacies

Epic Willow Ambulatory owned perpetual inventory/order creation

- Each site could determine qty on the shelf
- Each site purchased preferred items

Mapped out which items were ideal to purchase

- Exceptions on quality MFR, Medicaid
- Over the counter items had adjustment

Feedback from each site

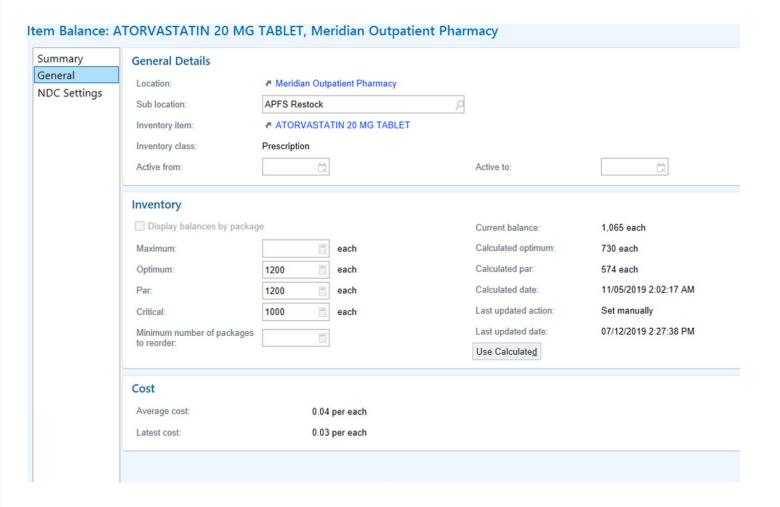
- Single product selection
- Preferred item flagged in Epic ordering platform

						.0000p 0.0.0			
Product Description	→ NDC ▼	Sum of 🔻 S	um of T 💌 la	ajority Purch	NOP Preffered ABC# 🔻	BOP Preferred ABC Item#	MOP Preferred ABC Item#	▼	▼ Date Flag Added/Updated ▼
ACETAMINOPHEN-COD 300-30 MG TAB 100	93015001	23	268.48	WAC		10042529	10042529	0	4/25/2018
ACETAMINOPHEN-COD 300-30 MG TAB 100	406048401			GPO	10013264			0	4/25/2018
ACYCLOVIR 400 MG TAB 100	93894301	83	702.86	WAC		10003404	10003404	0	4/25/2018
ACYCLOVIR 400 MG TAB 100	61442011201			GPO	10003404			0	4/25/2018
ACYCLOVIR 800 MG TAB 100	61442011301	27	318.61	WAC	10003457	10003457		10003457	3/30/2018
ACYCLOVIR 800 MG TAB 500	61442011305	0	0	WAC			10118491	-10118491	3/30/2018
ALLOPURINOL 300 MG TAB 100	591554401	54	1255.79	WAC	10046804	10170632		10170632	
ALLOPURINOL 300 MG TAB 500	50742013605	0	0	WAC			10161695	-10161695	
ALPRAZOLAM 0.25 MG TAB 100	59762371901	16	25.42	340B		10003444	10003444	0	4/25/2018
ALPRAZOLAM 0.25 MG TAB 500	67253090050	12	84.5	WAC		10025518	10025518	0	4/25/2018
ALPRAZOLAM 0.5 MG TAB 1000	781107710	3	89.46	WAC		10000161	10000161	0	4/3/2018
ALPRAZOLAM 0.5 MG TAB 500	67253090150	1	9.97	GPO	10060817	10038669		10038669	4/3/2018
ALPRAZOLAM 0.5 MG XR TAB 60	59762005701	1	19.8	WAC		10023246		10023246	4/3/2018
ALPRAZOLAM 1 MG ODT TAB 100	228402411	2	328.18	WAC		10005412		10005412	
ALPRAZOLAM 1 MG TAB 1000				GPO	10003445			0	4/25/2018
ALPRAZOLAM 1 MG TAB 500	67253090250	0	0	WAC		10024095	10024095	0	4/25/2018
ALPRAZOLAM 1 MG XR TAB 60	59762005901	3	73.35	WAC			10023248	-10023248	
AMITRIPTYLINE HCL 25 MG TAB 1000	603221332	4	733.76	340B		10028599	10028599	0	4/25/2018
AMITRIPTYLINE HCL 25 MG TAB 1000	781148710	4	626	GPO	10028599			0	4/25/2018
AMLODIPINE 10 MG TAB 500	68382012305	19	247.35	WAC		10141255		10141255	

Outpatient Nuances

Every day evaluation of the "formula" for ordering evaluated

- The ability to set manually
- Adjust the formula
- Eventually created an additional formula, inputs included
 - ✓ Look back (dispense history)
 - ✓ Frequency of deliveries
 - ✓ Days dispensing/operations

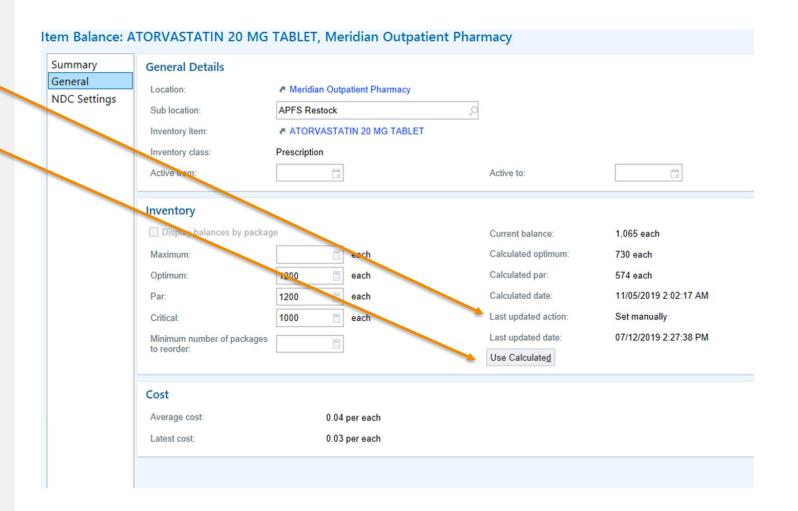




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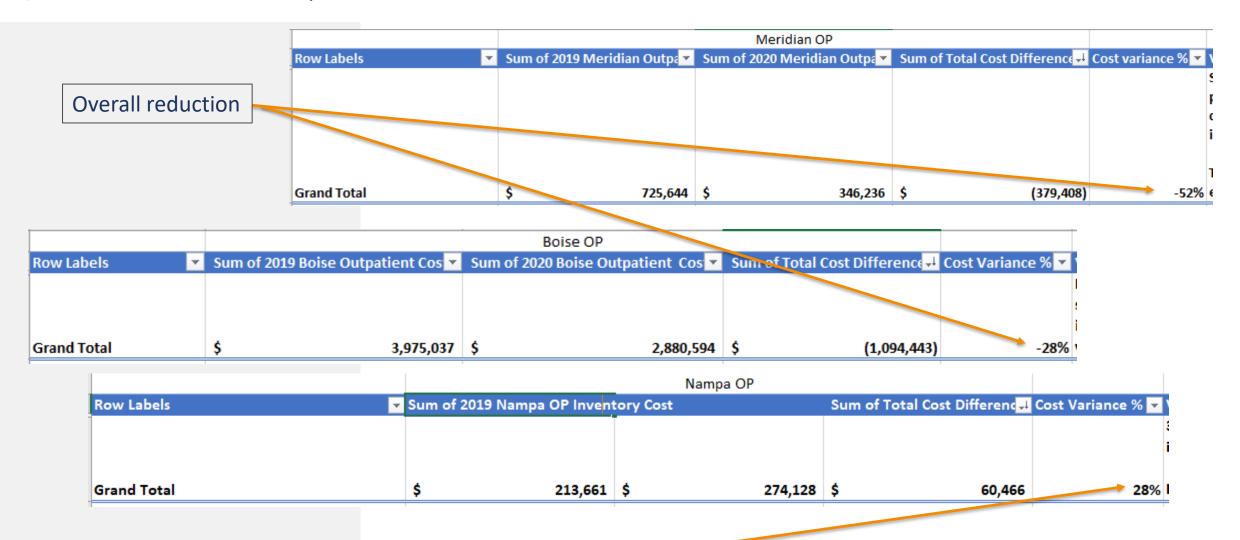


OP Outcomes—Daily Spend

Retail Spend											
	Boise Outpatient			Meridian Outpatient			Nampa Outpatient				
Date	Starting WAC price	Ending WAC price	Difference	Starting WAC price	Ending WAC price	Difference	Starting WAC price	Ending WAC price	Difference	System Total	
11/5/2019											
11/6/2019	\$ 19,921.11	\$ 18,551.77	\$ 1,369.34	\$ 48,662.60	\$ 46,139.95	\$ 2,522.65	\$ 6,480.85	\$ 6,549.48	\$ (68.63)	\$ 3,823.36	
11/7/2019	\$ 35,275.12	\$ 29,971.61	\$ 5,303.51	\$ 23,448.98	\$ 19,049.33	\$ 4,399.65	\$ 7,643.18	\$ 7,292.34	\$ 350.84	\$ 10,054.00	
11/8/2019	\$ 21,585.79	\$ 21,474.83	\$ 110.96	\$ 27,633.91	\$ 15,393.20	\$ 12,240.71	\$ -	\$ -	\$ -	\$ 12,351.67	Friday no Nampa order
11/11/2019	\$ 26,029.71	\$ 25,126.50	\$ 903.21	\$ 41,992.09	\$ 40,730.69	\$ 1,261.40	\$ 6,699.38	\$ 6,329.74	\$ 369.64	\$ 2,534.25	
11/12/2019	\$ 14,827.53		\$ 3,435.33	\$ 31,020.83	\$ 26,342.65	\$ 4,678.18	\$ 4,733.98	\$ 4,319.34	\$ 414.64	\$ 8,528.15	
11/13/2019		\$ 11,184.78	\$ 622.43	\$ 23,841.95	\$ 15,341.56	\$ 8,500.39	\$ 9,366.54	\$ 9,300.86	\$ 65.68	\$ 9,188.50	
11/14/2019			\$ 819.98	\$ 13,538.42	\$ 12,734.42	\$ 804.00	\$ 5,236.78	\$ 5,158.33	\$ 78.45	\$ 1,702.43	
11/15/2019	\$ 13,488.22	\$ 12,530.37	\$ 957.85	\$ 7,784.93	\$ 7,654.01					\$ 1,088.77	Friday no Nampa order
11/18/2019	\$ 23,910.02	\$ 20,537.56	\$ 3,372.46	\$ 33,177.34	\$ 32,687.08	\$ 490.26	\$ 11,930.89	\$ 9,136.74	\$ 2,794.15	\$ 6,656.87	
11/19/2019			\$ 4,751.79	\$ 24,869.17	\$ 23,759.85	\$ 1,109.32	\$ 4,886.55		\$ 81.46		
11/20/2019		\$ 21,538.71	\$ 8,049.36	\$ 20,435.70	\$ 19,974.05	-	\$ 7,904.10	\$ 7,728.81	\$ 175.29	\$ 8,686.30	
11/21/2019			\$ 7,224.19	· · · · · · · · · · · · · · · · · · ·	\$ 17,301.26	\$ 1,398.22	\$ 3,139.61	\$ 3,139.62	\$ (0.01)	\$ 8,622.40	
11/22/2019	\$ 12,048.15		\$ 7,313.79	\$ 12,975.63	\$ 9,482.68	\$ 3,492.95	\$ -	\$ -	\$ -	\$ 10,806.74	Friday no Nampa order
11/25/2019			\$ 4,848.78	\$ 20,904.83	\$ 19,189.57	\$ 1,715.26	\$ 12,985.76	\$ 12,129.45	\$ 856.31	\$ 7,420.35	
11/26/2019		\$ 28,570.81	\$ 4,655.34	\$ 18,367.62	\$ 15,430.10	\$ 2,937.52	\$ 4,498.80	\$ 4,401.89	\$ 96.91	\$ 7,689.77	
11/27/2019		\$ 9,787.03	\$ 4,267.79	\$ 20,605.28	\$ 14,731.53	\$ 5,873.75	\$ 4,215.62	\$ 3,943.06	\$ 272.56	\$ 10,414.10	
11/28/2019		\$ -	\$ -			\$ -	\$ -	\$ -	\$ -	\$ -	Thanksgiving
11/29/2019			\$ 4,413.96		\$ 14,161.79	\$ 2,315.84	\$ -	\$ -	\$ -	\$ 6,729.80	Friday no Nampa order
12/2/2019	\$ 34,333.43		\$ 9,967.66	\$ 39,962.56	\$ 34,826.30		\$ 17,117.38	\$ 16,851.44	\$ 265.94	\$ 15,369.86	
12/3/2019	\$ 28,010.57	-	\$ 8,515.64	\$ 27,396.02	\$ 25,409.03		\$ 4,148.81	\$ 3,516.30	•	\$ 11,135.14	
12/4/2019	\$ 12,202.59		\$ 4,236.46		\$ 19,654.03	\$ 1,912.01	\$ 4,222.91		\$ 36.44	\$ 6,184.91	
12/5/2019	\$ 34,421.20		\$ 13,470.65		\$ 22,352.35	-	\$ 8,032.04	\$ 7,830.25	\$ 201.79	\$ 14,463.47	
12/6/2019	\$ 20,397.62	\$ 11,468.44	\$ 8,929.18	\$ 15,045.84	\$ 14,084.43	\$ 961.41	\$ -	\$ -	\$ -	\$ 9,890.59	



Outcomes—Inventory



This department is new, growing



Outcomes—Compliance

Pharmacy Trending Summary – 2018

Company	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Total
St. Luke's Health System	\$22,928,888	\$22,862,070	\$23,263,285	\$26,233,667	\$95,287,910









Created Next Projects

- Direct Purchases Account Creation
 - Direct 503A Compounding Relationships
 - Pharmedium/Cantrell/JCB and more
 - Items being purchased by which vendor
 - Stand down accounts with vendors having quality concerns
- Bulk Buy-Dispersed Distribution
 - IUD purchases in 2018 savings exceeded \$400k
 - IVIG management during shortages (never ran out)
- Standardized Account Payable (AP) approval
 - All medication purchases routed for approval via central buying team
 - Turn around/confirmation of PO within 48 hours
 - Single (group) point of contact for vendor appeals



Shortage Management—Maintenance

	Updated On d Count	Non-Formulary		Watching for Directors	Days B4 we run out = 0-7.5 / 7.6-14.5 / 14.6+		W = watching, L = r Current BO, B = BO but Available, M = MSTI Only, ? = Remove From F								Formulary?, D - Discontinued				
Date	Jpdated				Half Court														
Dated Added to BO Sheet	Date On-Hands Updated (also date added to sheet)	New	Orders	Drug Code - ERX	NDC	Description	Class	Next Release	BIP Total Oty	MIP Total Oty	Nampa Total Oty	MV Total Otv	WR Total Qty	Jerome Total Oty	Elmore Total Oty	McCall Total Oty	Total Days On Hand	Expected Run Out Date	Notes ▼
2/17/2021	6/17/2021	x	b	11368	00270-0556-15	KINEVAC VIAL 5MCG x 10	6	Late June	<u>0</u>	ō	<u>3</u>	<u>0</u>	2	<u>0</u>	<u>0</u>	<u>0</u>	1	6/17/2021	revenuecyclehelp@slhs.org , and Katie Vuong if product is in shortage and unavailable 1/18/21, Direct orders being taken but product on
11/15/2018	3/5/2020	x	В	5037	00264-3105-11	CEFAZOL DUPLEX INJ 2GM BRAU x 24	6	Early March On allocation some in stock	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>100</u>	<u>36</u>	<u>0</u>	<u>o</u>	1	3/5/2020	Stop ordering as of 2/7/19 as long as Cefaz 10gm available.
10/25/2017	3/5/2020	x	b	2028	17478-0937-25	DILTIAZEM 125 MG/25 ML VIAL x 25	6	Late March	<u>20</u>	<u>0</u>	<u>13</u>	<u>37</u>	<u>0</u>	<u>0</u>	<u>25</u>	<u>0</u>	1	3/6/2020	Sub avail @ ABC 03-05-2020 New Athenex product loaded but not currently avail @ McK
2/13/2020	3/5/2020	x	В	2484	55150-0121-50	ZOSYN (PIPERACIL-TAZOBACT) VL 4.5GM AUR x 10 BIP on hands shelf & OMNI	6	Mid March #100+ @ ABC 03-05-20	<u>50</u>	<u>18</u>	<u>120</u>	<u>20</u>	<u>30</u>	<u>11</u>	<u>30</u>	<u>0</u>	2	3/6/2020	3.375 will be most used strength starting 1/15/19, Subs avial 03-05-20



Maintenance

Account #: Description	(Multiple Items)	Ţ,						
Purchased NDC 🚽	Purchased Description	▼.	Optimal NDC 💌	Optimal Description	₹ .	Sum of Lost Savings		Notes
■ 00264987210	■ HEPARIN 1,000 UNIT/500 M	L-NS	■ 00338955620	HEPARIN 1,000 UNIT/500 ML-NS		\$ 2,371.90	Optimal NDC not load	
								est WAC price, majority is
□ 00409955805	■ ROCURONIUM 50 MG/5 ML	VIAL	= 63323042605	ROCURONIUM 50 MG/5 ML VIAL			purchased at WAC.	
■63323097210	■ FOSAPREPITANT 150 MG V	/IAL	■71839010401	FOSAPREPITANT 150 MG VIAL			Updated to Optimal N	
■ 00781325594	■ CYCLOPHO SPHAMIDE 2 GI		■ 10019095701	CYCLOPHOSPHAMIDE 2 GM VIAL	-		Updated to Optimal N	
■ 00121168000	■ POTASSIUM CL 10% (20 ME	Q/15ML)	■ 00121168040	POTASSIUM CL 10% (20 MEQ/15ML)		\$ 1,015.65	Optimal NDC not load	
								est WAC price, majority is
							purchased at WAC.	
			\$ 960.59	Reddy's - SLHS tries to avoid injectable Dr.				
= 69918089910	■ DESMOPRESSIN AC 4 MCG	Reddy's whenpossibl						
								ot have same ingredients
■ 11523116706	■ AFRIN 0.05% NASAL SPRA	Υ	■ 00904700635	NASAL DECONGESTANT 0.05% SPRAY		\$ 779.53	as Afrin.	
■ 52565005310	■ CEFOTAN 2 GM VIAL		= 63323038620	CEFOTETAN 2 GM VIAL	_	\$ 765.04	Purchased NDC due	to BO. Optimal is flagged.
□ 00013111421	□CYKLOKAPRON 1,000 MG/1	IO ML VL	= 61990061102	TRANEXAMIC ACID 1,000 MG/10 ML	-	\$ 747.44		to BO. Optimal is flagged.
	= B			BUSIN SAN OR MOVERNI ANAL				contracted NDC. Optimal
25021024110	BUSULFAN 60 MG/10 MI_ V	IAL	□ 0051/092008	BUSULFAN 60 MG/10 ML VIAL		\$ 681.45	NDC is not cheapest	
□ 00781323394		ello,						DC
■ 59310057922	■ PROAIR HFA 90 MCG IN		n (li uno l					ies
■ 63323049507				es. Please print a new shelf label or update your or EPIC through POC. Please ask if you have any que			ou've ordered/received	decide what's needed.
		the perow NDC Se	a siliai trili ase to	tric unrough FOC. Please ask it you have any ques	SCIO	ль.		der often enough for
= 14789001002	■ DICYCLOMINE 20 MG/2							
- 47479054420	ADENOCINE OF MC 120 M	New Default I	NDC: - Cend Decault Cm	artPhrase to EPIC - Opdate Shelf / Order Label				

New Default NDC: - Send Default SmartPhrase to EPIC - Update Shelf / Order Label

10046982 METHYLPREDNISOLONE SOD SUCC 125MG SDV 25 NDC 63323-0258-03 10058500 METHYLPREDNISOLONE SOD SUCC 40 MG SDV 25 NDC 63323-0255-03 10231524 METHYLPREDNISOLONE 500 MG MDV NDC 00143-9850-01



Pharmacy Buyer 3 St. Luke's Health System

pharmacybuyer@slhs.org



So....COVID

- Hearing of medication shortages coming with COVID to end Feb 2020
 - Senior leaders met to outline a strategy to ensure we had urgent needs covered (Idaho was NOT impacted at this time, full procedures being done)
 - Identified a list of medications we needed to have 60 days on hand (red), others 90 days (yellow) on hand
 - Built the purchases by site, by our standard ABC items and created order for hospital leaders to ensure they had the storage (controlled substances, refrigerator etc..)
 - Purchased the first week of March
 - Sites were allowed to roll into stock (decreased orders)

As COVID therapies were being reported, we purchased and created a central inventory

(inhalers etc..)

Needing	Updated On	Non	-For	mulary	Watching for	Days 64 we run out =	vv = \	watcn	ing, L =	- Long	Term	BO, X	= New	or Cu	rrent i	3O, B =	BO p	ut Ava	iiabie, ivi =
Han	d Count			u.u.y	Directors	0-7.5 / 7.6-14.5 / 14.6+	Form	ulary	?, D - D	iscont	tinued								
						Backorder Iter	ns												
Date	Updated						On Hands / Eaches												
Dated Added to BO Sheet	Date On-Hands Updated (also date added to sheet)	New	Orders	Drug Code - ERX	NDC	Description	BIP Total Oty	MIP Total Oty	Nampa Total Oty	MV Total Oty	WR Total Oty	Jerome Total Oty	Elmore Total Oty	McCall Total Oty	BIP OP ▼	MIP OP	NIP OP ▼	Central Supply	Total System On Hands
3/16/2020	3/16/2020				66993-0019-68	ALBUTEROL SULF HFA 90 MCG INH 18 GM	0	0	18	0	0	0	0	0	32	137	45	0	232
3/16/2020	3/16/2020				00093-3174-31	ALBUTEROL SULFATE HFA 90 MCG INH 8.5 GM	194	15	15	0	0	0	0	0	0	51	2	43	126
3/16/2020	3/16/2020				63323066401	DIPHENHYDRAMINE HCL 50 MG-ML VL 25X1 ML	0	0	0	0	0	0	0	0	0	0	0	125	125
3/16/2020	3/16/2020				63323026201	HEPARIN SOD 5000 UN-ML MDV 25X1 ML	0	0	0	0	0	0	0	0	0	0	0	100	100
3/16/2020	3/16/2020				63323026201	HEPARIN SOD 5000 UN-ML MDV 25X1 ML	0	0	0	0	0	0	0	0	0	0	0	100	100
3/16/2020	3/16/2020				55150016330	LIDOCAINE HCL 1% SDV 30 ML	0	0	0	0	0	0	0	0	0	0	0	100	100
3/16/2020	3/16/2020				55150016330	LIDOCAINE HCL 1% SDV 30 ML	0	0	0	0	0	0	0	0	0	0	0	100	100
3/16/2020	3/16/2020				45802-0088-01	ALBUTEROL SUL HFA 90 MCG INH SOL 8.5 GM	0	6	12	14	15	4	0	0	0	0	0	0	51
3/16/2020	3/16/2020				00173-0719-20	FLOVENT HFA 110 MCG INH 12 GM	2	0	0	3	0	0	0	0	5	13	3	20	44
3/16/2020	3/16/2020				00173-0696-04	ADVAIR DISKUS INST 250/50 PWD 14	0	0	0	0	0	0	0	0	0	0	0	35	35
3/16/2020	3/16/2020				55150017030	BUPIVACAINE HCL PF 0.5% SDV 25X30 ML	0	0	0	0	0	0	0	0	0	0	0	35	35
3/16/2020	3/16/2020				00186037028	SYMBICORT INS 160/ 4.5MCG INH 6 GM	0	0	0	0	0	0	0	0	0	0	0	30	30
3/16/2020	3/16/2020				00597-0075-47	SPIRIVA 18 MCG HH CAP 90	0	0	12	0	0	0	0	14	0	0	0	0	26
3/16/2020	3/16/2020				59310057922	PROAIR HFA 90 MCG INH 8.5 GM	0	0	0	0	0	0	0	0	0	0	0	24	24
3/16/2020	3/16/2020				00254-1007-52	ALBUTEROL SUL HFA 90 MCG INH AER 6.7 GM	0	0	0	20	0	2	0	0	0	0	0	0	22
3/16/2020	3/16/2020				00409427902	LIDOCAINE HCL PF 1% VL 25X30 ML	0	0	0	0	0	0	0	0	0	0	0	20	20
3/16/2020	3/16/2020				00378-9322-32	WIXELA-INHUB 500-50 MCG INH PWD	0	0	0	11	0	0	0	0	2	3	4	0	20
3/16/2020	3/16/2020				00173-0718-20	FLOVENT HFA 44 MCG INH 10.6 GM	0	0	0	1	1	0	0	0	4	0	3	10	19
3/16/2020	3/16/2020				00378-9321-32	WIXELA-INHUB 250-50 MCG INH PWD 60 UD	0	0	0	12	0	0	0	0	0	2	3	0	17
3/16/2020	3/16/2020				00378-9320-32	WIXELA-INHUB 100-50 MCG INH PWD	0	0	0	12	0	0	0	0	3	0	1	0	16
3/16/2020	3/16/2020				00173-0720-20	FLOVENT HFA 220 MCG INH 12 GM	3	0	0	2	0	0	0	0	0	0	1	10	13
3/16/2020	3/16/2020				00597-0075-41	SPIRIVA 18 MCG HH CAP 30	0	0	0	6	0	1	0	0	0	0	4	0	11
3/16/2020	3/16/2020				00597-0024-02	COMBIVENT RESPIM INH 4 GM	0	0	0	0	1	0	0	0	3	3	1	0	8
3/16/2020	3/16/2020				00591-2927-54	LEVALBUTEROL TARTRATE 45MCG INH 15GM	1	1	0	0	0	0	0	0	1	2	4	0	8
3/16/2020	3/16/2020				00597-0087-17	ATROVENT HFA 17 MCG INH 12.90 GM	0	2	1	0	3	0	0	0	0	0	1	0	7

Row Labels	Sum of Yellow QTY
BOISE INPATIENT	2,563
ELMORE INPATIENT	95
JEROME INPATIENT	55
MCCALL INPATIENT	64
MERIDIAN INPATIENT	1,187
MERIDIAN INPATIENT FOR TV CLINICS	289
MV INPATIENT	1,140
MV INPATIENT FOR CLINICS	137
NAMPA INPATIENT	574
NAMPA INPATIENT FOR NMC CLINICS	3
WR INPATIENT	122
WR INPATIENT FOR CLINICS	1
Grand Total	6,228

Row Labels	Sum of Red QTY
BOISE INPATIENT	3,209
EASTERN OREGON MED ASSOC	5
ELMORE INPATIENT	152
JEROME INPATIENT	58
MCCALL INPATIENT	112
MERIDIAN INPATIENT	1,489
MERIDIAN INPATIENT FOR TV CLINICS	172
MV INPATIENT	1,450
MV INPATIENT FOR CLINICS	65
NAMPA INPATIENT	728
NAMPA INPATIENT FOR NMC CLINICS	4
WR INPATIENT	269
WR INPATIENT FOR CLINICS	7
Grand Total	7,719





Next Projects

- Perpetual inventory across the system (EHR based, standardized automation software)
- Direct return medications for items with no value through reverse distributor
- Centralized purchases for bulk opportunities
- TBD...





Audience Assessment Question #1 of 3:

What disruptions require pharmacy sourcing to be nimble while updating standardized products?

- a. Pharmacy preference
- b. Provider preference
- c. Drug shortages
- d. Hurricanes/natural disasters
- e. All of the above



Audience Assessment Question #2 of 3:

Standardizing pharmacy purchases, which items are taken into account:

- a. Contract compliance
- b. Bottom line best price
- c. Rebate implications
- d. Quality/reliability of MFR
- e. All of the above



Audience Assessment Question #3 of 3:

Once a pharmacy product is standardized, how often will teams need to review:

- a. Every 3 years/per contract
- b. Annually
- c. Quarterly
- d. At least monthly



References

- Schumock GT, Li EC, Suda KJ, et al. National trends in prescription drug expenditures and projections for 2016. Am J Health-System Pharm. 2016;73(14):1058-1075
- Gamble M, Ellison A. 10 things keeping health system CEOs up at night (August 18, 2016). www. beckershospitalreview.com/hospitalmanagement- administration/10- things-keeping-health-system-ceosup- at-night-081816.html (accessed 2021 June 15)
- McKone-Sweet KE, Hamilton P, Willis SB (2005) The ailing healthcare supply chain: a prescription for change. J Supply Chain Manag 41:4–17
- Rosales CR (2011) Technology enabled new inventory control policies in hospitals. Dissertation, University of Cincinnati
- Internal SLHS documents/reports built by many excellent folks





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