**Report Documentation Page**

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<thead>
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<th>1. REPORT DATE</th>
<th>2. REPORT TYPE</th>
<th>3. DATES COVERED</th>
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<td>DoD Pharmacy Program Overview</td>
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<tr>
<td>United States Public Health Service (PHS), 7700 Wisconsin Avenue, Suite 920, Bethesda, MD, 20857</td>
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<th>13. SUPPLEMENTARY NOTES</th>
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<td>presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland</td>
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Standard Form 298 (Rev. 8-98)  
Prescribed by ANSI Std Z39-18
The Quadruple Aim and Pharmacy

**Experience of Care**
- TPharm
- Pharmacy Data Transaction Service (PDTS)
- Home Delivery
- Electronic Prescribing
- Automated Phone-In Refill System (RxRefill)

**Population Health**
- Pharmacy Data Transaction Service (PDTS)
- Utilization Management
- Pharmacy Outcomes Research Team (PORT)
- Electronic Clinical Reference (ECR)

**Readiness**
- Pharmacy Data Transaction Service (PDTS)
- Pharmacy Operations Center
- Deployment Prescription Program (DPP)
- Prescription Medication Analysis Tool (PMART)

**Per Capita Cost**
- Federal Ceiling Pricing (FCP)
- Pharmacoeconomic Center
- P&T / Uniform Formulary
- Utilization Management
- Pharmacy Outcomes Research Team (PORT)
- TRICARE Fraud & Abuse (TFAPS)
Readiness

- Pharmacy Data Transaction Service (PDTS)
- Pharmacy Operations Center
- Deployment Prescription Program
- Prescription Medication Analysis Tool (PMART)
Readiness

- Pharmacy Data Transaction Service (PDTS)
  - Serves as a foundation for readiness support
- Deployment Prescription Program (DPP)
  - PMART for pre-deployment medication screening
  - Mail Order Pharmacy (MOP)
    - Medication refills in theater
  - Work closely with CENTCOM Surgeon’s office and theater pharmacists
Readiness

- Prescription Medication Analysis Reporting Tool (PMART)
  - Medication profile snapshot
    - Pre-deployment
    - WTU high-risk
- Menu-driven
- Developed by the Pharmacy Operation Center
  - www.pec.ha.osd.mil/pmart
Readiness

- PMART/WTU
  - 643 completed reports
    - Army- 431, Navy-148, Air Force- 37, Marines- 26, Coast Guard- 1
  - 7.5 million reviewable Rxs
  - 1.5 million service members
    - Identified 356,375 (23%) service members taking high-risk medications
- Ability to monitor & control access to certain drugs/providers
PER CAPITA COSTS

Per Capita Cost
Per Capita Cost

- Federal Ceiling Pricing (FCP)
- Pharmacoeconomic Center
- P&T/Uniform Formulary
- Utilization Management
- Pharmacy Outcomes Research Team (PORT)
- TRICARE Fraud & Abuse Pharmacy Support Contract (TFAPS)
TRICARE Eligible Beneficiaries

Monthly Average, FY10

- Retirees & Family Members ≥ 65:
  - 2.5M (25.5%) Active Duty
  - 3.2M (32.8%) Retirees & Family Members < 65
  - 1.9M (20.1%) Retirees & Family Members ≥ 65
  - 1.8M (18.3%) Other

Source: M2
## Pharmacy Points of Service

### Cost and Prescriptions at POS, FY10

<table>
<thead>
<tr>
<th>POS</th>
<th>Rxs (Millions)</th>
<th>30-Day Rxs*</th>
<th>30-Day Rxs (%)*</th>
<th>% Dollars</th>
<th>Total $ (Billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTFs</td>
<td>48.6</td>
<td>82,120,773</td>
<td>43</td>
<td>20</td>
<td>1.46</td>
</tr>
<tr>
<td>Retail**</td>
<td>74.5</td>
<td>78,069,109</td>
<td>40</td>
<td>63</td>
<td>4.60</td>
</tr>
<tr>
<td>Home*** Delivery</td>
<td>11.3</td>
<td>32,756,085</td>
<td>17</td>
<td>17</td>
<td>1.24</td>
</tr>
</tbody>
</table>

*Normalized based on 30-day supply of medications
**net of manufacturer refund/rebates
***includes administrative/dispensing fees
Pharmacy Benefit Users

Users by POS, July 2001 – September 2010

Unique Users in Millions

- Retail
- MTF
- Mail

Source: PDTS
Medication Type by Enrollee Category
By Point of Service, FY10, 30-Day Equivalent Prescriptions

Average Number of Beneficiaries
Prime to MTF 3,193,793
Prime to MCSC 1,593,912
Standard 2,753,100
Medicare-Eligible Retirees (MERHCF) 2,097,308

- Maintenance meds used MHS-wide
- Specialty meds
- Acute care meds used in Retail and MTFs
- All other outpatient meds
Outpatient Drug Expenditures

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

$0 $1,000 $2,000 $3,000 $4,000 $5,000 $6,000 $7,000 $8,000

Millions

2010 Expenditures
63% Retail
20% MTF
17% Mail

Notes: Totals represent total prescription expenditures minus retail refunds/rebates collected FY07 – FY10; they do not include MTF dispensing costs or retail and mail order contract costs; data sources: PDTS Data Warehouse; TMA POD (refunds/rebates)
Mean Cost to DoD, 90-day Supply, Maintenance Meds

- Overall, mean cost per 90-day supply ~25% lower at MTF/Mail.
- Similar costs seen at MTFs and Mail Order.
- Brand-only products drive cost savings.

<table>
<thead>
<tr>
<th>All medications</th>
<th>Retail</th>
<th>Mail / MTFs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand-only</td>
<td>$135</td>
<td>$100-$103</td>
<td>-25%</td>
</tr>
<tr>
<td>Generically-available</td>
<td>$269</td>
<td>$188-$190</td>
<td>-30%</td>
</tr>
<tr>
<td></td>
<td>$71</td>
<td>$59-$62</td>
<td>-15%</td>
</tr>
</tbody>
</table>

- Analysis adjusts for differences in drug mix across points of service; applies POS-specific weighted average unit costs to a standardized market basket (retail utilization 4QFY10); includes retail refunds, copays, taxes, dispensing fees/admin fees/overhead costs, and contract costs (incurred during 4QFY10), applicable to each POS (MTFs, mail order, retail)
- Unit costs for mail and MTFs obtained from prime vendor purchase data; retail costs obtained from PDTS Data Warehouse prescription data; included all non-specialty maintenance medications used at all 3 POS 4QFY10
- Costs calculated on a product-by-product basis (at the generic class [GCN] level) to account for differences in use of specific NDCs across POS (e.g., 1000-count bottles vs. unit-of-use bottles of 30); based on 1644 GCNs (651 brand-only, 987 generically-available)
Per Capita Outpatient Spending

<table>
<thead>
<tr>
<th></th>
<th>FY05</th>
<th>FY06</th>
<th>FY07**</th>
<th>FY08**</th>
<th>FY09**</th>
<th>FY10**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MTF</strong>*</td>
<td>$1,615</td>
<td>$1,536</td>
<td>$1,470</td>
<td>$1,388</td>
<td>$1,430</td>
<td>$1,457</td>
</tr>
<tr>
<td></td>
<td>(↓5.2%)</td>
<td>(↓4.9%)</td>
<td>(↓4.3%)</td>
<td>(↓5.6%)</td>
<td>(↑3.0%)</td>
<td>(↑3.3%)</td>
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<tr>
<td><strong>Retail</strong></td>
<td>$3,162</td>
<td>$3,912</td>
<td>$4,148</td>
<td>$4,336</td>
<td>$4,759</td>
<td>$4,605</td>
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<tr>
<td></td>
<td>(↑30.1%)</td>
<td>(↑23.8%)</td>
<td>(↑6.0%)</td>
<td>(↑4.5%)</td>
<td>(↑4.9%)</td>
<td>(↓3.2%)</td>
</tr>
<tr>
<td><strong>Mail</strong>*</td>
<td>$629</td>
<td>$718</td>
<td>$857</td>
<td>$954</td>
<td>$1,046</td>
<td>$1,240</td>
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<tr>
<td></td>
<td>(↑15.2%)</td>
<td>(↑14.2%)</td>
<td>(↑19.4%)</td>
<td>(↑11.3%)</td>
<td>(↑9.6%)</td>
<td>(↑18.5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$5,406</td>
<td>$6,166</td>
<td>$6,475</td>
<td>$6,678</td>
<td>$7,235</td>
<td>$7,301</td>
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<tr>
<td></td>
<td>(↑15.5%)</td>
<td>(↑14.1%)</td>
<td>(↑5.0%)</td>
<td>(↑3.1%)</td>
<td>(↑5.2%)</td>
<td>(↑0.9%)</td>
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<tr>
<td><strong>Cost per Beneficiary</strong></td>
<td>$587</td>
<td>$672</td>
<td>$706</td>
<td>$719</td>
<td>$763</td>
<td>$758</td>
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<tr>
<td></td>
<td>(↑14.8%)</td>
<td>(↑14.5%)</td>
<td>(↑5.1%)</td>
<td>(↑1.8%)</td>
<td>(↑3.1%)</td>
<td>(↓0.7%)</td>
</tr>
</tbody>
</table>

Cost is shown in Millions
* Does not include overhead costs of filling prescription
** Includes dispensing fee, taxes, and other payer amounts; net of manufacturer refund/rebates FY07 – FY10
*** Includes dispensing fees

Sources: PDTS; MTF Prime Vendor data
Pharmaceutical Costs

Per Member Per Year, by Age and POS, FY 10

Cost per < 65 Eligible Beneficiary

$ 3.77 Billion* = $ 490 per Eligible Beneficiary
7,695,970 Eligible

Cost per ≥ 65 Eligible Beneficiary

$ 3.53 Billion* = $ 1,820 per Eligible Beneficiary
1,941,048 Eligible

Data source: M2 & PDTS Data, FY10
*Notes: MTF costs do not include dispensing costs; retail costs are net of refund/rebates from manufacturers, copays, dispensing fee, tax and other payer costs; but do not include contract costs; mail order costs do not include contract costs. Refunds/rebates applied to DHP and MERHCF programs for FY10 attributed to <65 and ≥ 65 groups, respectively.
Pharmacy Fraud and Abuse

- Awarded to Cahaba Safeguard Administrators, LLC
  - Services begin July 2011
- TRICARE Pharmacy Fraud and Abuse Pharmacy Support Contract (TFAPS)
  - Analyze TRICARE pharmacy data
    - Protect TRICARE funds
    - Supports existing TMA anti-fraud efforts
    - Oversight of responsibilities associated with the Pharmacy contract
Uniform Formulary

- DoD Pharmacy Benefits Program
  - Title 10/Subtitle A/Chapter 55/Section 1074g
    - Administration of Uniform formulary
    - Selection of agents for the Uniform Formulary
    - Defines 3 points of service
    - Co-pay limitations
    - P&T Committee and Beneficiary Advisory Panel

- Limited ability to influence the benefit compared to civilian PBMs
DoD Uniform Formulary Process

Step 1: Strategic Overview: DoD P&T Committee assigns drugs to class and sets strategy

Step 2: Obtain manufacturer price quotes

Step 2: PEC clinical-effectiveness evaluation

Step 3: PEC Cost-effectiveness evaluation

Step 4: DoD P&T Committee quarterly meeting (formulary recommendations)

Step 5: Beneficiary Advisory Panel (BAP) meeting (public comments on DoD P&T recommendations)

Step 6: Director of TMA acts as final approval authority

Step 7: Implementation of formulary decisions

Timeline:
- 3 to 6 months
- 5 to 6 weeks
- 2 to 3 weeks
- 180 days maximum

2011 MHS Conference
Formulary Management Tool

- Medical Necessity (MN) criteria for Tier-3 medications
- Prior Authorization (PAs) criteria
- Quantity Limits
- Step-Therapy
Formulary Management Tool

- Step Therapy
  - Guides therapy to most clinical & cost-effective agents
    - i.e. Proton Pump Inhibitors, Sleep agents, Renin Angiotensin agents, Lipid-lowering agents (statins, add-on therapies, combos)
  - Automatic Profile Review
    - 180 day look-back
  - Seamless to beneficiary
  - Manual PA criteria established by P&T
Lipitor Step-Therapy example

- Lipitor® patent expires November 2011
- DoD P&T reviewed LIP-1 class May 2010
- LIP-1s ranked number one in MHS drug expenditures
- Cost- and clinical-effectiveness decisions based upon LDL % reduction
  - All strengths Lipitor®, simvastatin, & pravastatin on BCF and step-preferred (first-step) agents
    - Step-therapy automated at retail/mail order
  - All agents formulary but require a trial of step-preferred agent for new users
Lipitor Step-Therapy example

- Clinical criteria for manual PA process:
  - Intolerable adverse events
  - Concurrent drug metabolized by CYP3A4
  - Requires > 55% LDL lowering
  - Requires Primary prevention with Crestor® and unable to take Lipitor®

- MHS expects to save $82.8M first year from price bids (VARRS/MARRS)

- Conservative 3-year cost avoidance of $141.6M
Pharmacy Outcomes Research

- Pharmacy Outcomes Research Team (PORT)
  - Mission: Improve patient outcomes and enhance the quality of the MHS pharmacy benefit through research and education
  - pec.ha.osd.mil/port.php

DoD Formulary Decision-Making Process

- Evaluate
- Implement
- Assess outcomes
Medication Non-Adherence

- Cost of non-adherence
  - ~$100-290 billion\textsuperscript{1}
  - Represents ~13% of total health care expenditures \textsuperscript{1}

- Adherence to long-term therapy for chronic illnesses in developed countries averages 50\%\textsuperscript{2}


Medication Adherence Project

- Objective
  - Provide information
    - Identify patients with poor medication adherence
    - Intervene accordingly

- Add adherence measure to the current Population Health Portal

- Pharmacy Operations Directorate/Pharmacy Outcomes Research Team and Air Force Healthcare Informatics Division
Medication Adherence Project

Future

- Baseline measurements and ongoing metrics
- Integration with medication therapy management/medical home initiatives
- Apply to other platforms (i.e., AHLTA) and databases (i.e., M2/MDR) for practice and research purposes
- Potential integration with other adherence tools (e.g., patient questionnaires to assess reasons for nonadherence)
TPharm Vaccine Program

- Access to H1N1, seasonal flu, and pneumonia vaccinations
  - 50,000 network pharmacies
    • $0 Co-pay
  - Proposed coverage of other vaccines
  - www.tricare.mil/flu
### TPharm Retail Vaccine Program - Year 1

<table>
<thead>
<tr>
<th>Monthly Totals</th>
<th>Total Vaccines</th>
<th>H1N1</th>
<th>Pneumonia</th>
<th>Seasonal Flu</th>
<th>% H1N1</th>
<th>% Pneumonia</th>
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<tr>
<td>December 2009</td>
<td>557</td>
<td>451</td>
<td>14</td>
<td>92</td>
<td>81.0%</td>
<td>2.51%</td>
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<tr>
<td>January</td>
<td>10,733</td>
<td>10,034</td>
<td>163</td>
<td>536</td>
<td>93.5%</td>
<td>1.52%</td>
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<tr>
<td>February</td>
<td>3,888</td>
<td>3,670</td>
<td>91</td>
<td>127</td>
<td>94.4%</td>
<td>2.34%</td>
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<tr>
<td>March</td>
<td>2,102</td>
<td>1,958</td>
<td>88</td>
<td>56</td>
<td>93.1%</td>
<td>4.19%</td>
</tr>
<tr>
<td>April</td>
<td>608</td>
<td>540</td>
<td>48</td>
<td>20</td>
<td>88.8%</td>
<td>7.89%</td>
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<tr>
<td>May</td>
<td>209</td>
<td>182</td>
<td>21</td>
<td>6</td>
<td>87.1%</td>
<td>10.05%</td>
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<tr>
<td>June</td>
<td>107</td>
<td>70</td>
<td>34</td>
<td>3</td>
<td>65.4%</td>
<td>31.78%</td>
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<tr>
<td>July</td>
<td>63</td>
<td>20</td>
<td>43</td>
<td>0</td>
<td>31.7%</td>
<td>68.25%</td>
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<tr>
<td>August</td>
<td>7,232</td>
<td>4</td>
<td>211</td>
<td>7,017</td>
<td>0.1%</td>
<td>2.92%</td>
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<tr>
<td>September</td>
<td>75,889</td>
<td>4</td>
<td>1,820</td>
<td>74,065</td>
<td>0.0%</td>
<td>2.40%</td>
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<tr>
<td>October</td>
<td>109,106</td>
<td>0</td>
<td>2,450</td>
<td>106,656</td>
<td>0.0%</td>
<td>2.25%</td>
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<tr>
<td>November</td>
<td>56,941</td>
<td>1</td>
<td>1,282</td>
<td>55,658</td>
<td>0.0%</td>
<td>2.25%</td>
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<tr>
<td>December</td>
<td>16,841</td>
<td>0</td>
<td>470</td>
<td>16,371</td>
<td>0.0%</td>
<td>2.79%</td>
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<td><strong>TOTAL</strong></td>
<td><strong>284,276</strong></td>
<td><strong>16,934</strong></td>
<td><strong>6,735</strong></td>
<td><strong>260,607</strong></td>
<td><strong>6.0%</strong></td>
<td><strong>2.37%</strong></td>
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EXPERIENCE OF CARE
Experience of Care

- TPharm
- Pharmacy Data Transaction Service (PDTS)
- Home Delivery
- Electronic Prescribing
- Automated Phone-In Refill System (RxRefill)
TRICARE Home Delivery

- Part of SecDef initiatives to reduce costs
  - Maximize use of Home Delivery
  - Massive multi-stakeholder campaign to educate beneficiaries
    - TMA, ESI, TROs, MCSCs, MTFs
  - Goal
    - Increase Home Delivery to 500K Rxs per week
### Home Delivery Initiatives 2009 - 2010

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Refills</td>
<td>September 2009</td>
</tr>
<tr>
<td>Home Delivery e-Prescribing</td>
<td>May 2010-December 2010</td>
</tr>
<tr>
<td>Explanation of Benefits Enhanced Messaging</td>
<td>June 2010</td>
</tr>
<tr>
<td>Refill Reminders</td>
<td>July 2010</td>
</tr>
<tr>
<td>Academic Detailing Pilot</td>
<td>September 2010</td>
</tr>
<tr>
<td>Refill Reminder 60+</td>
<td>September 2010</td>
</tr>
<tr>
<td>Newsletter &amp; Email Bulletin</td>
<td>October 2010</td>
</tr>
<tr>
<td>Web Article, Podcast (tricare.mil)</td>
<td>November 2010</td>
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<tr>
<td>Home Delivery Video</td>
<td>December 2010</td>
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Communications Plan, Measure of Success

TRICARE HD Savings = $30.7M

2009 Growth

<table>
<thead>
<tr>
<th>Category</th>
<th>Growth Rate</th>
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</thead>
<tbody>
<tr>
<td>Home Delivery</td>
<td>3.9%</td>
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<tr>
<td>Retail</td>
<td>7.5%</td>
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</table>

2010 Growth

<table>
<thead>
<tr>
<th>Category</th>
<th>Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Delivery</td>
<td>12.3%</td>
</tr>
<tr>
<td>Retail</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

2008 to 2010 Growth Rate
## Home Delivery Initiatives 2011

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD Education Pilot (2+ Meds at Retail)</td>
<td>February 2011</td>
</tr>
<tr>
<td>E-Prescribing Provider and Beneficiary Education</td>
<td>April 2011</td>
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<tr>
<td>Explanation of Benefits Home Delivery Stuffer</td>
<td>March 2011</td>
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<tr>
<td>Communication Plan</td>
<td>Ongoing</td>
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<tr>
<td>Federal Pricing at Retail</td>
<td>2Q 2011</td>
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<tr>
<td>Auto Renewals</td>
<td>3Q 2011</td>
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E-Prescribing

- **DoD Definition**
  - Allow electronic prescribing from all points of order entry to all points of dispensing

- **Goals**
  - Electronically share information
    - Military & Civilian Providers
    - Pharmacies
    - Beneficiary
The Way Ahead

- **Goals**
  - Continued emphasis on deployed ADSM
  - Increase use of lowest-cost points of service
  - Encourage cost-effective use of drugs
  - Maximize use of technology
  - Maximize value of therapy through increased adherence
QUESTIONS