

Key findings of the 2013-14 Vaccine Survey

- 70% of respondents pre-booked through MMCAP/DGS contracts.
- 38% ordered additional vaccine.
- 81% plan to use MMCAP/DGS contracts for the 2015-16 influenza season.
- The majority of respondents are satisfied with their purchasing experience.
- Some respondents expressed dissatisfaction with vaccine availability and delay in delivery due to some manufacturer's production issues.

Please note: shortages do occur and cannot be predicted. DGS works closely with MMCAP and will keep participating entities informed about any vaccine developments.

To review influenza vaccine Contract Notification and User Instructions, go to www.bidsync.com. For additional information, please contact Vimbai Kajese via email:

vimbai.kajese@dgs.ca.gov

Pharmacy Benefit Manager (PBM) Request for Proposal (RFP)

DGS is collaborating with partner agencies to develop a competitive solicitation for PBM services to be available through a statewide contract. The PBM RFP is expected to be released in summer 2015, with an anticipated award date in in early 2016. If your program is interested in participating in this contract or has questions, please contact Mary Anne Selvage via email:

maryanne.selvage@dgs.ca.gov

2015-16 INFLUENZA VACCINE PRE-BOOKING

The Department of General Services (DGS) is participating in the Minnesota Multistate Alliance for Pharmacy (MMCAP) Influenza Vaccine Contracts for the 2015-16 influenza seasons. Contract information has been distributed to participating entities with instructions for pre-booking and pricing for the vaccines. This provides participating entities with the flexibility to choose from various suppliers. Influenza vaccines are available through the following contracts:

Manufacturers	Contract #	Vaccine Products
GlaxoSmithKline	1-10-65-40D	Fluarix® and FlulaVal®
Novartis	1-10-65-40A	Fluvirn® and Flucelvax®
Sanofi Pasteur Inc.	1-10-65-40E	Fluzone®
Protein Science Corporation	(through distributor)	Flublok®
MedImmune	(through distributors)	Flumist®
CSL Limited	(through distributors)	Afluria®
Distributors	Contract #	Vaccine Products
FFF Enterprises	1-11-65-40A	Afluria®, Fluarix®, Flublok®, Flucelvax®, Flulaval®, Flumist®, Fluvirin® and Fluzone®
McKesson	1-14-65-40A	Afluria®, Fluarix®, Flucevax, Flucelvax®, Flulaval®, Flumist®, Fluvirin® and Fluzone®

DGS recommends the following:

Pre-book early for two reasons: 1) many vaccine suppliers ship according to when orders are placed (first in, first out), and 2) some suppliers offer discount opportunities for those who pre-book early.

Diversify your order with at least two different products (e.g., 50% Fluzone, 50% Fluvirin) since supplies cannot be guaranteed. This ensures at least partial supply in the event that a manufacturer is unable to supply.

Review the supplier's return policy and DGS User Instructions to ensure your facility does not miss the deadline.

Stay current on DGS and influenza vaccine updates and alerts sent by suppliers regarding vaccine products, pre-booking and shipping.

Remember, influenza vaccine is subject to Federal Excise Tax (75 cents per dose) and government facilities are not exempt. Proceeds go to the Vaccine Injury Compensation Trust Fund to compensate vaccine-related injury or death claims.

DRUG QUALITY AND SECURITY ACT, Title II of Public Law 113-54

The Drug Quality and Security Act (DQSA) was signed into law by President Obama on November 27, 2013. **Title II of DQSA, the Drug Supply Chain Security Act**, outlines critical steps to build an electronic, interoperable system to identify and trace certain prescription drugs as they are distributed in the United States.

Manufacturers, repackagers and wholesale drug distribution companies are now required to provide entities that receive pharmaceutical products with a single document that includes:

- Prescription drug information
- Transaction and source information
- Ownership information
- Certification

AmerisourceBergen (ABDC) will provide training to entities on how to access ABDC's Passport ordering system to retrieve transaction information, transaction history and transaction statement data. This training will take place prior to the July 1, 2015 start date of the DQSA. Stay tuned for more information by attending the next CPPC webinar on April 30, 2015.



Published by:
California Department of General Services
Procurement Division
707 3rd Street, 2nd Floor
West Sacramento, CA 95605
www.dgs.ca.gov/pd

REGISTER NOW FOR THE UPCOMING CPPC QUARTERLY WEBINAR!

Date: April 30, 2015

Time: 10:30 a.m. to Noon (PST).

Click on the *Register Now* button or copy and paste the URL below:

<https://attendeegotowebinar.com/register/100000000064380493;jsessionid=abc424513xXab49e8j-Tu>

Contact Elizabeth Winward at elizabeth.winward@dgs.ca.gov for more information.



Meet Mike Namba, MS, Pharm D.

Mike Namba might as well have been special-ordered to fill his job at DGS, where he began as a Pharmacy Consultant II in 2008. Mike has experience working in a retail pharmacy, as a contractor for the federal receivership at the California Department of Corrections and Rehabilitation, at the Department of Health Care Services as chief of drug contracting for Medi-Cal, and as a college instructor of pharmacology. Mike has the breadth of knowledge and experience to know what he likes and doesn't like in order to thrive in DGS' Pharmaceutical Acquisitions Section.



"In terms of background, I am blessed. I've had the chance to do a lot of things many pharmacists don't get to do," says Mike. "The most fun job I've had is coming here. If it wasn't fun, I wouldn't be here. I had a mentor who said when a job is good, at the end of the day you say, 'All this and they pay me too?' That's how I feel about this job."

California has many entities that purchase and administer pharmaceuticals, most notably the state prisons and hospitals, developmental services agencies and state universities. Narrowing down the number of drugs available for each condition—creating a formulary—allows for better bulk pricing from drug manufacturers, but it's no simple task. One of Mike's roles is producing data on the various drugs to support formulary decisions. "There are over 11,000 drugs in the national drug code," he says. "We make clinical decisions based on factors like drug efficacy, safety, misuse potential, essential need and cost."

Each state entity has its own committee that determines the formulary it uses, and Mike must coordinate the activities of the various formulary committees. In turn, he negotiates with drug companies for the best price and outcomes. "Our goal has always been to deliver the best drug therapy most effectively at the lowest cost," says Mike. "And that's what we've done across multiple categories."