

# Medical Surgical Prime Vendor – Next Generation

## Understanding the Formulary

The MSPV-NG Formulary serves as the authoritative source for items under the MSPV-NG contract. The Formulary's success is critical to MSPV-NG's goal: to obtain **quality products** and **leverage VA's scale to reduce costs**, which will help clinicians to deliver **high-quality Veteran care**.

### Formulary Phases

Formulary development occurs via a **Three-Phased Approach**.

#### Phase 1

**Status: Completed**

- *Purpose:* Establish and deploy Limited Source Justification (LSJ) Formulary
- *Effective Date:* MSPV-NG contracts active as of 12/1/2016
- Some item requests will be added to the Phase I Formulary via an expedited PEO review, such as:
  - Items that are a required supplement to an existing Formulary item, (e.g. equipment with Vendor-proprietary parts or items necessary to function)
  - Items that would complete a subset of existing Formulary items (e.g., five additional knee braces complete a set of knee braces)

#### Phase 2

**Status: In Process**

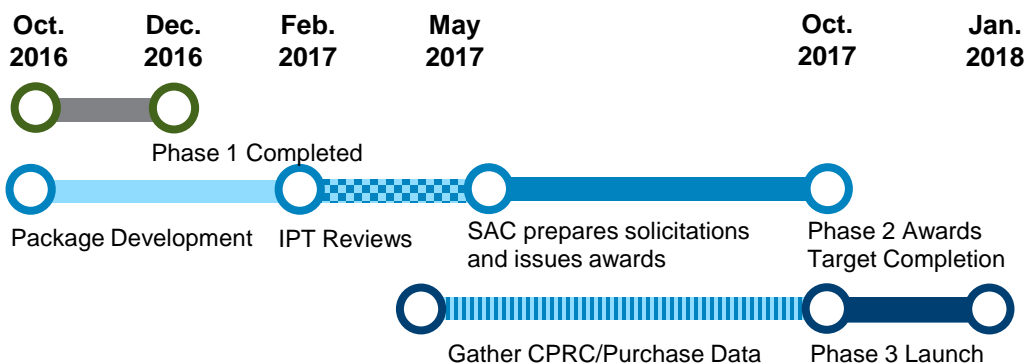
- *Purpose:* Long-term Formulary effort focused on program sustainment. Blanket Purchase Agreement (BPA)-backed Formulary development in process
- For more information about the upcoming items, please refer to the [Phase 2 Master List](#)
- All items must go through review by Integrated Product Teams (IPTs) to be awarded on multi-year BPAs; replaces one-year Phase 1 LSJ Formulary items

#### Phase 3

**Status: Requirements Gatherings Currently In Process**

- *Purpose:* Refine and enhance Phase II Formulary to meet clinician needs
- Launch of Phase 3 Formulary expected in October/November 2017
- PEO is currently correlating requirements and gathering input on items to include in Phase 3 of the Formulary via the Clinical Product Review Committee (CPRC), MedPDB tool, and purchase history

### Formulary Development Timeline



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### Clinician Driven Sourcing (CDS)

CDS is a central component of the Formulary's development and will support clinicians to deliver excellent care. VA improved sourcing collaboration with clinicians by:

- Establishing clinical IPTs that develop requirements
- Formalizing clinician input with explicit sign-off
- Creating a culture that facilitates clinician input
- Blending procurement expertise with clinician expertise and creating a governance model that fosters effective collaboration


CDS positions VA to strengthen its ability to effectively collaborate with clinicians and achieve supply chain objectives that create positive outcomes for Veterans and clinicians.



### Addressing Formulary Gaps

As the Formulary continues to develop, there will be gaps in available items. The PEO is monitoring purchase rates through MedPDB to access information on items that are being procured which should potentially be added to the Formulary, which is continually evolving.

In the meantime, facilities should make plans to use national, VISN, or local contracts to address gaps, where possible.



### Filling Gaps During Phases 2 and 3

The PEO is identifying items for addition to the Formulary today. All facilities are required to complete the following actions to fill Formulary gaps:

- Continue to submit items to the Clinical Product Review Committee (CPRC) and use the MedPDB Matching Tool during the item conversion process
- Use the ECAT system, once it becomes available
- Use your Purchase Card or local BPA as a last resort

### Key Facts & Resources

- The Formulary will include **roughly 9,000 approved medical, surgical, dental, and select lab and prosthetics supplies** upon completion of Phase II
- Items may only be ordered **off** the Formulary if a necessary item or its functional equivalent is not available through the Formulary
- [MSPV-NG Order Guide](#)
- [MSPV-NG FAQ](#)
- [CPRC Tool](#)
- [Phase 2 Master List](#)