

5510-00-NSH-0080—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0081—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0082—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0083—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0084—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0085—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0086—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0087—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0088—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0089—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0090—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0091—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0092—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0093—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0094—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0095—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0096—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0097—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0101—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0102—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0103—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0104—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0105—Stakes/Lath, Survey, Wood  
 5510-00-NSH-0106—Stakes/Lath, Survey, Wood

*Mandatory Source of Supply:* Siskiyou Opportunity Center, Inc., Mt. Shasta, CA  
*Contracting Activity:* FOREST SERVICE, KLAMATH NATIONAL FOREST

*NSN—Product Name:* 8470-00-NSH-0030—Improved Oxygen Harness

*Mandatory Source of Supply:* Employment Source, Inc., Fayetteville, NC

*Contracting Activity:* Army Contracting Command—Aberdeen Proving Ground, Natick Contracting Division.

**Patricia Briscoe,**

*Deputy Director, Business Operations, (Pricing and Information Management).*

[FR Doc. 2017-25854 Filed 11-30-17; 8:45 am]

**BILLING CODE 6353-01-P**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**Uniform Formulary Beneficiary Advisory Panel; Notice of Federal Advisory Committee Meeting**

**AGENCY:** Assistant Secretary of Defense (Health Affairs), Department of Defense.

**ACTION:** Notice of Federal Advisory Committee meeting.

**SUMMARY:** The Department of Defense is publishing this notice to announce a Federal Advisory Committee meeting of the Uniform Formulary Beneficiary Advisory Panel (hereafter referred to as the Panel).

**DATES:** Open to the public on Thursday, January 4, 2018, from 9:00 a.m. to 12:00 p.m.

**ADDRESSES:** Naval Heritage Center Theater, 701 Pennsylvania Avenue NW., Washington, DC 20004.

**FOR FURTHER INFORMATION CONTACT:** Captain Edward C. Norton, United States Navy, Designated Federal Official, Uniform Formulary Beneficiary Advisory Panel, 7700 Arlington Boulevard, Suite 5101, Falls Church, VA 22042-5101. Email Address: [dha.ncr.health-it.mbx.baprequests@mail.mil](mailto:dha.ncr.health-it.mbx.baprequests@mail.mil).

**SUPPLEMENTARY INFORMATION:** This meeting is being held under the provisions of the Federal Advisory Committee Act of 1972 (5 U.S.C., Appendix, as amended), the Government in the Sunshine Act of 1976 (5 U.S.C. 552b, as amended), and 41 CFR 102-3.140 and 102-3.150.

*Purpose of Meeting:* The Panel will review and comment on recommendations made to the Director of the Defense Health Agency, by the Pharmacy and Therapeutics Committee, regarding the Uniform Formulary.

*Meeting Agenda:*

1. Sign-In
2. Welcome and Opening Remarks
3. Scheduled Therapeutic Class Reviews (Comments will follow each agenda item)
  - a. Weight Loss Agents
  - b. Oncological Agents: Multiple Myeloma
  - c. Prenatal Vitamins
4. Newly Approved Drugs Review
5. Pertinent Utilization Management Issues
6. Panel Discussions and Vote

*Meeting Accessibility:* Pursuant to 5 U.S.C. 552b, as amended, and 41 CFR 102-3.140 through 102-3.165, and the availability of space, this meeting is open to the public. Seating is limited and will be provided only to the first

220 people signing-in. All persons must sign-in legibly.

*Written Statements:* Pursuant to 41 CFR 102-3.140, the public or interested organizations may submit written statements to the membership of the Panel about its mission and/or the agenda to be addressed in this public meeting. Written statements should be submitted to the Panel's Designated Federal Officer (DFO). The DFO's contact information can be obtained in the **FOR FURTHER INFORMATION CONTACT** section.

Written comments or statements must be received by the committee DFO at least five (5) business days prior to the meeting so that they may be made available to the Panel for its consideration prior to the meeting. The DFO will review all submitted written statements and provide copies to all the committee members.

Dated: November 28, 2017.

**Aaron Siegel,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 2017-25899 Filed 11-30-17; 8:45 am]

**BILLING CODE 5001-06-P**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**Notice of a Pilot Program on Medication Therapy Management Under the TRICARE Program**

**AGENCY:** Office of the Secretary, Department of Defense.

**ACTION:** Notice of a Pilot Program.

**SUMMARY:** Per Section 726 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2015, the Department of Defense (DoD) is implementing a 2-year Pilot Program, "Pilot Program on Medication Therapy Management Under TRICARE Program". The Pilot Program will provide Medication Therapy Management (MTM) services to promote adherence and improve medication-related health outcomes for TRICARE beneficiaries (Beneficiaries) with more than one chronic medical condition and taking more than one medication. The Pilot Program will be conducted in three types of pharmacy settings. The intent of this Pilot Program is to evaluate the feasibility and desirability of including MTM as part of the TRICARE Program.

**DATES:** The demonstration began on October 1, 2016, and will continue for no less than two years.

**FOR FURTHER INFORMATION CONTACT:** Mr. David W. Bobb, Defense Health Agency,

J-3 Pharmacy Operations Division, telephone 703-681-2890.

**SUPPLEMENTARY INFORMATION:**

**A. Background**

Medicare Part D plans already provide MTM/clinical pharmacy services to Medicare beneficiaries at high risk of medication-related problems. The design of the DoD Pilot Program will consider best commercial practices in providing MTM services.

The value of including clinical pharmacists on the PCMH care team is well documented in the literature as delivering improved outcomes, better medication adherence, and supports the tenets of healthcare reform including enhanced access, improved quality, reduced cost, and enhanced patient safety.

Clinical pharmacists play a critical role in the success of care provided through the PCMH model. Utilizing clinical pharmacists has clearly shown the relationship between pharmacist involvement and positive patient outcomes especially in the optimization of medication therapy, medication adherence, and the reduction in polypharmacy users.

**B. Description of the Pilot Program**

Services will be offered by pharmacists at three different location types: (1) MTFs with a pharmacist embedded supporting a PCMH, (2) MTF pharmacies for beneficiaries who receive primary care services from providers outside an MTF but bring their prescriptions to the MTF pharmacy, and (3) pharmacies other than an MTF. MTM involves a pharmacist in the review of prescription history where the pharmacist works with the patient and their primary care provider to develop action plans for any medication-related problems. The overall goal of MTM is to open a dialogue with beneficiaries and include them in medication-related decision-making to optimize drug therapy, reduce medication-related problems, improve adherence to therapy, and improve health outcomes. As stated in Section 726, NDAA FY15, the 2-year pilot program's target population will be beneficiaries who have more than one chronic medical condition and are taking more than one medication.

This pilot program will focus specifically on beneficiaries diagnosed with at least three chronic medical conditions and taking multiple medications. The following chronic medical conditions will be considered for this pilot: Alzheimer's disease, Chronic Heart Failure, Diabetes, Dyslipidemia, End-Stage Renal Disease,

Hypertension, Respiratory Disease (Asthma, Chronic Obstructive Pulmonary Disease [COPD]), Rheumatoid Arthritis, Post-Traumatic Stress Syndrome, Depression, and Polypharmacy. This is consistent with the intent of Section 726, NDAA FY 2015 of more than one chronic medical condition and taking more than one medication. Each site within the three location types will target an enrollment of 400 beneficiaries over at least 12 months, but not to exceed 24 months, providing up to 6 hours of contact per beneficiary per year.

Selection for Location Type 1 will be from the existing PCMH empaneled population. MTM services will be provided by a pharmacist embedded in the PCMH. The following facilities will be included in the pilot program for Location Type 1: Fort Campbell, Naval Station Mayport, and Hill Air Force Base.

Location Type 2 will include beneficiaries who use MTF pharmacies but receive medical care from providers in the purchased care sector. Beneficiaries will be notified of their eligibility to participate in the Pilot Program, and may choose to accept or decline participation. Beneficiaries participating in the Pilot Program at this location type generally do not receive primary care services from health care providers at MTFs. The following facilities will be included in the pilot program for Location Type 2: Fort Campbell, Marine Corps Base Camp Pendleton, and Patrick Air Force Base.

Location Type 3 will provide MTM services for beneficiaries receiving medical and pharmaceutical care outside of an MTF. Beneficiaries will be notified of their eligibility to participate in the Pilot Program, and may choose to accept or decline participation. The following areas will be included in the pilot program for Location Type 3: Denver, Colorado, Orlando, Florida, and Houston, Texas.

MTM services will be provided by a pharmacist to beneficiaries empaneled in the pilot program. Appointments will be conducted face to face, over the telephone, and/or by video conferencing. MTM services will include a Comprehensive Medication Review (CMR) consisting of an assessment of the beneficiary's medication regimen, a comprehensive record of medications, a collaborative care agreement between the beneficiary and the pharmacist, communication with the beneficiary's healthcare providers, and documentation with follow up. CMR is conducted at the initial visit and annually thereafter. Interim Targeted Medication Reviews

are offered quarterly to monitor unresolved issues requiring attention and to determine if new drug therapy problems have arisen. The pharmacist, in consultation with the beneficiary, reviews pertinent medical and prescription history and develops action plans to address medication-related problems.

**C. Evaluation**

The effect of MTM services on beneficiary use and outcomes of prescription medications and the cost of health care will be evaluated using established DoD metrics of Per Member Per Month (PMPM) and Pharmacy PMPM. Additional measures may include a review of changes in utilization of the emergency department, hospitalization rates and readmission rates. Beneficiary use and outcomes of prescription medications will assess medication adherence and disease related outcomes measures, when available.

A report to Congress is required not later than 30 months after the start of the Pilot.

Dated: November 27, 2017.

**Aaron Siegel,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 2017-25823 Filed 11-30-17; 8:45 am]

**BILLING CODE 5001-06-P**

**DEPARTMENT OF EDUCATION**

**Notice Inviting Statements of Interest From Nonprofit Organizations Interested in Partnering To Expand the #GoOpen Network**

**AGENCY:** Office of the Secretary, Department of Education.

**ACTION:** Notice.

**SUMMARY:** The Department through the Office of the Secretary's Office of Educational Technology (OET) created the #GoOpen Network in October of 2015, to support the use of openly licensed educational resources, by establishing a network of mentoring relationships with experienced districts and States providing support to those districts that were new to the use of open resources. To support this work, OET is seeking to select and partner with a nonprofit organization or a consortium of nonprofit organizations to further expand and enhance the network. Thus, this notice outlines the criteria to be used for selecting partner organizations; invites statements of interest from nonprofit organizations interested in partnering to build on and expand the #GoOpen network; and