



## TABLE OF CONTENTS

<b>Nexus 2021</b>	2
Proposal Submission Requirements	3
CPE Session Requirements	3
Faculty Remuneration	3
How to Submit a Proposal	3
Deadline	5
Evaluation of Proposals	5
Appendix A: List of Tracks and Topics for Nexus 2021	
Track: Drugs, Disease and the Managed Care Impact	7
Track: Legislative and Regulatory Trends	10
Track: Managed Care Research in Action	12
Track: Specialty Pharmacy	13
Track: Making the Way for Innovation	14
Appendix B: Measurable Action Verbs for Continuing Pharmacy Education Activities	16

## Nexus 2021

### Call for Continuing Pharmacy Education Session Proposals

AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at **Nexus 2021**, which is currently scheduled for October 19-22, 2021.

#### ABOUT NEXUS 2021

**Nexus 2021** is expected to attract approximately 2,500 managed care pharmacists and other health care professionals seeking to increase their knowledge of the management and coordination of clinical, pharmacy benefit, and pharmacy care programs. These managed care professionals are interested in health care information and issues viewed from a population perspective, rather than at the patient-practitioner level.

#### CPE SESSION SPECIFICS

CPE sessions at **Nexus 2021** are scheduled to be 1.5 hours long (90 minutes). To accommodate introductions, housekeeping information, and some question and answer time, actual content should be 60 minutes.

Topics are divided into five different tracks:

- Drug, Diseases and the Managed Care Impact
- Legislative and Regulatory Trends
- Specialty Pharmacy
- Managed Care Research in Action
- Making the Way for Innovation

Proposed content should be appropriate for the specified education track above. In addition, CPE session proposals **MUST** focus on one of the topics listed in **Appendix A**. Accompanying each topic are questions to provide more context on what your proposed session should cover.

Preference will be given to proposals that highlight real-world examples of innovations in managed care, share outcomes data, and/or provide diverse professional perspectives.

**Please note that session proposals that have already received commercial support or submitted by a marketing representative or company will be disqualified from the call for session proposals.** Please consider submitting this type of proposal for a satellite symposia, science and innovation theater, industry workshop, or partner session.

## PROPOSAL SUBMISSION REQUIREMENTS

### CPE SESSION REQUIREMENTS

All CPE sessions are expected to adhere to the enclosed *Guidelines for Continuing Pharmacy Education Sessions* and incorporate all the elements discussed in that document. All presentations must:

- Incorporate at least one active learning activity for each learning objective.
- Have a PowerPoint Presentation on AMCP's template with content that achieves all learning objectives.
- Have an associated handout (consisting minimally of copies of PowerPoint slides).
- Be based on and reference the best available evidence.
- Give a balanced view of therapeutic options and/or programs and services.

### FACULTY REMUNERATION

Faculty associated with accepted CPE session proposals will receive:

- One complimentary **Nexus 2021** registration.
- Reimbursement of reasonable speaking-related travel expenses at the discretion of AMCP (i.e., round-trip coach airfare, ground transportation, and one-night hotel stay).

Typically, a 1.5-hour continuing pharmacy education session should have no more than two faculty. Sessions conducted primarily as short presentations plus panel discussion should have no more than three faculty (i.e., facilitator plus two panelists). AMCP reserves the right to limit the number of faculty in a session and/or the type and amount of remuneration provided. AMCP also reserves the right to conditionally accept proposals for which AMCP can recommend certain modifications to content and faculty.

### HOW TO SUBMIT A PROPOSAL

Proposals must include **ALL** the requested elements found within the online form. Submissions MUST indicate the specific topic that the session will cover based on the list provided by AMCP.

Fields included on the online form are the following:

#### A. Confirmed Faculty

Please provide a list of confirmed faculty for the session. These faculty members agree to speak at Nexus 2021 and are available during the conference dates. AMCP will not review or accept proposals where faculty have been invited, but not confirmed.

If the proposed session has multiple faculty, one person should be designated as the session coordinator. If the proposal is accepted, this person will serve as the

main liaison with AMCP and will be responsible for ensuring that all requested information is submitted in a timely manner.

#### B. Proposal Title

A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.

#### C. Needs Assessment/Knowledge Gap Information

Provide a description (at least 300 words) of why the topic addressed in the proposed session is important to managed care pharmacists, as well as the “knowledge gap” that the session will fill: what is happening now versus what is needed and desired in practice? What problems are caused by the current status/behaviors/practices? What benefits would result from the desired status/behaviors/practices?

Include a minimum of three citations to published information or evidence, preferably national guidelines, peer-reviewed health care literature, regulatory requirements, or similar expert/authoritative sources.

#### D. Session Description

Create a brief (no more than 150 words) session description suitable for inclusion in the final Nexus 2021 program/website. The description should reflect the session content accurately and be worded in a way that entices the audience to attend.

*Example: Biosimilars: Regulatory Considerations and Controversies — Although the first biosimilar product is not expected to hit the U.S. market before 2017, federal and state governments already are moving ahead with guidance and regulations. The naming debate is in full swing. There are many questions about the approval process for biosimilars in Europe and how it might influence an approval pathway in the United States. The FDA has floated the idea of an “Orange Book” for biosimilars. Which version of the future seems most likely? This session will provide perspective on the activity and speculation regarding regulation of biosimilars.*

#### E. Detailed Program Agenda

Indicate what information will be covered by each faculty presenter, and for how long.

#### F. Learning Objectives

Provide at least three measurable, specific learning objectives that define what pharmacists should be able to do at the completion of the proposed session. The objectives should address the identified needs and knowledge gap. They also should elicit or describe observable or measurable behaviors on the part of participants.

Learning objectives should begin with a verb and complete the sentence, “At the completion of this activity, participants should be able to ....” The verbs should be appropriate for the proposed session activity type (knowledge-based or application-based), as indicated in **Appendix B**.

For example, for a knowledge-based activity for the session description above, the following objectives are appropriate:

*At the completion of this activity, participants should be able to:*

- 1. Explain the differences between FDA regulation of biosimilars and the European Union approach.*
- 2. Discuss how key state trends associated with biosimilar substitution are likely to affect pharmacists.*
- 3. Summarize the controversies surrounding the naming of biosimilar products.*

#### G. Level of Interactivity

Current Accreditation Council for Pharmacy Education (ACPE) Standards require all CPE programs to include “learning activities to foster active participation.” In the past, AMCP has required the use of an interactive platform to comply with this requirement. As AMCP encourages active participation and interactivity with the attendees, we are looking for different types of interaction. If AMCP wanted a more engaged session, what could you do? How would you engage the audience?

#### H. Disclosure of Financial Support

Provide disclosure of any financial support from a commercial interest (e.g., pharmaceutical industry) for any original research or data proposed.

#### DEADLINE

Proposals must be submitted **no later than 11:59pm PT on Monday, April 26<sup>th</sup>, 2021.**

#### EVALUATION OF PROPOSALS

CPE proposals will be evaluated by the AMCP education staff and Educational Affairs Committee. Criteria for review include but are not limited to topic relevancy to the managed care professional, risk of promotional bias, and expertise of faculty listed.

Notifications of acceptance and rejection will be sent no later than **Tuesday, June 15<sup>th</sup>, 2021.**

#### QUESTIONS?

Please direct questions related to [education@amcp.org](mailto:education@amcp.org).

APPENDIX A: LIST OF TRACKS AND TOPICS FOR  
**NEXUS 2021**

## Track: Drugs, Diseases and the Managed Care Impact

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	COVID	<ul style="list-style-type: none"> <li>• Discuss the impact of COVID on the future of health care</li> <li>• Provide the most up-to-date information regarding vaccines and any drug treatment therapies.</li> <li>• Discuss long-term implications for patients who have had COVID and what is being done around treatment/management</li> </ul>
2	COVID and Health Disparities	<p>How have the racial health disparities related to formulary or benefit design been impacted by COVID?</p> <ul style="list-style-type: none"> <li>• How has racial health disparities impacted COVID treatment?</li> </ul>
3	COVID and Prescription Drug Utilization	<ul style="list-style-type: none"> <li>• What shifts in pharmacy utilization emerged during the COVID-19 pandemic?</li> <li>• What prescription drug utilization trends are expected to continue into 2022?</li> <li>• How do you use pharmacy benefits data to evaluate the impact on your clients?</li> <li>• What regulations implemented during COVID-19 will continue in a post-pandemic world and what implications will this have to payers?</li> </ul>
4	COVID and Specific Disease States	<ul style="list-style-type: none"> <li>• What are the longer-term impacts of COVID on the populations with: <ul style="list-style-type: none"> <li>○ Diabetes</li> <li>○ Cancer</li> <li>○ Heart disease</li> <li>○ Pulmonary Disease</li> </ul> </li> </ul>
5	Social Determinants of Health and Medication Utilization	<ul style="list-style-type: none"> <li>• What is the impact of health disparities on medication utilization?</li> <li>• What real-world examples or case studies demonstrate how to close the gaps? Is the approach best by disease state or drug?</li> </ul>
6	Dermatology	<ul style="list-style-type: none"> <li>• What are the specialty options in 2021?</li> <li>• Compare oral JAKs versus new IL inhibitors.</li> <li>• What is the specialty uptake trends in atopic dermatitis?</li> <li>• What are the topical utilization management strategies in relation to fraud/waste/abuse metrics?</li> </ul>
7	Pain/Substance Use Disorders	<ul style="list-style-type: none"> <li>• What are the alternative pain medication options for each member population (Medicare, Medicaid, Commercial, etc)?</li> <li>• Discuss opioid use treatment options and monitoring programs.</li> <li>• How can formulary management be used to reduce opioid misuse, but also provide access to members who really will benefit from opioid pain management?</li> <li>• Identify best practices for managed care to manage BEERS criteria related recommendations related to opioids.</li> </ul>
8	Multiple Sclerosis	<ul style="list-style-type: none"> <li>• What are the trends related to new generics on the market and more “me-too” drug options?</li> </ul>

		<ul style="list-style-type: none"> <li>• What are the management trends especially as MS is more of a retrospective diagnosis?</li> <li>• Discuss the legislature in states on restricting formulary management in MS (for example, MA is currently in the process of limited formulary disruption in this disease state).</li> <li>• Provide an overview of cost/risk benefit of home infusion therapies versus self admin therapies.</li> </ul>
9	Alzheimer's Disease	<ul style="list-style-type: none"> <li>• Review current treatments, including how new drugs will fit into current management, along with how to manage the care and outcomes of these patients.</li> </ul>
10	NASH	<ul style="list-style-type: none"> <li>• What are the current prospects in the NASH pipeline?</li> <li>• What has transpired in the few years? What are the barriers that have emerged and delayed the emergence of therapies in this space?</li> </ul>
11	Movement disorders	<ul style="list-style-type: none"> <li>• Identify current treatment options and compare the clinical trial data vs. real world data.</li> <li>• What impact do the newer agents have on patient outcomes and quality of life?</li> </ul>
12	Medical marijuana and CPD oils	<ul style="list-style-type: none"> <li>• How are plans considering covering medical marijuana?</li> <li>• What is the role of CPD oils?</li> </ul>
13	Behavioral Health	<ul style="list-style-type: none"> <li>• Discuss how to reach "silent sufferers" using managed care pharmacy tools/resources</li> <li>• Identify digital tools to help members access care in the privacy of their home, how to fill gaps between EAP and medical mental health benefits, etc.</li> </ul>
14	Kidney disorders and ESRD	<ul style="list-style-type: none"> <li>• What are the treatments used for phosphate and calcium metabolism disorders, and ESRD?</li> <li>• Discuss medications used to treat these disorders, monitoring parameters, and patient management issues that can come up as managed care issues</li> <li>• Discuss formulary considerations of medications used to treat kidney disorders</li> </ul>
15	Common autoimmune conditions (IBD, psoriasis, rheumatoid arthritis, psoriatic arthropathy)	<ul style="list-style-type: none"> <li>• What are the treatment considerations of IBD, psoriasis, rheumatoid arthritis, psoriatic arthropathy?</li> <li>• Discuss treatments for these conditions, and considerations for switching patients to preferred formulary alternatives.</li> <li>• Strategies to manage patients with these conditions with non-biologic DMARDs to ensure successful outcomes</li> </ul>
16	Cancer chemotherapy and immunotherapy	<ul style="list-style-type: none"> <li>• What are the considerations of managing oral and injectable chemotherapy drugs?</li> <li>• Indicate strategies to manage cost related to cancer therapy (include a discussion on cancer drug parity).</li> <li>• Explain how to manage tissue-agnostic therapies.</li> </ul>
17	Multiple Myeloma	<ul style="list-style-type: none"> <li>• What is the current management strategy?</li> </ul>



		<ul style="list-style-type: none"> <li>• What agents are coming down the pipeline to manage multiple myeloma?</li> <li>• What is the latest on CAR-T therapies?</li> </ul>
18	Prediabetes	<ul style="list-style-type: none"> <li>• Discuss how to prevent patients from progressing to diabetes.</li> <li>• Is this a patient population that is overlooked or not being educated appropriately? Are social determinants a factor?</li> <li>• What managed care tools can be utilized to identify patients with pre-diabetes?</li> </ul>
19	New treatments for hereditary angioedema (HAE)	<ul style="list-style-type: none"> <li>• What are the drugs new to HAE market and their impact on utilization?</li> <li>• What are the pending market entrants?</li> <li>• What are the utilization management strategies?</li> </ul>

## Track: Legislative and Regulatory Trends

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	340B Program Management	<ul style="list-style-type: none"> <li>• How do 340B programs work?</li> <li>• Overview of Challenges for Managed Care – e.g., formulary rebates, pharmacy networks, drug mix, etc., program costs, benefits, and implications</li> <li>• What is the interplay between State Medicaid and other programs?</li> </ul>
2	Medicare Part D related regulatory changes	<ul style="list-style-type: none"> <li>• What are the trends to consider?</li> <li>• Discuss the 2 tier specialty tiers – pros/cons and cost impact</li> <li>• What are the pros/cons of the insulin senior savings model?</li> <li>• Discuss Part D Payment modernization model</li> <li>• Provide an update on Biden administration influence on Medicare changes</li> </ul>
3	Parity of benefits	<ul style="list-style-type: none"> <li>• How are managed care organizations ensuring parity in their medical and pharmacy benefits?</li> <li>• Discuss strategies to provide affordable chemotherapy and patient/provider education to steer toward preferred agents</li> </ul>
4	Pharmacist provider status	<ul style="list-style-type: none"> <li>• Indicate the impact at retail, hospital levels</li> <li>• Discuss the pharmacist role in COVID vaccines and opportunities for COVID follow-up/touchpoints</li> <li>• Indicate other ways pharmacists can be integrated into new system and provide value</li> <li>• Discuss how pharmacists are being reimbursed for their services</li> </ul>
5	Telehealth	<ul style="list-style-type: none"> <li>• Discuss the specialty physician groups (e.g., neurology, etc.) have advocated for continuation of telehealth reimbursement</li> <li>• Indicate why all specialties continue telehealth services without compromising patient care (e.g., gastroenterology, oncology, etc.)</li> <li>• What data is available that shows visits, provider type, frequency, etc. at the plan level?</li> <li>• What impact has telehealth had on behavioral health medication utilization and adherence rates?</li> <li>• What trends are being observed?</li> </ul>
6	Biosimilars	<ul style="list-style-type: none"> <li>• What are the latest state laws and regulations governing biosimilar use?</li> <li>• What proposals are being considered to help expand the use of biosimilars?</li> <li>• Are there regulatory changes on the horizon related to interchangeability?</li> </ul>
7	CMS Innovation Center	<ul style="list-style-type: none"> <li>• Over the past 10 years the CMS Innovation Center has made progress and learned, how are MCO's leveraging the lessons learned?</li> </ul>

8	Collaborative Practice Agreements/Test & Treat Protocols	<ul style="list-style-type: none"><li>• Indicate what works, what does not work and the clinical pearls to help pharmacists that are just receiving this authority.</li></ul>
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## TRACK: Managed Care Research in Action

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Big Data Implications on Pharmacy	<ul style="list-style-type: none"> <li>• Impact of big data on population health               <ul style="list-style-type: none"> <li>○ How does it support health care innovations?</li> </ul> </li> <li>• What are some guiding principles for using big data?</li> <li>• What are best practices in terms of how to leverage big data to do population health mgmt. + utilization management?</li> <li>• Are there practices that every health plan should engage?</li> <li>• Should we be building models for high-cost disease states and predict which patients would need an intervention prior to further deterioration – proactive care vs. reactive?</li> </ul>
2	Behavioral Economics	<ul style="list-style-type: none"> <li>• How is behavioral economics used to advance population health and improve quality of healthcare services?</li> </ul>
3	Data: Analytics and Modeling	<ul style="list-style-type: none"> <li>• Indicate the infrastructure for having pharmacy data analytics staff. How do you justify additional staffing?</li> <li>• What are the best programs available to learn these skills?</li> <li>• What is the methodology for forecasting pharmacy cost spend for plans with limited resources?</li> </ul>
4	Patient Reported Outcomes (PROs) for Clinical Decision-Making	<ul style="list-style-type: none"> <li>• In relation to CAHPS scores, methods/studies to improve scores with PROs (especially as they hold more weight for CMS STARs now)?</li> <li>• What are examples of effective PROs currently being monitored today? Are there certain disease states where this would have the most impact for monitoring?</li> <li>• How has PROs data improved or promoted care?</li> <li>• Discuss PROs as it relates to decision-making impacted by member cost share for treatment and/or medications.</li> <li>• Is there member fatigue with requesting PROs?</li> </ul>
5	Quality Metrics/Outcomes	<ul style="list-style-type: none"> <li>• How quality metrics drive decision-making?</li> <li>• Are we only focused on items tied to Star measures?</li> <li>• Do we have tunnel vision because of quality metrics?</li> </ul>
6	Risk Sharing	<ul style="list-style-type: none"> <li>• What are real life examples of the impact of physician and/or Pharmacy Risk Sharing Arrangements?</li> <li>• What are the lessons learned?</li> </ul>
7	Electronic Prior Authorizations	<ul style="list-style-type: none"> <li>• What operational and quality metrics have been impacted by using electronic prior authorizations for medical and pharmacy benefit drug requests?</li> </ul>

## TRACK: Specialty Pharmacy

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Biosimilars	<ul style="list-style-type: none"> <li>• How have biosimilar preferencing strategies in formulary or benefit design impacted the market share of biosimilars in key drug classes?</li> <li>• How are managed care organizations balancing the buy/bill provider/ provider groups' biosimilar purchasing preferences with biosimilar preferencing strategies for the pharmacy and medical benefit?</li> </ul>
2	Strategies to Manage High Drug Costs	<ul style="list-style-type: none"> <li>• Discuss how to re-evaluate plan design and eliminate wasteful spending</li> <li>• Indicate the pros/cons of a manufacturer assistance program</li> </ul>
3	Coordination between medical and pharmacy	<ul style="list-style-type: none"> <li>• What are the Part B Step therapy trends from Part B to Part D, Part D to Part B, Part B to Part B?</li> <li>• What is the conversion management strategies and educating members and providers of changes?</li> <li>•</li> </ul>
4	Site of Care (SOC) management	<ul style="list-style-type: none"> <li>• What are the oncology SOC management trends?</li> <li>• What are the Oncology trends in general with COVID?</li> <li>• Discuss mandatory SOC programs and implementation.</li> <li>• What success has SOC redirection strategies had? How does the rate vary, i.e., drug class, geography? What are the lessons learned?</li> <li>• What impact has SOC management strategies had on cancer care? What impact have clinical pathway optimization strategies had on cancer care?</li> </ul>
5	Value-based contracting strategies	<ul style="list-style-type: none"> <li>• Case examples in different disease states</li> </ul>

## TRACK: Making the Way for Innovation

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Gene therapies	<ul style="list-style-type: none"> <li>• What are the potential blockbuster specialty/ gene therapies in the pipeline for 2022-2023?</li> <li>• How will these new agents impact plans and members?</li> <li>• What are management tools and market-based solutions being used? Results?</li> <li>• What are payment methodologies/ terms?</li> <li>• What are long-term effects of external factors (e.g., COVID-19)?</li> </ul>
2	Digital therapeutics (DTx)- general	<ul style="list-style-type: none"> <li>• What are the emerging trends and opportunities in this space?</li> <li>• Provide examples of how DTx are currently being covered.</li> <li>• Do DTx in general significantly prompt behavior change? What are the data and outcomes?</li> <li>• Does that change sustain in the long run?</li> <li>• Discuss digital therapeutics and privacy</li> <li>• Discuss formulary design and access related to DTx</li> </ul>
3	Digital therapeutics and Specific Disease State	<ul style="list-style-type: none"> <li>• What are the roles that digital therapeutic play in:               <ul style="list-style-type: none"> <li>○ Diabetes</li> <li>○ Pulmonary Disorders</li> </ul> </li> <li>• Mental Health</li> </ul>
4	Artificial intelligence (AI) in managed care pharmacy	<ul style="list-style-type: none"> <li>• What are artificial intelligence and machine learning (ML)?</li> <li>• How are AI and ML used in health care and pharmaceutical development/ Rx management?</li> <li>• What do pharmacists need to know about AI and ML, and how can managed care organizations prepare for AI and ML?</li> <li>• What are some examples of AI and ML?</li> </ul>
5	Consumerization of health insurance and pharmacy benefits	<ul style="list-style-type: none"> <li>• Discuss health care trends from being organization-centric to consumer centric</li> <li>• Discuss emerging payer types and compare to traditional payers (e.g. Amazon Pharmacy and start-up Insurtech)</li> </ul>
6	Precision Medicine	<ul style="list-style-type: none"> <li>• What impact is precision medicine having on select specialty disease states?</li> <li>• Provide case studies on how precision medicine is being used and the payer's role</li> </ul>
7	Impact of work at home arrangements on pharmacy management function	<ul style="list-style-type: none"> <li>• How has this impacted pharmacy departments' willingness to meet with pharma or other groups (i.e., PIE, etc.)?</li> <li>• How has this impacted women with children who may now be juggling working from home and virtual schooling?</li> <li>• How has this impacted precepting students and what has been the impact on managed care residency programs?</li> </ul>

## APPENDIX B: MEASURABLE ACTION VERBS FOR CONTINUING PHARMACY EDUCATION ACTIVITIES

## Measurable Action Verbs for Continuing Pharmacy Education Activities

**\*Note:** This is a list of suggested active verbs and is not intended to be all-inclusive. Knowledge-based activities should only use verbs classified as knowledge-based. Application-based activities may use a mix of verbs classified as knowledge-based and application-based; however, the majority should be application-based.

### Knowledge-Based

Arrange	Identify	Relate
Classify	Indicate	Restate
Define	List	Review
Describe	Outline	Select
Discuss	Recall	Summarize
Explain	Recognize	Translate

### Application-Based

Analyze	Create	Illustrate
Apply	Demonstrate	Implement
Arrange	Describe	Interpret
Assemble	Design	Organize
Assess	Develop	Predict
Calculate	Differentiate	Prepare
Categorize	Distinguish	Rate
Collect	Estimate	Research
Compare	Examine	Select
Compose	Evaluate	Solve
Contrast	Identify	Teach