Call for Continuing Pharmacy Education Session Proposals

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AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at **NEXUS 2024,** which is scheduled for Oct. 14-17, 2024, in Las Vegas, Nv.

ABOUT NEXUS 2024

NEXUS 2024 is expected to attract approximately 3,000 managed care pharmacists and other healthcare 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 2024** are scheduled to be 1.25 hours long (75 minutes). To accommodate introductions, housekeeping information, and some question-and-answer time, the actual content should be 45-60 minutes.

Topics are divided into six different tracks:

- General Managed Care Pharmacy
- Legislative and Regulatory Trends
- Business Trends
- Specialty Pharmacy
- Managed Care Research
- Drug, Diseases, and the Managed Care Impact

The 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 2024** 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 1.25-hour continuing pharmacy education session should have no more than two faculty. Sessions conducted primarily as short presentations plus panel discussions 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 2024** 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 2024** website/app. 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 11:59 pm PT on Monday, April 29, 2024.**

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 **Friday, July 12, 2024.**

QUESTIONS?

Please direct questions related to education@amcp.org.

APPENDIX A: LIST OF TRACKS AND TOPICS FOR

NEXUS 2024

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. General Managed Care Pharmacy	Market Disruptors in Healthcare	• Who are the unique market disruptors in healthcare today? What do these groups do? What type of disruption or change are they attempting to make? • What recent changes have been the result of market disruptors? • What key opportunities for disruption exist within the managed care space? Are opportunities concentrated around specific initiatives (e.g., quality measures, advanced pharmacy care models, cost management, etc.)? • What challenges and opportunities do market disruptors create for managed care organizations? • What impact does pending or implemented legislation have on these disruptors?
2. General Managed Care Pharmacy	Prescription Digital Therapeutics: Measuring Adherence & Engagement with Patients and Providers	• From a managed care perspective, what are some best practices in engagement with digital therapeutics among members and providers, and how do they impact satisfaction? • What additional value, health outcomes, and adherence improvements are achieved by engaging via digital therapeutics? • How do digital therapeutics increase health equity and reduce health disparities? • What are the challenges (e.g., costs to patients and ease of access) associated with digital therapeutics? • What is the overview of current digital therapeutics products, and what does the pipeline look like?
3. General Managed Care Pharmacy	Prescription Digital Therapeutics: Access and Security	• How do patients/providers validate which products to utilize for legitimate medical treatment? • What patient privacy policies are in place for digital therapeutics? • How are patients and providers using and/or prescribing prescription digital therapeutics? Where are these products marketed and sold? Is the adoption expected to be driven by payers, providers, patients, or something else? • How do currently approved products

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		work (using a demonstration)? • Describe strategies for patient and provider adoption (e.g., education, financial incentives, etc.) Do they differ by disease condition?
4. General Managed Care Pharmacy	Prescription Digital Therapeutics: Formulary Evaluation & Design	• Share real examples of the review, comparative effectiveness if applicable, and results of the formulary review. • How are organizations evaluating prescription digital therapeutics? • What formulary approaches are managed care organizations using to cover prescription digital therapeutics? • What are the key considerations and best practices for managing digital therapeutics under the medical benefit, compared to the pharmacy benefit? • If digital therapeutics fall under the pharmacy benefit, what tier? What are some best practices when prescription digital therapeutics are considered for formulary inclusion? • What types of outcomes/value-based agreements can be implemented in this space?
5. General Managed Care Pharmacy	Demonstrating Health Equity in the Real World	• How are managed care organizations and/or manufacturers using data collection and analysis, community engagement, and other tactics to ensure health equity? • Are there examples of partnerships or collaborative arrangements that have successfully demonstrated health equity?
6. General Managed Care Pharmacy	Health Disparities and Medicare	• What are the unique challenges and best practices in Medicare Advantage for addressing health disparities? • What best practices exist related to educating members from disparate communities on formulary coverage and the prior authorization process? • What are best practices with prior authorization forms and/or the process that promote inclusivity and diversity? • How will the integration of social determinants of health (SDOH) into Medicare risk adjustment impact Star ratings and plan sponsor strategies

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		• How will implementation of the Health Equity Index (HEI) Reward impact health plans' quality strategy?
7. General Managed Care Pharmacy	Incorporating Health Equity into Managed Care Practice	• How should managed care organizations assess therapies that have limited data in certain populations? (e.g., if the studied population was 98% White, can we safely extrapolate the outcomes data to Black patients?) • What best practices/lessons learned are available related to data augmentation, collection, analysis, and utilization? How are these practices being implemented into the formulary process or benefit design? • How are drug manufacturers addressing clinical trial diversity and data transparency?
8. General Managed Care Pharmacy	Updates to the CAHPS Measures	• What industry trends are we seeing around CAHPS measure performance? Are there specific measures that have proven exceedingly challenging this year? • What changes to the CAHPS program are forthcoming for 2024? What is the potential impact of these changes on various stakeholders? • How are plan sponsors leveraging Medicare star measure interventions like adherence to improve CAHPS results? • How have recent changes to CAHPS changed how health plans approach quality measurement?
9. General Managed Care Pharmacy	Efficiencies and Best Practices Gained from Integrated Delivery Networks (IDNs)	• Using data, what is the value of the IDN model? What efficiencies and best practices are gained through the IDN model? What impact does this have on patient care? • How does collaboration between managed care stakeholders function differently within the IDN model compared to non-IDN models? • How can non-integrated systems learn from IDNs?
10. General Managed Care Pharmacy	Copay Accumulator and Maximizer Programs	• What are the differences between copay accumulator and maximizer programs? • What are the impacts and unintended consequences of copay accumulator and maximizer programs from the following perspectives: manufacturer, patient, health plan,

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		employer, PBM, provider, health system. • What legislative or regulatory activity is occurring at the federal and state levels in response to these programs? • How have pharmaceutical manufacturers responded to the increased utilization of copay accumulators/maximizers by payers?
11. General Managed Care Pharmacy	Best Practices in Developing Patient-Centric Formulary Decision-Models	• What is the value of the patient perspective in formulary management and benefit design? • What are best practices for incorporating the patient perspective in formulary decision-making? • How do these practices influence patient outcomes? What impacts do they have on health plans and other managed care stakeholders? • What are best practices for longitudinal monitoring of patient-centric formulary design? What is the role of patient-reported outcomes in these models?
12. General Managed Care Pharmacy	Site of Services: White vs Brown Bagging, and others	• What are the different types of sites of service programs? • What are the differences between white, brown, and clear bagging? Which of these is most prevalent today? • What factors are considered when instituting site-of-service programs? • How do these programs impact the pharmacy benefit, care management programs, and specialty care? • Are patients' outcomes any different? • What are some challenges and strategies to overcome these challenges when instituting these programs?
13. General Managed Care Pharmacy	Keeping Pace with Medicare Stars Program Changes	• What industry trends are we seeing around Star measures performance? Are there specific measures that have proven exceedingly challenging this year? • What new strategies are health plans utilizing to improve Star measure performance? • How are health plans adjusting following CMS's proposed changes to the MTM program? • What changes to the Stars program are forthcoming for 2024/2025? What is the potential impact of these changes on various

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		stakeholders?
14. General Managed Care Pharmacy	Alternative Funding Plans (AFPs)	• What are AFPs? • What are the benefits and drawbacks of AFPs for patients, providers, payers, and manufacturers? • What impending or implemented legislation exists surrounding AFPs?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Legislative and Regulatory	340B	• With recent announcements by pharmaceutical manufacturers limiting 340B discounts to safety-net hospitals, what are the implications and what changes are occurring in the 340B Drug Discount Program? • What are the latest updates regarding HRSA and manufacturer networks for 340B contract pharmacies? • What is the impact of 340B programs on specialty pharmacies and their relationship with managed care organizations? • What 340B program impact may the proposed Inflation Reduction Act guidance bring to the industry?
2. Legislative and Regulatory	The Status of PBM Reforms at the National and State Level	• What types of PBM reform are currently being proposed? How do these differ between the federal and state levels? • How likely is it that reforms will be adopted? • What are the potential impacts to PBMs by the various proposed reforms?
3. Legislative and Regulatory	2024 Health Policy Priorities	• What are some health care policy proposals currently under consideration (e.g., ACA enhancements, Medicare benefits, drug pricing)? • In addition to the significant legislative activity taking place in Congress, what other agency and regulatory actions are expected in 2024? • What is going on at state levels that may be applicable to or impact other states? (e.g., CalCare)
4. Legislative and Regulatory	Inflation Reduction Act	• What are some of the early successes and challenges managed care stakeholders are experiencing following implementation of certain

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		provisions of the Inflation Reduction Act (i.e., drug price negotiation, Part D redesign)? • What formulary/benefit design actions are being taken at the health system, PBM, and health plan levels based on the Inflation Reduction Act? • What effect are these changes having on patient choices and the consumerism of health care? • How has (or will) the Inflation Reduction Act and government drug price negotiations impact the rest of the marketplace?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Business Trends	Value-Based Contracting (VBC)	• Outline the current state of VBC in the commercial, Medicare and Medicaid space. How is it working today? Are certain types of stakeholders using these types of contracts more frequently? Are there specific disease states working well? • What are best practices in data collection and sharing, short- and long-term incentives, and operationalizing VBCs? • What have recent publications about VBCs demonstrated regarding cost and clinical outcomes? • Discuss recent updates to the ICER value assessment framework. • What impacts (if any) are government activities like the Inflation Reduction Act or Cell and Gene Therapy (CGT) Access Model for sickle cell disease expected to have on the future of VBC? • What steps should health plans and other stakeholders take if they want to implement VBCs?
2. Business Trends	Alternative Payment Models for High-Impact Medications	• What types of innovative payment models exist? What are the benefits and drawbacks of these different models? • What real-world evidence exists surrounding alternative payment models, and what does this evidence show regarding impacts on cost and outcomes? • How are alternative payment models structured or implemented differently for various types of therapies (e.g., gene therapies)? • What are best practices for health plans and other managed care stakeholders seeking to implement

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		alternative payment models? • What impacts (if any) are government activities like the Inflation Reduction Act or Cell and Gene Therapy (CGT) Access Model for sickle cell disease expected to have on the future of alternative payment models?
3. Business Trends	Value Frameworks	• How are various value frameworks used in managed care activities (i.e., formulary management) today? • What are the benefits and challenges associated with each type of value framework? • What components shouldany value framework contain? • What should the role of value frameworks be in drug pricing, coverage, and reimbursement? • What are CMS's latest activities with regard to national coverage determinations? Are other government agencies looking at value frameworks?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Specialty Pharmacy	Oncology Management & Payment Models	• How do oncology management strategies differ from non-oncology management? • How are managed care organizations managing oncology drugs? • What outcomes are being driven by existing payment models? • How can existing payment models be built upon or improved? • What is the next Oncology Care Model? What does it look like?
2. Specialty Pharmacy	Medical and Pharmacy Benefits & Impact on Specialty Pharmacy	• What are best practices that specialty pharmacies utilize to coordinate between the medical and pharmacy benefit? • What challenges do specialty pharmacies face when navigating a multiple benefit structure? What is the role of managed care organizations in mitigating these challenges? What impact do multiple benefit types have on patient outcomes? On specialty pharmacy collaboration with providers? • What patient education strategies are used by specialty pharmacies regarding the multiple benefit structure? • What impact do multiple benefits have on savings to patients and managed care organizations?
3. Specialty Pharmacy	Employer Trends Related to Specialty Therapeutics/Drugs	• What new strategies are employers and employer groups using to manage specialty drugs and high-investment medications like gene therapies? • What impact are employer management strategies having on patients and on managed care organizations? • How can managed care organizations better collaborate with employers and employer groups to drive savings and better coordinate management of

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		specialty drugs?
4. Specialty Pharmacy	New and Existing Specialty Pharmacy Care Models and the Intersection with Managed Care	• How do specialty pharmacy accreditation requirements impact the relationship with payers? • What are novel clinical care programs being offered by specialty pharmacies? Do they have improved patient outcomes compared to existing models? • How can payers partner with specialty pharmacies to effectively implement clinical care programs? • How are specialty pharmacies continuing to drive quality improvement? • How do specialty pharmacies address patient barriers or advances in technology? • What is the impact of 340B programs on specialty pharmacies and their relationship with managed care organizations? • How has vertical integration of PBMs/SPPs/Insurers impacted the specialty pharmacy landscape and the role of pharmacists in managed care?
5. Specialty Pharmacy	Gene Therapy: Management Strategies and Payment Models	• What are the current and future pipeline approvals and availability? What therapeutic areas are being targeted? • How are managed care organizations assessing the value of gene therapies compared to current treatment options/standard of care? • Outline payer strategies for anticipating and managing gene therapy cases, including coverage, financing and outcomes • How are health plans approaching self-funded group requests for carve-outs? • Describe best practices for navigating

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		the gene therapy journey across multiple stakeholders (i.e., plan, payer, and member)
6. Specialty Pharmacy	Application & Future of Precision Medicine (PM) in Specialty Pharmacy	• What is the applicability of PM in specialty pharmacy today? What are some real-world examplesor use cases? • What impacts are managed care activities related to PM having on specialty pharmacy? Are specialty pharmacies implementing processes around PM independently of managed care organizations? • What does the future of PM in specialty pharmacy look like? • What is the role of specialty pharmacy in the evolution of PM?
7. Specialty Pharmacy	The Role of Specialty Pharmacy in Biosimilar Adoption and Opportunities for Managed Care	• What strategies are improving biosimilar adoption? Does this vary among therapeutic areas? • How is interchangeability status influencing adoption of biosimilars? • As adalimumab biosimilars have entered the market in 2023, how have specialty pharmacies adopted these biosimilars and what changes are anticipated in future years? What have the different biosimilars' pricing strategies had on the marketplace dynamics? • What are the continued challenges associated with biosimilar adoption and what has been done and/or can be considered in overcoming them? • How do specialty pharmacies collaborate with providers to increase adoption of biosimilars?
8. Specialty Pharmacy	Formulary Management and Pricing Dynamics of Biosimilars & Opportunities for Managed Care	• What considerations do specialty pharmacies make when procuring biosimilars? • How should managed care organizations work with specialty pharmacies when implementing formulary design changes designed to increase utilization of biosimilars?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		What's the role of specialty pharmacies in ensuring patients are safely and efficiently switched from current therapy to a new biosimilar? • How can managed care organizations work with specialty pharmacies to overcome patient and clinician inertia on biosimilar use? • How can managed care organizations overcome the pricing dynamics of biosimilars (i.e., rebates of reference products)? How are pricing dynamics impacting specialty pharmacy procurement of biosimilars? • Share examples of successful switch rates to biosimilars from health system and health plan perspectives.

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Managed Care Research	Artificial intelligence (AI), Machine Learning, and Predictive Analysis	• What advances in AI, machine learning, and predictive analytics are changing the healthcare landscape? In what ways are these impacting managed care? • What do managed care stakeholders need to know about AI, machine learning, and predictive analytics? • What insights and lessons have been learned from AI, machine learning, and predictive analytics in the managed care pharmacy setting? • What impacts are recent CMS activities regarding health disparities and bias in AI expected to have?
2. Managed Care Research	Patient-Reported Outcomes and their use in the real world	• How are managed care organizations using patient-reported outcomes (PRO) data? • How can the validity and accuracy of PROs be assessed? • What are case examples of studies demonstrating the value of PROs within a particular disease state? • How is this information being used for clinical decision-making and/or for utilization management? • What are best practices for incorporating PROs into P&T and formulary decisions? • What is the role of different managed care stakeholders (e.g., specialty pharmacies) in gathering, analyzing, and implementing PROs in practice?
3. Managed Care Research	Real-World Data &Evidence	• What are best practices for interpreting and ensuring the validity and usability of RWD/RWE • How is this information used in the formulary management, utilization management, benefit design, and/or economic evaluation processes? • How are regulatory agencies utilizing RWE in decision making? Does this vary by country? What impact does this have on managed care? • What do managed care pharmacists need to know when interpreting drug approvals based on RWE submissions?
4. Managed Care Research	Behavioral Health Economics in Managed Care Pharmacy	• What is the applicability of behavioral economics in managed care? How is this being used by managed care stakeholders? • What type of data is utilized as a part of behavioral economics? How does this differ from standard

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		practice? • What are some case studies of this type of data being used and what outcomes are being seen?
5. Managed Care Research	Trends and Future of HEOR Data	• How is HEOR data being used today? • What recent advancements or refinements to HEOR data and research have been made? What teams are contributing to these advancements? • What does the future of HEOR applicability look like? • How are real-world evidence and patient-reported outcomes incorporated in HEOR work?
6. Managed Care Research	The Role of Value Assessment Reports in Managed Care Pharmacy Practice	• Provide insights on the use, handling, and quality of ICER and other value assessment reports for use in formulary development/ management. ○ How do you interpret the results of cost-effectiveness studies? • Describe implications of value assessment reports to payers and manufacturers. • What is the ICER Barriers to Fair Access Assessment and what findings and insight are detailed within the report? • What is the ICER Unsupported Price Increases (UPI) Report and what is its role and impact on drug pricing?
7. Managed Care Research	Post-Marketing Surveillance Impacts to Clinical Coverage	• Describe data and surveillance mechanisms in place for drugs approved via an accelerated approval process. • How are manufacturers collecting RWE and post-marketing surveillance data related to medications, including adverse effects? ○ What gaps have been identified? How has this data been used to improve benefit design and patient outcomes? • Outline the importance of registries for Cell & Gene Therapies, in support of more robust VBCs, measuring treatment success, obtaining RWE, and informing future coverage decisions

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Drug, Diseases, and the Managed Care Impact	Oncology Pipeline	• What does the future of Oncology treatment look like? • Discuss the drug pipeline for Oncology treatment and the impact of this pipeline on patient management & outcomes. • How is the emergence of cancer immunotherapies improving health and quality outcomes?
2. Drug, Diseases, and the Managed Care Impact	Update on Alzheimer's Disease	• What are CMS' latest activities in Alzheimer's? What impacts will these have on the future of Alzheimer's therapy? • With lecanemab's full approval, what changes are payers anticipating? • How does CMS' stance on these products impact commercial coverage? • What other products are in development? Will these create the same challenges as previous approvals? • What outcomes or endpoints should we expect in clinical trials?
3. Drug, Diseases, and the Managed Care Impact	Rare Diseases	• What are the most recent approvals for rare diseases? How will these new approvals impact clinical treatment of disease? How will they impact managed care? • What are drugs in the pipeline? When are they expected to launch? What impacts will these have, including on the clinical treatment and overall cost of care for specific conditions? • What managed care strategies are best suited for the management of rare diseases (e.g., small plans with family of inherited rare disease, coordination with patient registries)? • How does the FDA orphan drug designation impact the drug pipeline?Payer formulary decisions?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
4. Drug, Diseases, and the Managed Care Impact	Obesity	• How has the recent shift in thinking about obesity and rise of GLP-1s impacted managed care? What challenges and new strategies are health plans utilizing to account for these shifts? • What is the comparative effectiveness of agents for obesity, both against one another and different treatment modalities (i.e., bariatric surgery)? • What data is available to show long-term benefits of GLP1s? E.g. CVOTs, MACE reduction, etc. • What is the impact of off-label weight loss use with GLP-1 products on different lines of business? What are the risks and benefits? • What do the guidelines outline? Incorporation of ICER reports?
5. Drug, Diseases, and the Managed Care Impact	Blood Disorders (Hemophilia, Beta Thalassemia, Sickle Cell Disease)	• What will be the impact of gene therapies on the current treatment landscape for bleeding disorders? (e.g. anticipated utilization shift in factor products for Hemophilia patients who are currently well-managed) • How will recent and anticipated FDA-approvals in the Hemophilia, Beta Thalassemia & Sickle Cell disease impact spend and trend in the next 5 years? What impact do payers anticipate with the new gene therapy approvals in the hemophilia space • What racial disparities exist regarding hemophilia and how are managed care organizations address them? • What is the impact of the CMS Cell and Gene Therapy (CGT) Access Model on the future of treatment of blood disorders?
6. Drug, Diseases, and the Managed Care Impact	Autoimmune Conditions	• What do current guidelines recommend for treatment of Autoimmune Conditions (i.e., IBD, Dermatology, and Rheumatology)? What place in therapy do immune-mediated therapies have? • What are key recent approvals and drugs in the pipeline for autoimmune

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		conditions? How are these expected to impact clinical care and treatment guidelines? • How are biosimilars being incorporated into the treatment of autoimmune conditions? • How is the evolving treatment landscape for autoimmune conditions impacting drug spend? How are payers adapting to meet the changes?
7. Drug, Diseases, and the Managed Care Impact	Migraine and Cluster Headaches	• What is the comparative effectiveness of agents for migraine? • What is the disease burden on patients, payers, health systems, and employers for migraine? • What new treatment advances exist for the management of migraine, and what options are on the horizon? • What innovative approaches are managed care organizations taking to optimize care?
8. Drug, Diseases, and the Managed Care Impact	Non-alcoholic fatty liver disease (NAFLD) and Nonalcoholic steatohepatitis (NASH): A Review	• What is the disease burden on patients, payers, health systems, and employers for fatty liver disease and NASH? • What new treatment advances exist for the management of fatty liver disease and NASH, and what options are on the horizon? • What innovative approaches are managed care organizations taking to optimize care? • Discuss the role of GLP-1s and other emerging treatments in the management of NASH.
9. Drug, Diseases, and the Managed Care Impact	Women's Health	• What diseases have a significant impact on women? What are best practices to identify and manage these conditions, especially in communities facing health disparities? • What new treatment advances exist and what options are on the horizon? • What innovative approaches are managed care organizations taking to optimize care?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
10. Drug, Diseases, and the Managed Care Impact	Enzyme Deficiency Disorders (EDD)	• Please provide an overview of the various types of EDDs. • What is the disease burden on patients, payers, health systems, employers for EDD? • Given that many of these conditions are designated as Orphan diseases, what are best practices in managing patients and these conditions? • What new treatment advances exist for the management of EDD, and what options are on the horizon? • What innovative approaches are managed care organizations taking to optimize care?

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	