Call for Continuing Pharmacy Education Session Proposals

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Call for Continuing Pharmacy Education Session Proposals

AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at **AMCP 2024,** which is scheduled for April 16-19, 2024, in New Orleans, La.

ABOUT AMCP 2024

AMCP 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 **AMCP 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 **AMCP 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 **AMCP 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 **AMCP 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, September 18, 2023.**

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, December 15, 2023.**

QUESTIONS?

Please direct questions related to education@amcp.org.

APPENDIX A: LIST OF TRACKS AND TOPICS FOR

NEXUS 2023

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. General Managed Care Pharmacy	Digital Therapeutics: Measuring Adherence & Engagement with Patients and Providers	• From a managed care perspective, what are some best practices in digital engagement with members and providers, and how do they impact satisfaction? What additional value, health outcomes, and adherence improvements are achieved by engaging digitally versus traditional engagement methods? • How do digital engagement methods increase health equity and diversity? • What are the costs to patients and ease of access? • What is the overview of current products and what does the pipeline look like?
2. General Managed Care Pharmacy	Market Disruptors in Healthcare	• How can the rise of market disruptors create new opportunities for managed care initiatives surrounding 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?
3. General Managed Care Pharmacy	Prescription Digital Therapeutics: Access and Security	• With the number of counterfeit products widely available, how do patients/providers know which products can be trusted versus not? • What safety nets are in place to ensure patient privacy with digital therapeutics? • How are patients and providers using / 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 work (using a demonstration)? • Describe strategies for patient and provider adoption (e.g., education, financial incentives, etc.) Do they differ by disease condition?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
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 being considered for formulary inclusion? • What types of outcomes/value-based agreements can be implemented in this space?
5. General Managed Care Pharmacy	Addressing Health Disparities within Regional Health Plans and Managed Care Organizations	• How are managed care organizations and/or manufacturers using data collection and analysis, community engagement, and other tactics to ensure health disparities? • Are there examples of partnerships or collaborative arrangements that have successfully demonstrated health disparities?
6. General Managed Care Pharmacy	Health Disparities and Medicare	• What are Medicare Advantage organization's best practices for addressing health disparities that impact CMS Star rating measures? • 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?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		• How will the integration of social determinants of health (SDOH) into Medicare risk adjustment impact Star ratings and plan sponsor strategies?
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 have drug manufacturers been engaged to address clinical trial diversity and data transparency?
8. General Managed Care Pharmacy	Impact of CAHPS Changes on Quality Measurement	• How do CAHPS measures reflect member satisfaction? How do they impact Medicare star ratings? • What strategies are Part D plans executing to improve CAHPS scores? How may these strategies differ based on member segmentation, preferences, and behaviors? • 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	Impact and Opportunity of Electronic Prior Authorization (ePA)	• What do electronic PA (ePA) trends look like? How does this vary for medical vs. pharmacy benefit PAs? • What are the advantages and drawbacks of ePA? • Are there any new technologies (e.g., data intelligence, EMR access, automation) within the PA process that could increase efficiencies and improve communication between provider, pharmacy, member, and health plan/PBM? • What advancements are being made in terms of using claims data, artificial intelligence, and/or

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		automation to increase PA efficiencies? • How do RTBT (real-time benefit tools) work? What are the lessons learned or best practices? • What incentives do health plans and PBMs need to improve the PA process? How can we accelerate the adoption of a better and more efficient process? • How are member engagement and feedback incorporated into the PA process? • What efforts have been made to incorporate EMR into the PA process?
10. General Managed Care Pharmacy	Efficiencies and Best Practices Gained from Integrated Delivery Networks (IDNs)	• What is the value of the IDN model? What efficiencies and best practices are gained through the IDN model? How does this impact patient care? • Is this a trend that is expected to grow within the healthcare delivery sector? • What does the intersection between IDNs and health plans, manufacturers, and PBMs look like? How do these different players collaborate with IDNs? • How can non-integrated systems learn from IDNs?
11. General Managed Care Pharmacy	Copay Accumulator and Maximizer Programs	• What are the arguments for and against the use of copay accumulators and maximizers? Please speak to the following perspectives: manufacturer, patient, health plan, employer, PBM, provider, health system. • How have state legislatures responded to the use of these? Do copay accumulators and maximizers have unintended consequences? • What programs have been implemented by pharmaceutical manufacturers to circumvent copay accumulators/maximizers?
12. General Managed Care Pharmacy	Best Practices in Developing Patient-Centric Formulary Decision-Models	• What is the value of the patient perspective in formulary design? • What are some best practices in including the patient perspective in formulary decision-making? • How do these practices influence the overall

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		outcome of patients? • What is the role of PROs in these models?
13. General Managed Care Pharmacy	Site of Services: White vs Brown Bagging, and others	• What are these programs? • What factors are considered when instituting these types of 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?
14. General Managed Care Pharmacy	Best Practices in Quality Measures	• What Star measures have proven exceedingly challenging this year? • What strategies were used to target these measures? • As we head into 2024, what strategies can plans use to improve their performance on these tough-to-reach measures? • What are health plans doing to meet the CMS proposed changes for MTM programs in 2024? • What changes to Star measures are forthcoming for 2024?
15. 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?
16.General Managed Care Pharmacy	Prescription Digital Therapeutics: Data and Outcomes	• What type of utilization trends and real-world outcomes are being seen with prescription digital therapeutics? Which channels or delivery settings are more prevalent (e.g. value-based health care delivery models, ACOs)? • With the introduction of prescription digital therapeutics, what evidence do payers need to evaluate these products? • What follow-up is/should be done following coverage to ensure continued value? What data is/should be collected?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Legislative and Regulatory	340B	• With announcements by pharmaceutical manufacturers that they will limit 340B discounts to safety-net hospitals using contract pharmacies to distribute medications, what are the implications and what changes are occurring in the 340B Drug Discount Program and for related entities? • 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	Pay for Performance Programs	• What does the future of pay-for-performance programs look like and what are the implications to managed care organizations? • What are some best practices or lessons learned around performance-based reimbursement? • How are all lines of business impacted by these programs? • What legislative activity is occurring at the state and federal level around pay-for-performance programs? • What are scalable models from private payers that state and federal programs could emulate? • What standard performance measures are used as the basis for pay-for-performance contracts?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
3. Legislative and Regulatory	The Status of PBM Reforms at the National and State Level	• What is driving PBM reform legislative activity? • What are the risks and benefits to PBMs by some of the proposed reforms? • How likely will some of these reforms be adopted and what are the implications?
4. Legislative and Regulatory	2024 Health Priorities	• What are some healthcare policy proposals 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 have an impact on other states? (e.g., CalCare) • What work, if anything, is being done around drug importation? How would this impact managed care pharmacy? • What are the key considerations and implications of the Pre-approval Information Exchange (PIE) Act?
5. Legislative and Regulatory	Inflation Reduction Act	• What 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 will the Inflation Reduction Act and government drug 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)	• How is VBC working today? Are a lot of companies, MCOs and IDNs using these types of contracts? • What are the best practices in terms of data collection and sharing? (e.g., Is there a specific disease state where this is working well?) • What are some short- and long-term incentives for manufacturers and payers that should be considered when developing VBCs? • What is the effect of different VBCs on cost and clinical outcomes? • Have we seen a shift in the environment in plans' ability to operationalize VBCs? • Discuss recent updates to the ICER value assessment framework.
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? • What real-world evidence exists surrounding alternative payment models? • How may alternative payment models be used for expensive novel therapies (e.g., gene therapies)?
3. Business Trends	Value Frameworks	• Compare and contrast the various value frameworks used today? • How are these used in formulary management? • What are the benefits and challenges of each type of value framework? • What is an ideal value framework? • How should these be considered as part of the coverage and reimbursement

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		framework? • Compare and contrast US-based vs UK- or Europe-based value frameworks. • What has CMS has been doing with national coverage determinations and Alzheimer's drugs?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Specialty Pharmacy	The Future of Oncology Payment Models	• How do oncology management strategies differ from non-oncology management? • What are managed care organizations doing to manage oncology utilization? • How are current oncology payment models working? • What outcomes are being seen by using these payment models? • What is the next Oncology Care Model? What does it look like?
2. Specialty Pharmacy	Coordination between Medical and Pharmacy Benefits	• What are the best practices in coordinating between the medical and pharmacy benefit? • How have these best practices been implemented? What challenges did you overcome? • What outcomes are being seen through effective coordination of benefits? • What strategies are used around patient education (i.e., how are patients informed on the coordination between medical and pharmacy benefits, so they are engaged and able to navigate appropriately)? • Has there been demonstrated sustained savings vs benefits not being coordinated?
3. Specialty Pharmacy	Employer Trends Related to Specialty Therapeutics/Drugs	• How are employers and employer groups managing specialty drugs and high-investment medications like gene therapies? • What impact is this having on patients and on managed care organizations? • What is stop-loss insurance and what is its role in the healthcare system? • How do specialty medications

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		impact stop-loss insurance premiums? How do employer groups respond?
4. Specialty Pharmacy	New and Existing Specialty Pharmacy Care Models and the Intersection with Managed Care	• What is the relationship between managed care organizations and specialty pharmacies? • What are specialty pharmacy accreditation requirements? • How do managed care organizations assure the quality of services and continuous quality improvement beyond accreditation requirements? • What type of clinical care programs do specialty pharmacies offer? Do they have improved patient outcomes compared to traditional pharmacies? • How are specialty pharmacies staying engaged with the patient/caregiver to ensure adherence with the medication and adverse event management? What is the role of technology and barriers with advances in technology (e.g., • elderly and mental health)? • 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?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		• Outline payer strategies for anticipating and managing gene therapy cases, including coverage, financing and outcomes • What are health plans doing to address access concerns with self-funded group requests for carve-outs? • Describe best practices for navigating the gene therapy journey across multiple stakeholders (i.e., plan, payer, and member) • How does value-based contracting play into gene therapy cost management? What are recent alternative funding models, and how do they differ from a traditional stop-loss product?
6. Specialty Pharmacy	Application of Precision Medicine (PM) in Specialty Pharmacy	• Summarize past and future drug development in the era of PM. What are some examples of PM used in practice today? What are some examples of PM that are being studied? • Outline strategies for integrating PM into overall pharmacy practice. How should managed care pharmacists utilize PM to enhance formulary design? • What are some limitations in growth of PM (e.g., costs, handling genetic information and data collection, access to RWE and patient outcomes)? • How can managed care organizations help overcome these limitations?
7. Specialty Pharmacy	The Role of Specialty Pharmacy in Biosimilar Adoption and Opportunities for Managed Care	• What strategies are improving biosimilar adoption? • How will interchangeability status influence adoption of biosimilars? • As adalimumab biosimilars have entered the market in 2023, how has the market adopted these biosimilars and what changes are anticipated in future years? What has the

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		different biosimilars' pricing strategies had on the marketplace dynamics? • How have payers/ PBMs reacted to more ambulatory biosimilar drugs being released on the market soon? • What are the challenges associated with biosimilar adoption and what has been done and/or can be considered in overcoming them? • How does biosimilar uptake vary across different disease areas?
8. Specialty Pharmacy	Biosimilars in Immunology	• How many biosimilars are in the immunology pipeline? • How can managed care organizations implement formulary design changes while ensuring patients are safely and efficiently switched from current therapy to a new biosimilar? • How can managed care organizations overcome patient and clinician inertia on biosimilar use? • How can managed care organizations overcome the challenges with rebates of reference products? How does this impact a "lowest net price" strategy and biosimilar inclusion on the formulary? • Does the landscape keep pace with additional indication approval of the reference product? • 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	Futuristic Practices: Artificial intelligence (AI), Machine Learning, and Predictive Analysis	• Define AI. How does this differ from machine learning? • How has/will AI change the healthcare landscape? • What do managed care pharmacists need to know about AI, including ChatGPT? • What insights and lessons have been learned from AI use in the managed care pharmacy setting? • What are the challenges with AI regarding health disparities and bias?
2. Managed Care Research	Patient-Reported Outcomes and their use in the real world: Quality programs. Clinical Decision-Making, and Outcomes Measurement	• How are managed care organizations using patient-reported outcomes (PRO) data? • How can its validity and accuracy be ensured? • How is this information being used for clinical decision-making and/or for utilization management? • When are PRO incorporated in P&T decisions? Should it be? • How can other stakeholders (e.g., specialty pharmacies) potentially assist with PRO gathering/analysis?
3. Managed Care Research	Real-World Data: Evidence Sources, Integrity and FDA Grade Evidence	• How are managed care organizations using real-world evidence/data? • How do you ensure its validity and generalizability? • How is this information used in making utilization management or economic evaluations? • How does RWD differ from RWE? • What is the use of RWE in regulatory decision making and its impact on managed care? • What do managed care pharmacists need to know when interpreting drug approvals based on RWE submissions? How are

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		managed care professionals trained to interpret and ensure the validity and usability of RWD/RWE?
4. Managed Care Research	Incentivizing Better Medication Use and Health Outcomes through use of Behavioral Health Economics	• How is behavioral economics being used by managed care organizations? • What type of data is collected and analyzed? • 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? • How are researchers working with the actuarial teams to refine their data and research? • What does the future of HEOR work look like? • How are real-world evidence and patient-reported outcomes used in HEOR work?

6. Managed Care Research	Translating ICER Reports into Managed Care Practice	• Provide insights on the use, handling, and quality of ICER reports for use in formulary development/ management.
		  ○ How do you interpret the results of cost-effectiveness studies?
		• Outline payer perspective using ICER
		  ○ What are some strengths and challenges?
		• Describe implications for payers and manufacturers.
		• What is the ICER Barriers to Fair Access Assessment and what findings and insight are detailed within the report?

7. Managed Care Research	Demonstrated Outcomes from HEDIS Metrics	• How are HEDIS metrics impacting overall outcomes (does it improve outcomes?) • How should HEDIS metrics be updated to make them more relevant to real world (are we collecting and measuring appropriate data)?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
8. 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 you collecting RWE and post-marketing surveillance data related to adverse effects ? ○ What gaps have been identified? How has this data been used to improve benefit design? • Outline the importance of registries for Cell & Gene Therapies, in support of more robust VBAs, measuring treatment success, obtaining RWE, and informing future coverage decisions
9. Managed Care Research	Big Data: A PRIMER	• What is big data? • How is big data being utilized? • What are the implications of big data? Positive, negative, etc. • How is big data contributing to things like health equity, etc.? • Who is using big data? • What do managed care stakeholders need to understand about big data?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
1. Drug, Diseases, and the Managed Care Impact	Biosimilars Pipeline Update	• What are the most recent approvals of biosimilars in the last year? What is the impact of these new biosimilars being approved and available? • What biosimilars are on the horizon? When are they expected to launch? What impact will these have on the overall cost of care for specific conditions? • Which therapeutic categories will likely see a higher number of interchangeable entrants?
2. 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. • How is the emergence of cancer immunotherapies improving health and quality outcomes?
3. Drug, Diseases, and the Managed Care Impact	Update on Alzheimer's Disease	• With CMS' move to limit access to specific products, what does this mean for the future of Alzheimer's therapy? • What updates (if any) have there been on the newest FDA-approved drug? • 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 the data be as challenging as previous drugs? • How will the recent ICER report regarding lecanemab influence managed care?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
4. Drug, Diseases, and the Managed Care Impact	Rare Diseases	• 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 drug pipeline and formulary decisions? • What are the next anticipated breakthrough therapies for specific rare diseases?
5. Drug, Diseases, and the Managed Care Impact	Obesity	• What is the comparative effectiveness of agents for obesity? • 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? • Comparative effectiveness of drugs vs surgical interventions? • What strategies have been implemented to limit off-label use while balancing administrative burden?
6. Drug, Diseases, and the Managed Care Impact	Blood Disorders	• 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 & anticipated FDA-approvals in the Hemophilia, Beta Thalassemia & Sickle Cell disease space impact spend and trend in the next 5 years? What impact does payer anticipate with the new gene therapy approvals in the hemophilia space • What population would be most suited for gene therapies?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		• What racial disparities exist when it comes to hemophilia and what is managed care doing to address?
7. Drug, Diseases, and the Managed Care Impact	Clinical Updates on Immunology	• Autoimmune Conditions: IBD, Dermatology, and Rheumatology: The evolving role of immune-mediated treatments • Pipeline and role of biosimilars • Managing drug spend
8. Drug, Diseases, and the Managed Care Impact	Migraine and Cluster Headaches	• 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?
9. Drug, Diseases, and the Managed Care Impact	Non-alcoholic fatty liver disease (NAFLD) and Nonalcoholic steatohepatitis (NASH)	• 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?
10. Drug, Diseases, and the Managed Care Impact	Women's Health	• What is the disease burden on patients, payers, health systems, employers? • What new treatment advances exist and what options are on the horizon? • What innovative approaches are managed care organizations taking to optimize care?
11. Drug, Diseases, and the Managed Care Impact	Enzyme Deficiency Disorders (EDD)	• What is the disease burden on patients, payers, health systems, employers for EDD? • What new treatment advances exist for the management of EDD, and what options are on the horizon?

Topic # and Track	Topic	Scope of Session/Proposed Questions Session Should Answer
		• 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	