

The background features a light gray grid of white circles connected by thin white lines, creating a network-like pattern. A prominent graphic element is a large, stylized wave or ribbon shape composed of numerous small circles in shades of orange, yellow, and red, connected by thin red lines. The text is centered in the upper half of the image.

# **S**PCMA Business Forum **2018**

**March 5 & 6, 2018**

Hilton Bonnet Creek  
Orlando, FL

## PCMA MEMBERS

**aetna**

 **Cigna**

 **CVS**Health

**envolve**<sup>™</sup>  
Pharmacy Solutions

 **EXPRESS SCRIPTS**<sup>®</sup>

**Humana**  
Pharmacy Solutions.

**MagellanRx**  
MANAGEMENT<sup>SM</sup>

**Medi**impact

 **meridianRx**

 **OPTUMRx**<sup>™</sup>

 **PRIME**  
THERAPEUTICS<sup>®</sup>

 **RXSENSE**<sup>®</sup>

SERVE YOU 

**WellDyneRx**<sup>®</sup>

# Welcome to the sPCMA Business Forum

The sPCMA Business Forum is the year's most important specialty pharmacy business conference. Our event offers invaluable networking and education for individuals and companies involved in specialty drug benefit management including specialty pharmacies, PBMs, drug manufacturers, consultants, industry analysts and investors, and others.

A few highlights you won't want to miss:

- » **Education:** Our conference speakers are among the specialty pharmacy industry's top thought leaders. The schedule includes strategic general sessions, as well as focused breakout sessions that drill down on industry business practices and policy matters. Continuing Pharmacist Education is offered and is designated with a CPE icon in the schedule.
- » **Networking & Meetings:** The sPCMA Business Forum agenda is designed to offer attendees many unique opportunities for private meetings and networking.
  - Evening receptions will take place both days of the conference.
  - Select PBM member companies will host networking events during breakfast and lunch.
  - We're proud to announce the addition of a Women's Leadership Breakfast for this year's event.
  - Private meeting rooms are available to PCMA members and to our conference sponsors. As our veteran attendees know, private meetings are a highly valuable and essential part of all PCMA conferences.

Be sure to download the conference app to enhance your conference experience. The app allows to you to access the attendee list, send messages to other attendees, manage your personalized schedule, and view hotel maps.

Thank you for coming to this year's sPCMA Business Forum. We hope you find your time spent to be enlightening and beneficial to your business. Enjoy your time in Orlando.

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# AGENDA

## MONDAY, MARCH 5

6:30 am – 7:00 pm **Registration Open**

*Bonnet Creek Foyer & Floridian Foyer*

7:00 am – 6:30 pm **Private Meeting Rooms Open**

7:30 am – 9:00 am **Networking Breakfast: Bonnet Creek III**

**Women's Leadership Breakfast: Floridian F**

Lida Etemad, *Vice President, Pharmacy Management Strategies, E&I and C&S*  
UnitedHealthcare

Sandy Loreaux, *Senior Vice President, Market Access and Commercial Operations*  
Valeant

**Moderator:** Betty Nguyen, *Anchor & Journalist, NBC News & MSNBC*

9:00 am – 9:30 am **Breakout Sessions (two concurrent)**

*Bonnet Creek XI*

 0.050

**Outcomes-Based Contracting in Integrated Health Delivery: Addressing Affordability and the Evidence Gaps**

Bethanie Stein, *Vice President, Trade Relations, Humana Pharmacy Solutions*

*Floridian B*

 0.050

**How Health Care Companies are Using Data and Predictive Algorithms to Identify and Address the Opioid Crisis**

George Van Antwerp, *Senior Manager, Deloitte Consulting LLP*

9:30 am – 9:45 am **Break**

9:45 am – 11:45 am **General Sessions**

*Bonnet Creek Ballroom*

**Conference Moderator:** Betty Nguyen, *Anchor & Journalist, NBC News & MSNBC*

9:45 am – 10:15 am **Current and Future Trends in Specialty Pharmaceuticals**

Doug Long, *Vice President, Industry Relations, IQVIA*

10:15 am – 10:45 am **Components of Success in Value-Based Purchasing**

Amy Bricker, *President, Supply Chain, Express Scripts*

10:45 am – 11:15 am **2018 Thoughts Across the Rx Supply Chain: Disruption, Consolidation, Washington, DC, and Consumerism**

Lisa Gill, *Managing Director, Senior Analyst Equity Research, Healthcare Services — Technology, Distribution, and PBMs, J.P. Morgan*

11:15 am – 11:45 am **The Growth of Specialty Pharmacy: Key Trends to Consider**

Alan Lotvin, *Executive Vice President, CVS Specialty, CVS Health*

11:45 am – 1:15 pm	<p><b>Member Company Lunch Receptions</b></p> <p><b>Aetna:</b> <i>Floridian C</i></p> <p><b>Humana:</b> <i>Floridian F</i></p> <p><b>OptumRx:</b> <i>Bonnet Creek XII</i></p> <p><b>Prime Therapeutics:</b> <i>Floridian I</i></p> <p><b>Networking Lunch:</b> <i>Floridian L</i></p>
1:15 pm – 1:45 pm	<p><b>Breakout Sessions (two concurrent)</b></p> <p><i>Bonnet Creek XI</i></p> <p><b>CPE</b> 0.050</p> <p><b>Coupons, Copay Cards, and Conversion Programs</b></p> <p>Lida Etemad, <i>Vice President, Pharmacy Management Strategies, E&amp;I and C&amp;S</i> UnitedHealthcare</p> <p><i>Floridian B</i></p> <p><b>CPE</b> 0.050</p> <p><b>The Latest in Value Frameworks</b></p> <p>Ed Pezalla, <i>Payer Expert &amp; Former Vice President and National Medical Director, Pharmaceutical Policy and Strategy at Aetna</i></p>
1:45 pm – 2:00 pm	<p><b>Break</b></p>
2:00 pm – 2:30 pm	<p><b>Breakout Sessions (two concurrent)</b></p> <p><i>Bonnet Creek XI</i></p> <p><b>CPE</b> 0.050</p> <p><b>Evolution of the P&amp;T Committee: Moving from Drug Evaluation to Population Health Management</b></p> <p>Jay McKnight, <i>Vice President, Pharmacy Clinical Strategies, Humana Pharmacy Solutions</i></p> <p><i>Floridian B</i></p> <p><b>CPE</b> 0.050</p> <p><b>The Value and Use of Digital Therapeutics in Patient Care</b></p> <p>Scott Honken, <i>Senior Vice President, Payer Sales and Strategy, Voluntas</i> Caroline York, <i>Senior Vice President, Operations, WellDoc</i></p>
2:30 pm – 2:45 pm	<p><b>Break</b></p>
2:45 pm – 3:15 pm	<p><b>Breakout Sessions (two concurrent)</b></p> <p><i>Bonnet Creek XI</i></p> <p><b>CPE</b> 0.050</p> <p><b>Specialty Pharmacy Limited Networks: When and How to Re-evaluate</b></p> <p>Phyllis Kidder, <i>Senior Principal, Blue Fin Group</i></p> <p><i>Floridian B</i></p> <p><b>CPE</b> 0.050</p> <p><b>Identifying Market Level Influences Driving Utilization Patterns of Specialty Products to Guide Intervention</b></p> <p>Ashwin Athri, <i>Senior Vice President, Promotional Effectiveness, Precision Xtract</i> Larry Blandford, <i>Executive Vice President, Managing Partner, Precision Xtract</i></p>

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## MONDAY, MARCH 5 *(continued)*

3:15 pm – 6:30 pm      **Open time for private meetings**

6:30 pm – 9:00 pm      **Cocktail and Dinner Reception with Live Music**  
*Signature Island*

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## TUESDAY, MARCH 6

7:00 am – 4:00 pm      **Registration Open**  
*Bonnet Creek Foyer &  
Floridian Foyer*

7:00 am – 8:00 pm      **Private Meeting Rooms Open**

7:30 am – 9:00 am      **Networking Breakfast: Bonnet Creek III**  
**Member Company Breakfast Reception**  
**Magellan Rx Management: Bonnet Creek XII**

9:00 am – 10:45 am      **General Sessions**  
*Bonnet Creek Ballroom*

9:00 am – 9:15 am      **Health Care: The Current Political and Policy Environment**  
Mark Merritt, *President & Chief Executive Officer*, PCMA

9:15 am – 9:45 am      **Managing Specialty Costs While Improving Patient Care**  
Jon Roberts, *Executive Vice President & Chief Operating Officer*, CVS Health

9:45 am - 10:15 am      **Scientific Relevance vs. Commercial Viability: The Bar for Innovation**  
Kent Rogers, *Senior Vice President, Industry Relations*, OptumRx

10:15 am – 10:45 am      **Health System Value-Based Purchasing**  
Will Shrank, *Chief Medical Officer*, UPMC Health Plan

10:45 am – 11:00 am      **Break**

11:00 am – 11:30 am	<b>Breakout Sessions (two concurrent)</b>
<i>Bonnet Creek XI</i> 	<b>Specialty Pipeline Trends, a Payer Perspective: How to Leverage Data for High Impact Drug Management Programs</b> Steve Johnson, <i>Assistant Vice President, Health Outcomes</i> , Prime Therapeutics Rae McMahan, <i>Vice President &amp; General Manager, Enterprise Specialty Pharmacy</i> , Prime Therapeutics
<i>Floridian B</i>	<b>Evolution of the Health Care Economic Information Exchange and Implications of Recent Legislation and Policy Updates</b> Laurent Carter, <i>Vice President, U.S. Strategic Payer Marketing</i> , Bristol-Myers Squibb
11:30 am – 11:45 am	<b>Break</b>
11:45 am – 12:15 pm	<b>Breakout Sessions (two concurrent)</b>
<i>Bonnet Creek XI</i> 	<b>Leveraging Advancing Technologies to Drive Innovation in Health Care</b> Todd Lord, <i>Vice President, Magellan Method</i> , Magellan Rx Management
<i>Floridian B</i> 	<b>Real World Evidence Driving Insights on Value of Care</b> Brian Solow, <i>Chief Medical Officer</i> , Optum Life Sciences
12:15 pm – 1:45 pm	<b>Member Company Lunch Receptions</b> <b>CVS Health:</b> <i>Floridian F</i> <b>Express Scripts:</b> <i>Floridian I</i> <b>Networking Lunch:</b> <i>Floridian L</i>
1:45 pm – 2:15 pm	<b>Breakout Sessions (two concurrent)</b>
<i>Bonnet Creek XI</i> 	<b>Rare Diseases: Not So Rare</b> Harold Carter, <i>Senior Director, Clinical Solutions</i> , Express Scripts
<i>Floridian B</i> 	<b>An Actuarial and Clinical Approach for Identifying the Underdiagnosed Patient with Orphan Conditions</b> Pedro Alcocer, <i>Principal and Consulting Actuary</i> , Milliman Stephen George, <i>Senior Consultant</i> , Milliman
2:15 pm – 8:00 pm	<b>Open time for private meetings</b>
8:00 pm – 10:00 pm	<b>Cocktail and Dessert Reception</b> <i>MYTH Lobby Bar &amp; Terrace</i>

# Don't miss these important networking events!

## Women's Leadership Breakfast

**Monday**  
**7:30 am – 8:45 am**

**Floridian F**

This breakfast program will offer our female attendees an opportunity to connect and share personal experiences as leaders in health care. Starting with a breakfast reception, attendees will have some initial time to network and converse. Then, a panel will share personal perspectives, career experiences, and discuss why supporting women in health care is important. The panel will speak for about 15 minutes, leaving time for audience Q&A and small group discussion. Themes that will be addressed include what women's leadership means to you, effective communication styles, engaging career mentors or sponsors, and balancing work and personal goals.



Lida Etemad  
*Vice President,  
Pharmacy Management  
Strategies, E&I and C&S  
UnitedHealthcare*



Sandy Loreaux  
*Senior Vice President,  
Market Access and  
Commercial Operations  
Valeant*



**Moderator:**  
Betty Nguyen  
*Anchor & Journalist  
NBC News & MSNBC*

7:30 am	Breakfast Reception
8:00 am	Discussion
8:15 am	Audience Q&A
8:30 am	Small Group Discussion
8:45 am	Breakfast Ends



## Cocktail and Dinner Reception

**Monday evening**  
**6:30 pm – 9:00 pm**

**Signature Island**

Live music, food stations and views of the golf course provide a relaxed and fun atmosphere — perfect for business networking — during this special reception and dinner.

## Member Company Receptions

**Monday**  
**11:45 am – 1:15 pm**

**Aetna**  
**Humana**  
**OptumRx**  
**Prime Therapeutics**

**Tuesday**  
**7:30 am – 9:00 am**

**Magellan Rx Management**

**Tuesday**  
**12:00 pm – 1:30 pm**

**CVS Health**  
**Express Scripts**

These receptions promote business interactions between PBM members, drug manufacturers, and other industry partners. Attendees flow in and out of the concurrent receptions, whereas PBM members serve as hosts in their designated room during the reception time.



## Cocktail and Dessert Reception

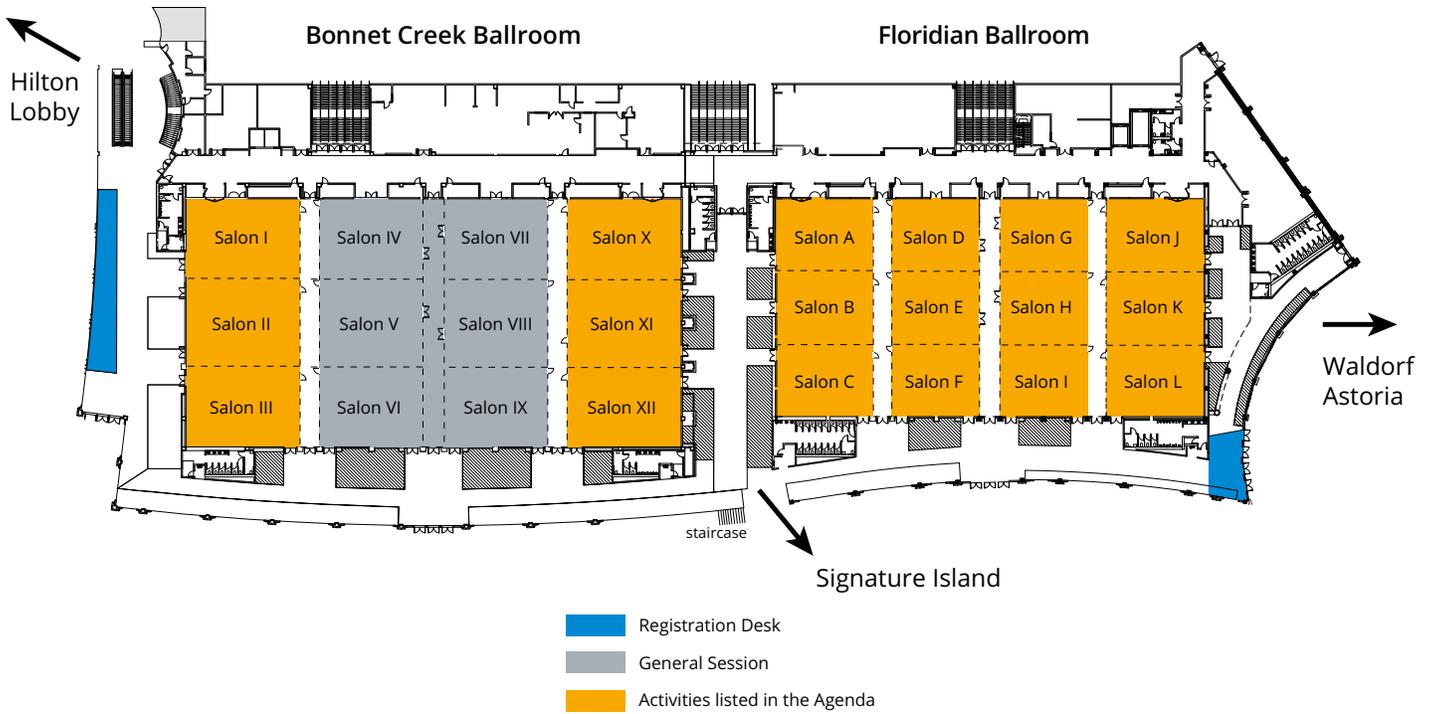
**Tuesday evening**  
**8:00 pm – 10:00 pm**

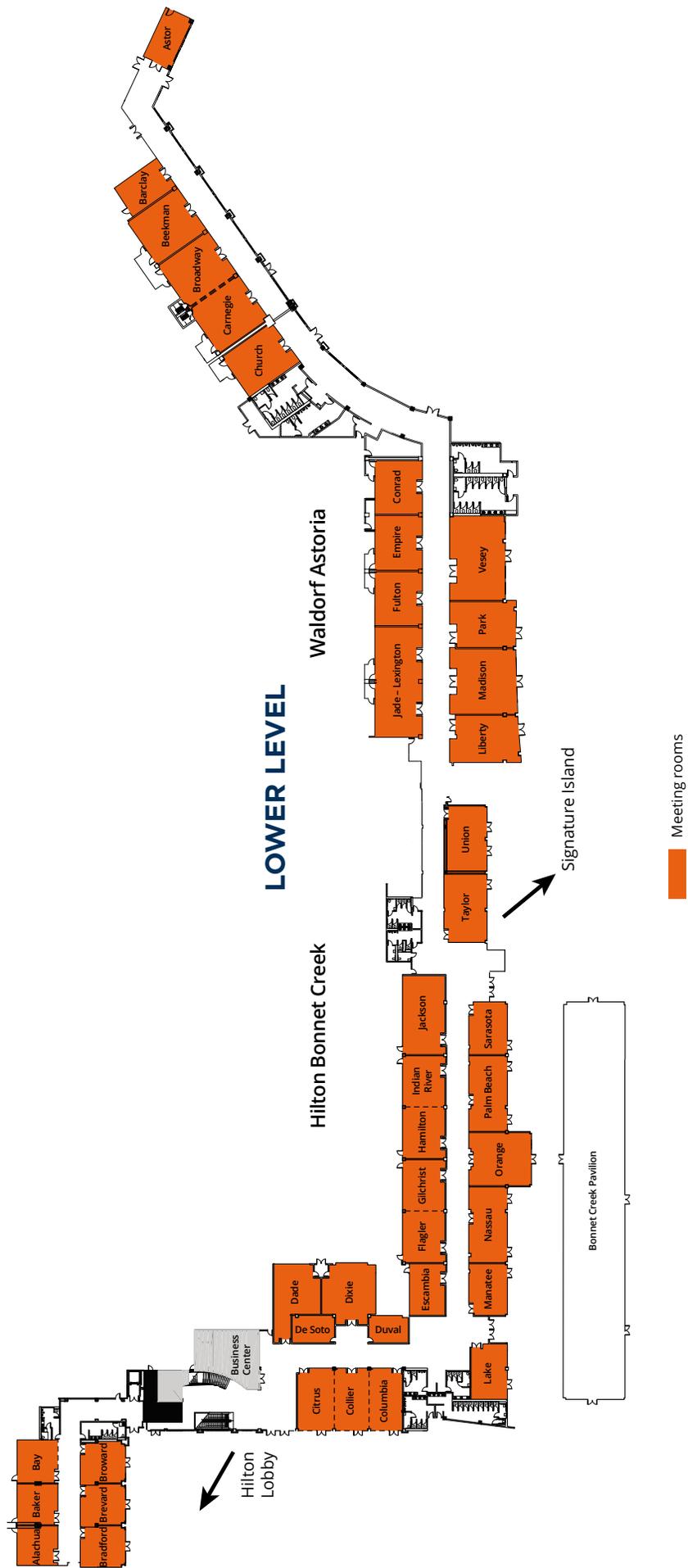
**MYTH Lobby Bar & Terrace**

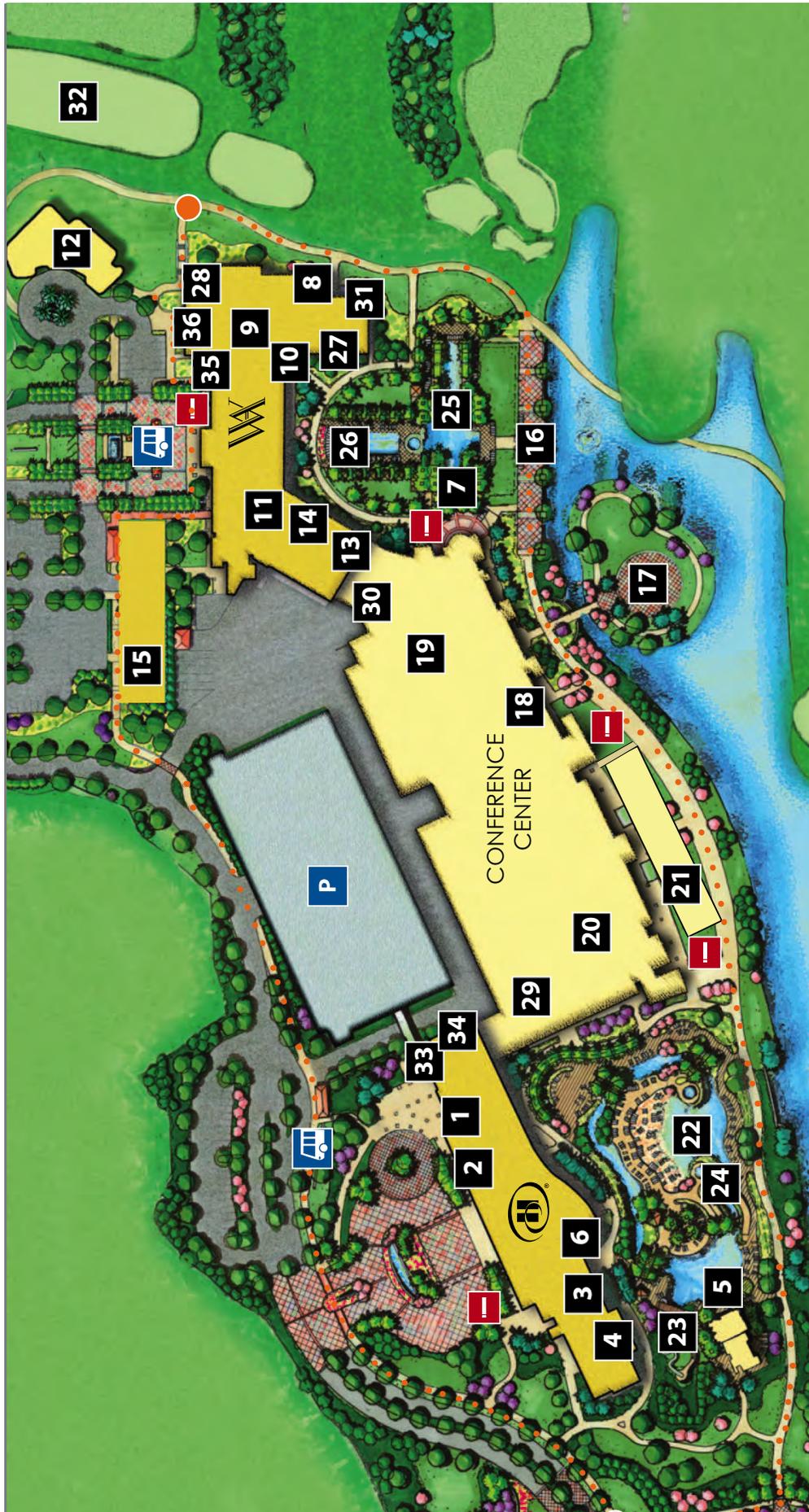
Swing by the lobby lounge for dessert, cocktails, and conversation with colleagues and industry peers at this after-dinner reception.

# MAPS

## LOBBY LEVEL







WALDORF ASTORIA® ORLANDO RESTAURANTS & LOUNGES	WALDORF ASTORIA® ORLANDO BONNET CREEK RESTAURANTS & BARS	BONNET CREEK RESORT FUNCTION SPACE	AMENITIES & TRANSPORTATION
7. Aquamarine	Zeta™ Bar & Sushi Lounge	13. Waldorf Astoria Meeting Rooms	22. Hilton Pool & Lazy River
8. Bull & Bear®	MUSE	14. Waldorf Astoria Grand Ballroom	23. Hilton Water Slide
9. Peacock Alley®	Harvest Bistro	15. Central Park Ballroom and Gardens	24. Hilton Pool Cabanas
10. Oscar's®	La Luce® by Donna Scala	16. Promenade	25. Waldorf Astoria Pool
11. Sir Harry's Lounge	Beech®	17. Signature Island	26. Waldorf Astoria Pool Cabanas
12. The Clubhouse Grille	Sena Bar + Lounge®	18. Hilton Meeting Rooms	27. Fitness Center
		19. Floridian Ballroom	28. Waldorf Astoria Spa
		20. Bonnet Creek Ballroom	29. Full Service Business Center
		21. Bonnet Creek Pavilion	30. Self-Service Business Center (24-Hour)
			31. WA Kids Club®
			32. Waldorf Astoria® Golf Club
			33. FunZone Arcade
			34. Disney Store
			35. Sundries Shop
			36. Bay Hill Jewelers / Daniela Ortiz
			Shuttle Pick Up Station
			Jogging Path (approx. 1 mile)
			Smoking Area
			Hilton & Conference Parking

# Download the Conference App



View the conference attendee list



Message with other attendees



Review the agenda and create a personalized schedule



Access hotel maps and meeting room locations



Receive real time conference updates



Stop by the PCMA registration desk located in the *Bonnet Creek Foyer* if you need help downloading the app.

# GENERAL INFORMATION

## Registration Desk Hours

The PCMA registration desk will be open during the hours listed below. Should you have any questions, please stop by the registration desk and staff will be able to assist you.

**Sunday, March 4**      **5:00 pm – 8:00 pm**  
*Bonnet Creek Foyer*

**Monday, March 5**      **6:30 am – 8:00 pm**  
*Bonnet Creek Foyer &  
Floridian Foyer*

**Tuesday, March 6**      **7:00 am – 4:00 pm**  
*Bonnet Creek Foyer &  
Floridian Foyer*

If you require a copy of your registration confirmation, receipt of payment, or invoice, please email Shelly O'Neill at [pcmaconferences@pcmanet.org](mailto:pcmaconferences@pcmanet.org).

## Security

In order to provide a secure environment, conference participants **MUST** wear name badges when attending all conference function including sessions, meals, evening receptions, and private meetings in member and sponsor meeting room facilities. Security will monitor entrances to all conference activities.

## Internet

Complimentary Wi-Fi is available throughout both hotels and in the guestrooms. In the conference center and meeting rooms, please use the password **spcma2018** to access the Wi-Fi. It can be accessed without a password in the lobbies and other public spaces.

## Presentations

Presentations authorized for distribution will be posted online after the conference. Attendees will be notified by email when presentations are available.

## Photography

Professional photographs taken during the conference may be posted online and/or printed in future materials.

## Disclaimer

The opinions expressed by speakers are those of the individual presenters. They do not necessarily reflect the views of PCMA or its members.

Attendance at a Pharmaceutical Care Management Association (PCMA) meeting or event includes the limited, non-exclusive, revocable, and nontransferable right and license to use any PCMA materials, whether written, oral or electronic, made available by PCMA to the attendees for informational or personal use purposes only. PCMA reserves all other rights. PCMA or its licensors own all rights in and to all of its presentations, content, designs, methodologies, processes, programs, products, information, and documentation. PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION, PCMA and all other names, logos, and icons identifying PCMA and its products and services are proprietary trademarks of PCMA, and any use of such marks without the express written permission of PCMA is strictly prohibited.

# COMPANIES IN ATTENDANCE

AbbVie	Asembia	CoverMyMeds
Acadia Pharmaceuticals	AssistRx	CSL Behring
Acaria Health	Astellas Pharma US, Inc.	Curant Health
Accredo	AstraZeneca	CVS Health
Acorda Therapeutics	Avadel Pharmaceuticals	CVS Specialty
Actelion Pharmaceuticals US, Inc	Avanir Pharmaceuticals	D2 Consulting
Advantage Point Solutions	Avella Specialty Pharmacy	Daiichi Sankyo
Aerie	AveXis	Deloitte Consulting LLP
Aetna	Bank of America	Depomed
Aetna Specialty Pharmacy	Bayer HealthCare Pharmaceuticals	Dermira
Affect Rx, LLC	Becton Dickinson & Co	Dexcom
Agios	Biogen	DHS Group
Alexion Pharmaceuticals	BioMarin Pharmaceutical	Diplomat Pharmacy
Alkermes	BioPlus Specialty Pharmacy	Dova Pharmaceuticals
Allergan	Bioventus	Duchesnay USA
Alnylam	Bioverativ	Egalet Specialty Pharmaceuticals
AMAG Pharmaceuticals	Blue Fin Group	Eisai, Inc.
Amarin Pharma, Inc.	Boehringer Ingelheim	Eli Lilly and Company
Amber Pharmacy	Braeburn Pharmaceuticals	EMD Serono
AmerisourceBergen	BriovaRx	Endo Pharmaceuticals
Amgen	Bristol-Myers Squibb	EntrustRx Specialty Pharmacy
Amicus Therapeutics	BusinessOne Technologies	EnvisionPharmacies
Amneal Biosciences	Celgene	Envolve Pharmacy Solutions
Anthem	Chiesi USA	Exelixis
Aquestive Therapeutics	Cigna	Express Scripts
Aralez Pharmaceuticals	Cigna Specialty Pharmacy	Fathom Healthcare Solutions
Arbor Pharmaceuticals	Circassia Pharmaceuticals	Ferring Pharmaceuticals
Archbow Consulting	Cleveland Research Company	Fidia Pharma
Aries Pharmaceutical Inc.	Collaborative Associates LLC.	Flexion Therapeutics
ARKRAY USA	Collegium Pharmaceutical	Foley Hoag LLP

Fresenius Medical Care	Kadmon Pharmaceuticals	Nabriva Therapeutics
Galderma	Kala Pharmaceuticals	Navigate Access
Genentech	Kaleo	Neos Therapeutics
Gilead Sciences, Inc.	Kanwit Healthcare Consulting	Novartis Oncology
GlaxoSmithKline	Karyopharm Therapeutics	Novartis Pharmaceutical Corporation
Greenwich Biosciences	KemPharm, Inc.	Novo Nordisk, Inc.
Grifols	Keryx Biopharmaceuticals	Onco360
Harmony Biosciences	Kite Pharma, Inc.	Opko Pharmaceuticals
HDH Alliance	Kowa Pharmaceuticals	Optum Life Sciences
Health Industries Research Companies (HIRC)	LEO Pharma	OptumRx
Health Strategies Group	Lilly USA, LLC	Orexigen
Henry Ford Health System, Pharmacy Advantage	Loxo Oncology	Ortho-Dermatologics
Heron Therapeutics	Lundbeck	Otsuka
Humana Pharmacy Solutions	Lupin Pharmaceuticals	PANTHERx Specialty Pharmacy
Humana Specialty Pharmacy	MagellanRx Management	Paratek Pharmaceuticals
Impax Specialty Pharma	Mallinckrodt	Pfizer
Incyte Corporation	MannKind Corporation	Pharma Strategy Group
Indivior, Inc.	MC-21 Corporation	PharmaKa Consulting
Insmed	Medac Pharma	Pharming Healthcare, Inc.
Insulet Corporation	Medical Marketing Economics	Pierre Fabre USA
INSYS Therapeutics, Inc.	MedImpact Direct	Portola Pharmaceuticals
Intarcia Therapeutics	MedImpact Healthcare Systems, Inc.	Prasco
Intercept Pharmaceuticals	Meijer	Precision for Value
Ipsen Biopharmaceuticals, Inc.	Melinta Therapeutics, Inc.	Precision Xtract
IQVIA	Merck	Prescient Holdings Group
Ironwood Pharmaceuticals	Merck Sharp & Dohme, Corp.	Prime Therapeutics
J. Miller Consulting	Merz North America	Progenics Pharmaceuticals, Inc.
J.P. Morgan	Milliman	Promius Pharma
Janssen Healthcare Systems	Mitsubishi Tanabe Pharma America, Inc.	Protean LLC
Jazz Pharmaceuticals	MT Pharma America	PruGen Pharmaceuticals
Johnson and Johnson Health Systems	Mylan Inc.	Purdue Pharma, L.P.
		Quantuvis

Radius Health, Inc	Sunovion	Upstream Partners
Rare Disease Therapeutics, Inc.	Supernus Pharmaceuticals, Inc.	US Bioservices, an AmerisourceBergen Company
Recept Healthcare Services, LP	Surescripts	US WorldMeds
Regeneron	Syneos Health	Valeant Pharmaceuticals
Reliance Rx	Synergy Pharmaceuticals	Valeritas, Inc.
Relypsa, Inc.	Taiho Oncology	Veloxis Pharmaceuticals
RJ Health Systems	Takeda Oncology	Verisys Corporation
RxSense	Takeda Pharmaceuticals	Vertex
RxSolutions	TESARO, Inc.	ViiV Healthcare
Sage Therapeutics	Teva Pharmaceuticals	Viking Healthcare Solutions, Inc.
Sandoz, A Novartis Division	TherapeuticsMD	Vitruvias Therapeutics
Sanofi	Theratechnologies, Inc.	Vivaleas
Sanofi-Genzyme	TrialCard Market Access Solutions	Voluntis
Sarepta Therapeutics	Trividia Health	Vyera Pharmaceuticals
Sebela Pharmaceuticals	UBC	Walgreens
Shire	UCB, Inc.	WellDoc
SK Life Science, Inc	Ultragenyx	WellDyneRx
Stallergenes Greer	United Therapeutics Corporation	West-Ward Pharmaceuticals, Inc.
Strategic Healthcare Alliance	UnitedHealthcare	Zimmer Biomet
Sun Pharma	UPMC Health Plan	Zitter Health Insights



**Session Details**





## Turning Innovative Science into Value for Patients

Astellas is committed to turning innovative science into medical solutions that bring value and hope to patients worldwide. Every day, we work together to address unmet medical needs and help people living with cancer, overactive bladder, heart disease and transplants, among other conditions. We remain dedicated to meeting patients' needs, and our support for them will never waver.

At Astellas, we're focused on making changing tomorrow a reality.

































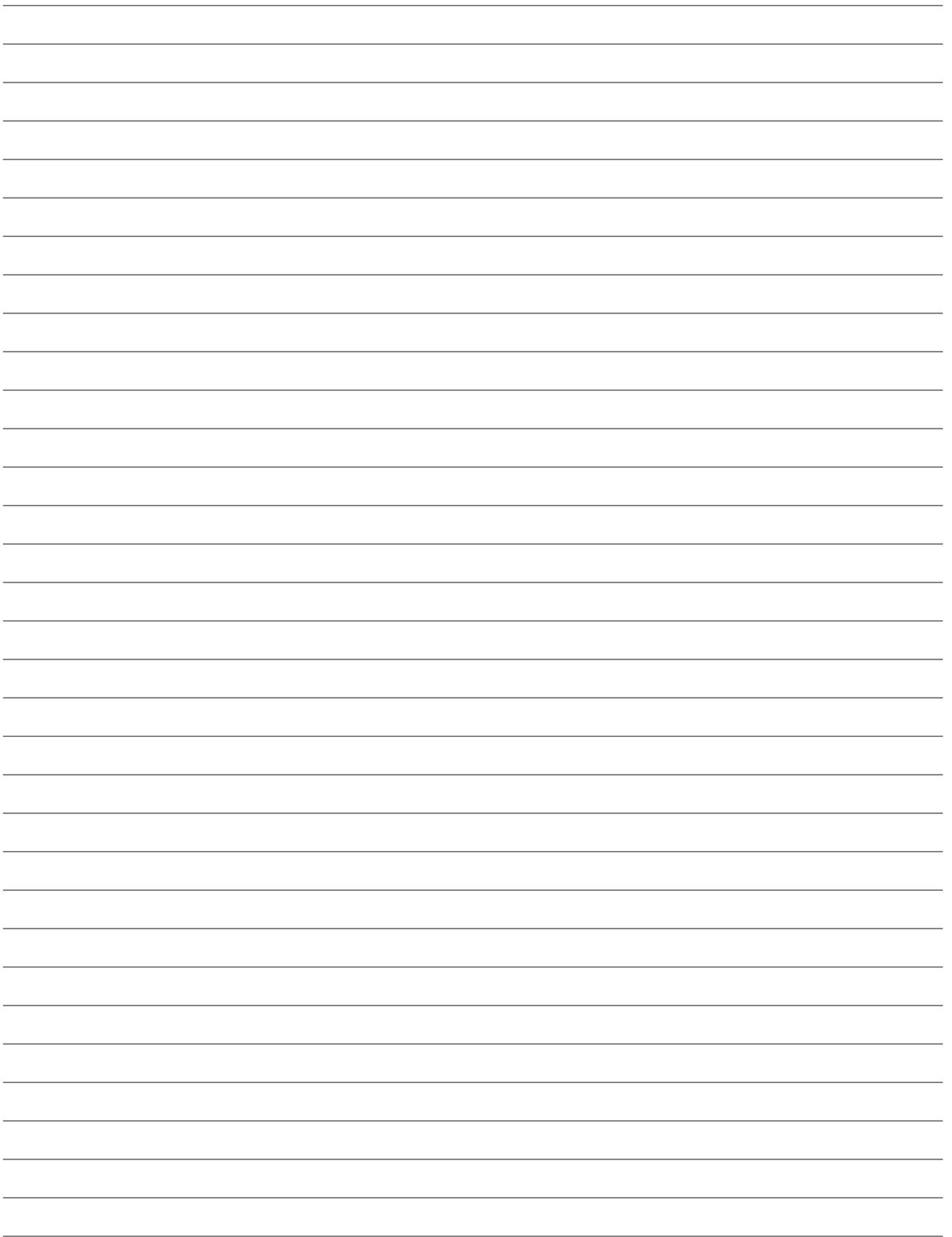














CPE Information

CPE Information



Creating connections.  
Inspired by patients.

Commitment to patients and innovation fueled the advancement of the Celgene portfolio from hematology and oncology into inflammatory diseases. Those same principles guide our approach to making sure patients can get the essential treatments they need.



Market Access

# CPE INFORMATION



PCMA is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). The sPCMA Business Forum 2018 agenda currently includes 13 CPE-eligible sessions. Because sessions are scheduled concurrently, individuals may obtain up to 3.5 total contact hours or 0.35 Continuing Education Units (CEUs) of education.

All sessions eligible for CPE credit are designated by  in the agenda.

## Target Audience

All PCMA-offered CPE sessions are designed to be knowledge-based (K) activities for pharmacists (P). These sessions are designed to add to or enhance participants' knowledge of issues relevant to various pharmacists' career settings, including specialty pharmacy and the business strategies that impact them.

PCMA-offered CPE sessions are designed to meet the educational needs of pharmacists from specialty pharmacies, PBMs, payer organizations, drug manufacturers, and other specialty pharmacy stakeholders and service companies. Educational sessions are designed for those new to the business of specialty pharmacy, as well as for more seasoned veterans.

## Obtaining Credit

As of January 1, 2013 a system called the CPE Monitor, a joint collaboration between ACPE and NABP, became mandatory for all CPE providers and pharmacists to submit and receive CPE credit. The CPE Monitor allows providers to submit attendee lists online. The system communicates this information to NABP, which then communicates it to state boards of pharmacy electronically, removing the need for pharmacists to submit individual statements of credit.

In order to receive credit for attending accredited CPE offerings, you must have an e-profile ID number (e-PID) provided by NABP. If you have not yet obtained your NABP e-PID, please do so at [https://store.nabp.net/OA\\_HTML/xxnabpibeGblLogin.jsp?log=t](https://store.nabp.net/OA_HTML/xxnabpibeGblLogin.jsp?log=t). Questions about this system or your number should be directed to NABP customer service at 847.391.4406.

**At the Conference:** Namebadges will be scanned at the entrance to each CPE session to confirm attendance.

**After the Conference:** Be on the lookout for post-conference communications from PCMA. You may be asked to submit an email to [kpumphrey@pcmanet.org](mailto:kpumphrey@pcmanet.org) indicating the session(s) you attended. Depending on the session(s) you attend, it might also be necessary for you to complete a learning assessment or evaluation before receiving credit.

**All emails must be received within (30) days of the conference to receive credit.** PCMA will let you know when credit has been submitted electronically. Credit should appear in your NABP account within a week.

**State Requirements:** Some states have specific CPE requirements. Be sure to check with your state Board of Pharmacy to determine if such requirements exist and to determine if these programs meet those requirements.

## Disclaimers

- » PCMA plans all CPE-eligible sessions independently of commercial interests and PCMA does not accept grants to support any specific CPE programming.
- » Educational content should be presented with full disclosure and equitable balance and should not include anything which is promotional, commercially biased, or which appears to endorse a drug, device or other commercial product or specific commercial service.
- » The opinions expressed by speakers are those of the individual presenters. They do not necessarily reflect the views of PCMA or its members.
- » CPE sessions may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. Please refer to the official prescribing information for each product for information of approved indications, contraindications, and warnings.





Speakers

Speakers

## Anita completed her first of many triathlons at age 57.

Pfizer developed **Get Old** to challenge us to rethink aging and take a more active role in our health.

At Pfizer, we make medicines and vaccines that extend and improve lives, yet we know that medicines alone cannot give you a healthy life.

It's time to challenge how we think about aging and look forward to what's yet to come.

To learn more, visit [GetOld.com](https://www.getold.com).



## SPEAKERS



### **Ashwin Athri**

*Senior Vice President, Promotional Effectiveness*  
**Precision Xtract**

Ashwin Athri, MBA, is senior vice president of promotional effectiveness for Precision for Value. Ashwin leads the analytics and technology innovation for Precision Xtract, and he manages the consulting practice out of the Stamford, CT office. Prior to the acquisition of CORE Access Group by Precision for Medicine in 2014, he served in a similar role as principal and lead of technology innovation, where he was in charge of the development of novel applications that house CORE's unique data and analytics. At CORE, Ashwin had designed and developed cutting edge data and technology solutions for the leading biopharmaceutical manufactures.

Prior to joining CORE, Ashwin was a healthcare consultant in the biopharmaceutical consulting practice at Milliman. His responsibilities spanned a number of managed markets engagements, including projects in prescriber targeting, opportunity analysis, database design and development, payer value proposition creation, pricing, and Rx to over-the-counter forecast models.

Ashwin received his undergraduate degree in Electrical Engineering from the National Institute of Technology Karnataka in India and, he earned his MBA in Finance and Strategy from the Kelley School of Business at Indiana University.



### **Larry Blandford**

*Executive Vice President, Managing Partner*  
**Precision Xtract**

Larry Blandford, PharmD, is the executive vice president and managing partner for Precision Xtract, where he oversees the global market access services in health economics, pricing, and access strategy. Prior to the acquisition of Hobart Group Holdings by Precision for Medicine in 2013, he held a similar position as managing partner of Hobart Innovations, the strategic services division of HGH. He has served numerous roles in the health care industry for more than 20 years, ranging from pharmacy benefit management and health information technology to market access consulting and pharmacy practice.

Prior to joining Hobart, Larry held leadership positions in product development and sales and account services for 14 years in the pharmacy benefit management organization at CVS Health. During his time there, he led initiatives in physician connectivity, as well as electronic prescribing programs, and he was responsible for developing and maintaining strategic relationships with key payer clients. In addition, Larry's career includes roles in clinical PBM products, disease management initiatives, pharmacy and therapeutics committees, health information technology, and pharmacy practice in both hospital and retail settings.

Larry is a participating member of several professional associations, including the Academy of Managed Care Pharmacy and ISPOR. He has authored and coauthored publications related to medication utilization and value, including the *Journal of Managed Care Pharmacy*, *STAT*, the *Journal of Clinical Pathways*, and the *American Journal of Health-System Pharmacy*.

Larry received his Doctor of Pharmacy from the University of Kentucky, and he completed his managed care pharmacy residency training at Advance Paradigm, Inc., and the University of Maryland School of Pharmacy.



**Amy Bricker**  
*President, Supply Chain*  
**Express Scripts**

Amy Bricker leads Express Scripts' supply chain division which includes retail provider, pharmaceutical manufacturer, and drug procurement teams as well as supply chain product. Amy also has responsibility for Inside Rx, an Express Scripts subsidiary focused on delivering value to cash paying consumers.

In addition to managing the supply chain, Amy also supports the company's efforts to educate legislators about the value of pharmacy benefit management. During her seven years at Express Scripts, Amy has held leadership roles in pharmacy network management, supply chain economics, and retail contracting and strategy.

Prior to joining the company in July 2010, she served Walgreens Health Services as regional vice president of account management and director of clinical sales. Her earlier pharmacy career included positions with BJC Healthcare and Walgreen Company.

Amy serves on the boards of two nonprofit organizations: Memory Care Home Solutions and Youth in Need. In 2016, she was appointed Commissioner of the Medicare Payment Advisory Commission (MedPAC).

Amy holds a Bachelor of Science degree in Pharmacy from the St. Louis College of Pharmacy.



**Harold Carter**  
*Senior Director, Clinical Solutions*  
**Express Scripts**

Harold Carter, PharmD, leads the strategic development and management of Express Scripts' value-based solutions. Prior to his current role, Harold was responsible for the development and management of Express Scripts utilization management solutions.

Harold earned his doctorate of pharmacy from St. Louis College of Pharmacy.



**Laurent Carter**  
*Vice President, U.S. Strategic Payer Marketing*  
**Bristol-Myers Squibb**

With more than 30 years of executive experience in the pharmaceutical/biotech and healthcare industry, Laurent has served in leadership roles in sales, operations, national/corporate accounts, hospital systems, brand and payer marketing, market access and strategic planning. Laurent has had experience across multiple therapeutic areas including oncology, rheumatology, immunology, cardiology, neurology, and nephrology. He has extensive experience building organizational marketing capabilities in the area of value marketing, policy, and process for the integration of pharmacoeconomics into FDAMA 114 promotional tools and materials for use with payer audiences.

Currently, Laurent is vice president of U.S. strategic payer marketing at Bristol-Myers Squibb. His team is responsible payers and organized institutional customer strategy development, as well as value proposition, population health, and quality program development across the BMS portfolio of products.

Laurent holds a BA in Psychology from Brown University, and he completed his MBA at UCLA's Anderson School of Management.



### **Lida Etemad**

*Vice President, Pharmacy Management Strategies, E&I and C&S*  
**UnitedHealthcare**

Lida Etemad, PharmD, MS, is currently the vice president of pharmacy management strategies for UnitedHealthcare Pharmacy. In this role she is accountable for identification and development of programs and products that enhance the value of the commercial and Medicaid pharmacy benefits.

Her team is responsible for the management of the commercial and Medicaid prescription drug lists for UnitedHealthcare, driving the development of programs/products that manage costs and improve trends, evaluation of pharmacoeconomic literature and application to decision making, and value-based pharmaceutical agreements.

Lida has been with UnitedHealth Group since 2002. She joined the company with OptumInsight (then Ingenix), conducting pharmacoeconomic research studies as a consultant to pharmaceutical manufacturers. In 2005, she started consulting for UnitedHealthcare, leading analytics for development of the Prescription Drug List (PDL). In 2007, Lida moved to UnitedHealthcare and has held several roles with increasing responsibility within pharmacy management — including analytics, PDL product development, drugs covered under the medical benefit, and pharmaceutical manufacturer relationships. In her current position, she manages diverse team of business leads, analysts, and pharmacists.

Lida received her PharmD from North Dakota State University. Subsequently, she completed a fellowship at the University of Southern California in conjunction with Wellpoint and (then) Pharmacia. She holds a Master's of Science degree in Pharmaceutical Economics and Policy.



### **Stephen George**

*Senior Consultant*  
**Milliman**

Stephen George, PharmD, MS, RPh, is a senior health care consultant with the Tampa office of Milliman. He is a pharmacist with more than 20 years of experience. He leads consultants teams to apply machine learning concepts to big data to develop payer reimbursement and benefit design strategies, implement focused tactics, design provider bundle and alternative payment models, manage specialty and physician administered drugs contracts, oversee PBM contracts, develop drug formularies, and evaluate health care product acquisitions.

Stephen has experience in a variety of patient care and management settings including managed care, hospital and clinical trials. He has experience with the development of commercial and Part D medical clinical programs, designing HEOR projects, auditing 340B pricing models, implementing disease management models, drug/device pricing, and assessing STAR/MTM pharmacy programs.

Prior to joining Milliman, Stephen has worked at Conexus Health, Hillsborough County Healthcare Plan, the Physician Corporation of America, and Mount Carmel Medical Center.

Stephen received his BS Pharmacy from Samford University, his Masters of Science in Hospital Pharmacy Administration from The Ohio State University, and his Doctor of Pharmacy from Broadmore University.



**Lisa Gill**

*Managing Director, Senior Analyst Equity Research, Healthcare Services — Technology, Distribution, and PBMs*  
**J.P. Morgan**

Lisa Gill has been a leading member of the healthcare equity research team for more than 17 years. She is highly regarded on Wall Street for her in-depth analysis and management relationships. She is a Certified Public Accountant and has over twenty years of diversified healthcare experience. She has been a senior publishing analyst in since June 2001, and she currently is responsible for coverage of 16 companies within healthcare services including healthcare distribution, PBMs, drug retail, healthcare information technology, clinical labs.

Lisa began her career with Ernst & Young's audit group specializing in health care facilities where she earned her CPA. She then worked in Coopers & Lybrand's healthcare services consulting group specializing in physician and long-term care reimbursement. She was a director of development at Health Partners where she acquired physician practices in New York City prior to joining J.P. Morgan.



**Scott Honken**

*Senior Vice President, Payer Sales and Strategy*  
**Voluntis**

Scott Honken is a leading product commercialization executive with extensive experience creating go-to-market strategies, building payer sales teams, and securing reimbursement for emerging products. His skill sets include digital health product strategy, payer market access, clinical product development, and managed care.

Scott currently serves as the senior vice president of payer sales and strategy at Voluntis, and he is a member of the company's leadership team. Voluntis is an innovative digital therapeutics company that creates digital companion products to empower people to self-manage their treatments in remote collaboration with their health care teams. He is accountable for securing coverage, obtaining reimbursement, and driving utilization of Voluntis' FDA-cleared digital solutions by health plans, pharmacy benefit managers, integrated delivery systems, and provider groups. Scott brings a proven track record of forming and growing payer relationships, a passion for digital health, and a strategic vision for the future of value-based contracting to his work at Voluntis.

Scott is a dynamic healthcare senior executive with more than fifteen years of experience working closely with payers in sales, client management, and clinical product development capacities. Scott joined Voluntis from Omada Health where he launched the payer team, held leadership roles in sales and client management, and served as vice president of health plan sales and vice president of health plan success. Prior to Omada Health, he was the vice president of clinical consulting at Catamaran. Scott began his career as a managed care clinical pharmacy specialist at Mayo Clinic Health Solutions.

Scott received his BA in Chemistry from Central College and MBA and PharmD degrees from Creighton University.



**Steve Johnson**  
*Assistant Vice President, Health Outcomes*  
**Prime Therapeutics**

As assistant vice president of health outcomes at Prime Therapeutics, Steve Johnson provides clinical vision, insight, and consultative pharmacy benefit recommendations to clients to help drive use of the most appropriate, cost-effective pharmaceutical therapies. Steve assesses pharmacy benefit products and leads a team that analyzes integrated medical and pharmacy claims data to develop and improve Prime's clinical programs. This work provides the reporting foundation for both Prime's specialty programs and Prime's integrated medical pharmacy model.

Steve has more than 20 years of experience in pharmacy practice. Prior to joining Prime, he worked for several years as a critical care pharmacy specialist in an intensive care unit. He also managed the clinical pharmacy program for a large hospital affiliated with the University of Minnesota Medical School and served as a lecturer before pharmacy, nursing and medical students, interns, residents, and staff.

Steve is board certified as a Pharmacotherapy Specialist and holds a Bachelor of Science degree and Doctorate of Pharmacy degree from the University of Minnesota. He is also an active member of the Academy of Managed Care Pharmacy and the Minnesota College of Clinical Pharmacy.



**Phyllis Kidder**  
*Senior Principal*  
**Blue Fin Group**

Phyllis Kidder is an experienced bio/pharmaceutical industry and managed care leader who draws on her deep commercial and clinical experience to provide insights and solutions across many aspects of commercialization. Phyllis's areas of expertise include market access, channel strategy, contracting strategy and development, as well as the management of orphan drugs.

With more than 30 years of experience in the healthcare industry, she can apply her industry and payer knowledge to develop a tailored solution for each client. Additionally, Phyllis's unique combination of clinical and business perspective allows her to drive toward practical solutions for complex and challenging problems.

Prior to joining Blue Fin Group, Phyllis worked at both large and small companies within the pharmaceutical industry including Pfizer and Vertex. During that time she had increasing responsibilities including market access, trade, and channel strategy for the U.S. and Canada, contract development and management for both channels and payers, and national and regional account management. Prior to joining the pharmaceutical industry, Phyllis worked for both a health plan and provider group in California, managing pharmacy risk, capitation, and formulary decisions. She started her career in hospital pharmacy where she had both management and clinical roles.

Phyllis earned her PharmD from the University of Southern California in Los Angeles and completed a one year post-PharmD residency at Los Angeles County-USC Medical Center.



## **Sandy Loreaux**

*Senior Vice President, Market Access and Commercial Operations*  
**Valeant**

Sandy Loreaux joined Valeant Pharmaceuticals in January 2016. In her role as senior vice president, market access and commercial operations she has responsibility for all market access, marketing operations, sales operations, training, and analytics functions across the organization.

Before joining Valeant, Sandy spent more than 18 years at Sanofi, where she held multiple positions within sales, marketing and market access. Sandy also served in other operational roles including an assignment as chief of staff supporting the North American CEO in all aspects of pharmaceutical operations in 2009. Sandy began her career with Rhone Poulenc Rorer in medical affairs in 1997.

A dedicated professional with 20 years of pharmaceutical industry experience, Sandy has been recognized with the Tribute to Women in Industry Award, the Pinnacle Award for Marketing Excellence and the recipient of three Sanofi Special Achievement Awards. During her time at Sanofi, Sandy also served as a member of the Leadership team for The Women Inspiring Sanofi Excellence (WISE) Leadership Development Committee.

Sandy received her Pharmacy degree from the Temple University School of Pharmacy in Philadelphia, PA.



## **Doug Long**

*Vice President, Industry Relations*  
**IQVIA**

Doug Long is vice president of industry relations at IQVIA (formerly QuintilesIMS), the world's largest pharmaceutical information company. IQVIA offers services to the pharmaceutical industry in more than 101 countries around the globe.

Doug has been with IQVIA since 1989. His fundamental task is to help secure data for all existing and new databases supported by IQVIA, manage supplier, manufacturer, and association relationships, and develop information for data partners. As direct consequence of his involvement in these areas, Doug has considerable experience with, and a unique perspective on, the changing U.S. and global healthcare marketplace and pharmaceutical distribution.

Doug is a frequent industry speaker and the recipient of the 2016 IFPW Leadership Award. This award is given to an industry leader who has demonstrated a commitment to international collaboration and information sharing to assist IFPW in its mission to help members and stakeholders advance the safe, efficient, and continuous access to pharmaceuticals worldwide through the promotion of good distribution practices and services. Doug also received the distinguished "Harold W. Pratt Award" in 2011 which recognizes individuals whose activities have contributed to the promotion, recognition and improvement of the practice of pharmacy within the chain drug industry. Prior to receiving the Pratt Award, Doug was honored with the HDMA NEXUS Award for lifetime achievement in 2004, the IMS prestigious Summit Award in 2003 and the IMS CEO Team award in 2013.

Before joining IMS Health, Doug held positions at Nielsen Market Research for sixteen years in various sales and marketing capacities.

A native of Illinois, Doug received a BA from DePauw University and holds an MBA in Management from Fairleigh Dickinson University in New Jersey.



**Todd Lord**  
*Vice President, Magellan Method*  
**Magellan Rx Management**

As vice president of Magellan Rx Management's Magellan Method, Todd Lord leads the efforts to facilitate payer partnership opportunities for the development and implementation of quality improvement and patient support initiatives. Magellan Method takes opportunities from concept to real-world implementation via payer/provider insights, solutions development, KOL support, advanced analytics, and implementation utilizing clinical pharmacists trained in motivational interviewing and interdisciplinary communication.

Magellan Method collaborates with various healthcare stakeholders with the goal of generating innovative, best practice solutions for outcomes-driven and cost-effective management of specialty disease states. Todd oversees all aspects of managed markets services, including health economics and outcomes research, clinical physician outreach programs, and best practice consensus documents. In addition, he is also the lead editor of the Magellan Rx Report, a managed care targeted journal.

Todd has extensive experience in multiple segments of pharmacy practice including retail, hospital, and nuclear, and he transitioned to managed care in 2010. With managed care, Todd has developed and implemented several clinical management programs designed to improve patient outcomes and quality of care in complex disease states, including oncology, diabetes, behavioral health, and immunology.

Todd received a Doctor of Pharmacy from the University of Rhode Island. He is a registered pharmacist in the states of Rhode Island and North Carolina.



**Alan Lotvin**  
*Executive Vice President, CVS Specialty*  
**CVS Health**

Alan Lotvin is executive vice president of specialty pharmacy for CVS Health. In this role, Alan has overall responsibility for the company's specialty pharmacy business, a rapidly growing division of the company's pharmacy benefits management business. He is focused on driving specialty pharmacy strategy and identifying opportunities for growth and innovation in this fast-growing segment of the health care industry.

Alan is a published author with an extensive clinical background and experience in the health care services, pharmaceutical benefit management, and specialty pharmacy industries. Prior to joining CVS Health, he was president and chief executive officer of ICORE Healthcare, a Magellan Health Services company. Previously, he has held roles as president and chief operating officer of M|C Communications, a leading medical education provider. Alan also served in various senior management roles at Medco Health Solutions, including serving as president of Medco Specialty Pharmacy Services.

Alan began his career as an interventional cardiologist in the New York metropolitan area with a faculty appointment at College of Physicians and Surgeons at Columbia University.

He holds a master's degree in Medical Informatics from Columbia University and a medical degree from the State University of New York Health Sciences Center in Brooklyn.



**Jay McKnight**  
*Vice President, Pharmacy Clinical Strategies*  
**Humana Pharmacy Solutions**

John (Jay) McKnight, PharmD, BCPS, is vice president of pharmacy clinical strategies at Humana. In his current position, Jay leads Humana's pharmacy clinical strategy, formulary and drug policy management, pharmacy clinical trend and drug pipeline management processes and Humana's Pharmacy & Therapeutics processes.

A Board Certified Pharmacotherapy Specialist, Jay received both his PharmD and a Bachelors of Business Administration from the University of Kentucky.



**Rae McMahan**  
*Vice President and General Manager, Enterprise Specialty*  
**Prime Therapeutics**

As vice president and general manager of enterprise specialty for Prime Therapeutics LLC, Rae McMahan has direct responsibility for enterprise specialty strategy, including specialty product, clinical program development, specialty pharmacy, and specialty client relationships for overall medical and pharmacy management.

In her tenure at Prime, Rae helped launch Prime Therapeutics Specialty Pharmacy (now AllianceRx Walgreens Prime), and she established Prime's specialty client engagement team. Among the many medical specialty products Rae developed is Prime's Medical Drug Review, a program to manage utilization of specialty drugs that are covered under the medical benefit. In prior roles with the company, Rae led the Prime specialty manufacturer program team, clinical program development, and reporting and analytics.

Rae has nearly 15 years of experience in health care, including a previous tenure with Aetna Pharmacy where she was responsible for clinical program and utilization management development, formulary strategy, specialty analytics, and specialty drug manufacturer contracting. She also worked at Health Net in accounting compliance, and at Orlando Health in administration management.

McMahan holds a Master of Business Administration, with a focus in Health Care, from the University of Phoenix. She also holds a bachelor's degree in Health Services Administration from the University of Central Florida.



**Mark Merritt**  
*President & Chief Executive Officer*  
**PCMA**

Mark Merritt is president and chief executive officer of PCMA, the national association representing America's pharmacy benefit managers, which administer prescription drug plans for more than 266 million Americans with health coverage provided through Fortune 500 employers, health insurance plans, labor unions, and Medicare Part D.

Mark took the helm of PCMA in March 2003 and quickly raised the industry's profile. He is repeatedly ranked as one of the most effective trade association CEOs in America and has been inducted into the U.S. Chamber of Commerce's elite "Association Committee of 100," representing America's top trade association executives. In recognition of his aggressive advocacy for lower cost prescription medications, the Generic Pharmaceutical Association, which represents the world's leading generic drug manufacturers, honored him with its prestigious "Outstanding Contribution" award. Mark serves on the Editorial Advisory Board for Drug Benefit News and on the Board of Directors for the Public Affairs Council, the leading association for public affairs professionals worldwide.

Mark is credited with designing and implementing innovative, campaign-style strategies that go beyond traditional Washington-style lobbying campaigns. He has pioneered strategies that reach beyond the boundaries of Washington politics to communicate more effectively with diverse constituencies from Wall Street to Main Street to Hollywood.

Prior to PCMA, Mark served as a senior strategist with America's Health Insurance Plans and the Pharmaceutical Research and Manufacturers of America as well as with the presidential campaigns of current U.S. Senator Lamar Alexander and former Senator Robert Dole. He has also served as a Fellow at Harvard University's John F. Kennedy School of Government, where he lectured on the intersection between public policy and the news media.

Mark holds both an MA and BA from Georgetown University.



**Jerry Miller**

*President*

**J. Miller Consulting**

Jerry Miller, PharmD, is president of J. Miller Consulting, and provides consultative services to pharmaceutical or biotech companies and other healthcare-related firms. He is a former director of research with Health Strategies Group, specializing in the PBM and managed markets industry segments. In his twelve years with this firm, he gained recognition as an industry expert by pharmaceutical manufacturer clients and PBM industry senior leaders.

Jerry has a broad background and experience in multiple areas of the profession of pharmacy including hospital, retail, managed care, Medicaid, and PBMs. His experience includes six years as a member of the pharmacy administrative staff at Cedars-Sinai Medical Center where he supervised the department's purchasing, emergency, and operating room services, and the Pharmacy & Therapeutics Committee. Joining American Stores in 1988, Jerry worked as a Sav-on pharmacy manager, then as the corporate liaison to Cigna of California and Molina Healthcare. He next joined RxAmerica, now owned by CVS Caremark, serving as director of clinical services for over five years.

Jerry received his Doctor of Pharmacy degree from the University of Southern California in Los Angeles.



**Betty Nguyen**

*Anchor & Journalist*

**NBC News & MSNBC**

Betty Nguyen is an award-winning journalist and humanitarian whose work has taken her across the globe anchoring and reporting for NBC, CBS, CNN and MSNBC. Her striking authenticity and powerful storytelling moves audiences to explore pressing issues that affect us all.

While anchoring Early Today on NBC and First Look on MSNBC, Betty also served as correspondent for the Today Show. Prior to that, she was news anchor for CBS This Morning Saturday, a correspondent for The Early Show, and she anchored the CBS Morning News. Betty began her network news career anchoring the weekend edition of CNN Newsroom.

Betty's coverage has garnered Peabody, Alfred I. DuPont, and Emmy awards. In 2015, she was inducted into the Asian Hall of Fame. The Smithsonian Institute also recognized her as the first Vietnamese-American to anchor a national network news program in the United States.

Betty's ability to ask the questions we all want to know has landed her interviews with the biggest newsmakers of our time, from presidents to the Dalai Lama and countless celebrities. On stage, she draws from her experience as a journalist, mother, and humanitarian. She is the co-founder of Help the Hungry, a global non-profit organization that provides humanitarian aid to poverty-stricken families. She's also the founder of the Betty Nguyen Scholarship in Journalism at her alma mater, The University of Texas at Austin.



## **Ed Pezalla**

*Payer Expert & Former Vice President and National Medical Director of Pharmaceutical Policy and Strategy at Aetna*

Edmund J. Pezalla, MD, MPH, is a leading innovator in payer strategy for pharmaceutical and device manufacturers. He focuses on unlocking the value of new products by developing industry-leading approaches to incorporating payer requirements into development programs, technology assessment plans, and value frameworks. He works with a variety of policy and industry groups on cutting edge coverage policy, innovations in value-based payments, and adaptive regulatory and market entry pathways.

Ed is the former vice president for pharmaceutical policy and strategy in the office of the chief medical officer at Aetna. In this position he developed and coordinated strategy for pharmaceutical evaluation and coverage across both the medical and pharmacy benefit, created Aetna's framework for innovative contracts, and developed Aetna's public policy positions on drug and device coverage.

Ed is active as a payer expert on a number of policy working groups including the New Drug Development Paradigm Project at MIT. He has recently been named a Scholar-in-Residence at the Duke-Margolis Health Policy Center in Washington, DC where he is working on policy approaches to stimulating the development of new antimicrobials, evaluation of value frameworks, and other policy projects. Ed is a member of the Board of Directors of the Pharmacy Quality Alliance and the Connecticut Biosciences Innovation Fund. He is also a member of the Business Advisory Board of Naia Pharmaceuticals and the Scientific Advisory Board of Temple Therapeutics.

Ed received his BS in Biophysics from Georgetown University College of Arts and Sciences, and his MD Cum Laude from Georgetown University School of Medicine. He holds a Master's in Public Health from the University of California at Berkeley and was a health services research fellow and doctoral student in health policy at the University of Michigan.

Ed has co-authored a number of papers on adaptive licensing and other drug development issues and was an invited expert contributing to the report on Accelerating Innovation in Drug Development from the President's Council of Advisors on Science and Technology.



## **Jon Roberts**

*Executive Vice President & Chief Operating Officer  
CVS Health*

Jonathan C. Roberts is executive vice president and chief operating officer of CVS Health. In this role, Jon oversees operations for CVS Caremark, which includes the fast-growing specialty pharmacy business, and CVS Pharmacy, which includes MinuteClinic and Omnicare. His scope of responsibility also includes information technology and all pharmaceutical procurement functions for the company.

Jon has more than 30 years of pharmacy health care experience. As chief operating officer, he has responsibility for operational oversight across CVS Health's unique suite of assets in order to achieve maximum efficiency, optimize investment of key resources, and most importantly, to deliver differentiated products and services to help people on their path to better health.

Prior to assuming the chief operating officer role for CVS Health in March 2017, Jon served as president of CVS Caremark, the company's PBM business. In this role, he and his team focused on helping the company's PBM clients improve health care outcomes for their members while managing overall health care costs.

Before being appointed as president of CVS Caremark in 2012, Jon served as chief operating officer of the PBM business. He also served as executive vice president of pharmacy purchasing, pricing and network relations from 2009 to 2010 and senior vice president and chief information officer from 2006 until 2008. Prior to that, he held a variety of key leadership roles in the company's retail business, CVS Pharmacy, including senior vice president of store operations from 2002 until 2005.

Jon earned his degree in pharmacy from the Virginia Commonwealth University School of Pharmacy. He is a member of the PCMA Board of Directors.



**Kent Rogers**  
*Senior Vice President, Industry Relations*  
**OptumRx**

Kent Rogers currently serves as senior vice president of industry relations for OptumRx, with responsibility for formulary and procurement contracting for all books of business on behalf of internal and external clients of United Health Group. OptumRx is the pharmacy benefit management division of Optum servicing more than 66 million members and processing more than 1 billion pharmacy claims which represent more than \$80 billion in drug spend.

Kent has more than 25 years of experience in the pharmaceutical industry, focusing primarily on payer, channel, and patient services strategies. Prior to OptumRx, he was a principal consultant with Blue Fin Group, he served as the vice president of managed markets at Acorda Therapeutics, and he held various positions of increasing responsibility within sales and managed markets at Schering Plough and Merck. His career experience includes business development, health economics/outcomes research, building and leading market access teams, developing and implementing payer access and channel strategies, and launching patient services programs.

Kent has a Bachelor of Science in Business Management from Indiana University, and an MBA from Emory University's Goizueta School of Business.



**Will Shrank**  
*Chief Medical Officer*  
**UPMC Health Plan**

William Shrank joined UPMC's Health Plan division in June 2016 as the company's new chief medical officer. In this role, his focus is on the design and implementation of new payment and delivery models to promote improved population health and further advance UPMC's integrated clinical business strategies.

Prior to joining UPMC, Will served as senior vice president, chief scientific officer and chief medical officer of provider innovation for CVS Health, where he led the development of solutions to support providers, manage risk, and deliver better care for the populations they serve. Prior to joining CVS, he served as the inaugural director of research and rapid-cycle evaluation for the Center for Medicare & Medicaid Innovation at the Centers for Medicare & Medicaid Services, where he helped design and lead the evaluation of new payment reform models tested by the Center such as pioneer ACOs, bundled payments and progressive primary care models. Will began his career as a practicing physician with Brigham Internal Medicine Associates at Brigham and Women's Hospital in Boston, as well as an assistant professor at Harvard Medical School. His research at Harvard focused on improving the quality of prescribing and the use of chronic medications, and he published more than 200 papers on these topics.

Will received his medical degree from Cornell University Medical College, he served his residency in Internal Medicine at Georgetown University, and he was a Fellow in Health Policy Research at UCLA, RAND. He earned his Master of Science degree in Health Services from the University of California at Los Angeles and his Bachelor's Degree from Brown University.

Will has served on various national committees and advisory boards such as the National Advisory Committee for FDA, CMS, White House (Networking Information, Technology Research and Development Program), DHHS and AHRQ. Among the many achievement awards he has received is the 2015 Healthcare Executive Transformation Award from the Los Angeles County Medical Association. He also was the recipient of the Robert Wood Johnson Pioneer Award to evaluate the effect of innovative prescription label design on adherence to chronic medication and health outcomes.



**Brian Solow**  
*Chief Medical Officer*  
Optum Life Sciences

Brian Solow, MD, FACP, currently serves as the chief medical officer for Optum Life Sciences, a segment of Optum and UnitedHealth Group. Optum Life Sciences helps pharmaceutical, biotechnology, and medical device companies successfully address product development and commercialization challenges by delivering a full range of integrated solutions in the areas of strategic insight, value assessment, evidence development, alignment to commercial needs and launch support. Prior to his current position, Brian served as the chief medical officer for OptumRx, which provides innovative PBM services and products to employer groups, union trusts, commercial, Medicare, and other governmental health plans.

Prior to joining the clinical team at Optum, Brian was an active member of a physician-owned medical group, maintaining a full-time practice while simultaneously holding various management roles within the group. He has served as a member of national pharmacy and therapeutics committees for leading managed care organizations and pharmacy benefit management firms. He is a well-known national and international speaker on a variety of topics relating to pharmacy management.

Brian holds an active appointment as clinical professor at the University of California, San Francisco, School of Pharmacy, and an appointment at the University of Southern California School of Pharmacy. He received the Family Medicine department award from the University of California, Irvine School of Medicine for distinguished practice and teaching.

Brian is a fellow of the American Academy of Family Physicians, a member of the U.S. Pharmacopeia Medicare Model Guideline Expert Panel advisory committee, and he serves on FDA advisory panels. He is also active in ISPOR-serving as the U.S. representative for the International Health Technology Assessment Council. The Orange County Medical Association has recognized him several times as a Physician of Excellence.



**Bethanie Stein**  
*Vice President, Trade Relations*  
Humana Pharmacy Solutions

Bethanie Stein joined Humana in 2009 and is the vice president of trade relations. She is responsible for managing a multi-billion dollar pharmacy and value-based rebate program for Humana Pharmacy Solutions. In her current role, Bethanie leads the rebate strategy, rebate operations, and innovative contracting teams for the Humana Medicare, commercial, and Medicaid business segments, totaling more than 10M lives.



**George Van Antwerp**  
*Senior Manager*  
Deloitte Consulting LLP

George Van Antwerp is a leader within the pharmacy and PBM practice at Deloitte Consulting. George has worked in the pharmacy industry for over 15 years. He has designed, implemented, and managed numerous consumer engagement programs around retail to mail, therapeutic substitution, and adherence and worked on solutions for diabetes, oncology, opioid abuse, physician engagement, and utilization management. He has also worked on benefit design set-up, M&A, revenue cycle, and specialty pharmacy strategy projects.

Prior joining to Deloitte, George worked with inVentiv Health in their Medical Management business focusing on the TPA market. George also worked at Express Scripts where he focused on mail order and generic solutions and had prior consulting experience with Ernst & Young focused on the use of technology in the health plan sector. Additionally, he has worked with several health care start-ups in the consumer engagement and CRM space.

George holds an MBA and March from Washington University in St. Louis and received his BS from the University of Michigan in Ann Arbor. He has been quoted in the press frequently and presented at multiple conferences on different pharmacy topics. George is on the Board of Advisors for Cordant Health Solutions and the Board of Directors for Memory Care Home Solutions.



**Caroline York**  
*Senior Vice President, Operations*  
WellDoc

Caroline York is an accomplished healthcare strategist with demonstrated success in identifying and creating growth opportunities among the provider, supplier, and payer segments. Her areas of expertise include pharmaceutical and biotechnology manufacturer market support solutions, specialty pharmacy, managed care, wholesale distribution, and digital health/mobile prescription therapy commercialization.

Caroline currently serves as senior vice president, operations with WellDoc, leading internal and market-facing operations for WellDoc's flagship brand BlueStar, the first FDA-cleared and commercialized mobile prescription therapy in the digital health space. Current areas of responsibility include patient support services/customer care, patient clinical services, technical operations, regulatory and quality systems, and market access operations.

Prior to joining WellDoc, Caroline led the strategic product management team with Lash Group, the patient support services division of AmerisourceBergen. In this role, she led a team that managed the portfolio of Lash Group service offerings, including the development and commercialization of innovative new product capabilities supporting manufacturers in the biotechnology and pharmaceutical space.

Caroline joined the Lash Group family via the acquisition of TheraCom from CVS Caremark. In this transaction, she held a lead role in the divestiture, separation, and subsequent integration into the AmerisourceBergen/Lash Group organization. Under CVS Caremark, she held multiple roles across the organization including strategic and client services marketing, trade relations, account management, and specialty benefit management. In 2004, she joined the marketing organization for Caremark Specialty Pharmacy Services, where her primary focus was the Medicare effort and the CMS demonstration of the new Part D drug benefit.

Prior to her tenure with Lash Group and CVS Caremark, Caroline served as a manager with Accenture Consulting, where she conducted due diligence for clients contemplating mergers and acquisitions in the healthcare arena.

Caroline holds a Bachelor of Science in Public Health degree in Health Policy and Administration from the University of North Carolina at Chapel Hill and a Master of Business Administration degree from the Wharton School of Business, University of Pennsylvania.





About PCMA

About PCMA



Liam  
Hemophilia A

Because hemophilia  
should not come between  
a dreamer and his dreams.

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PCMA continues to lead the effort in promoting PBMs and the proven tools they utilize, which are recognized by consumers, employers, policymakers, and others as key drivers in lowering prescription drug costs and increasing access.

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With the costs and complexity of specialty drug treatments rising, PBMs offer a number of services designed to improve the quality of care for patients across the nation while managing overall costs to the health care system. To encourage complete coordination across the continuum of patient care, payers depend on PBMs' utilization management tools, including the use of specialty pharmacies, to ensure that the value of therapy is optimized, at the most reasonable costs possible.

SPCMA was established as a division of PCMA to provide leadership and representation to the specialty pharmacy industry on matters of public policy, communications, and the value specialty pharmacies deliver to the health care delivery system.

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Marketplace

Marketplace

A close-up photograph of a woman with long brown hair, wearing a white tank top and large hoop earrings, holding a white smartphone up to take a selfie. She is smiling broadly. Two children, a boy and a girl, are also smiling and looking up at the phone. The background is a blurred green fence and foliage.

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**NOW APPROVED**

FASENRA is indicated for the add-on maintenance treatment of patients 12 years and older with severe eosinophilic asthma.

# POWER TO PREVENT EXACERBATIONS

## WITH BETTER BREATHING AFTER THE FIRST DOSE<sup>\*1-4</sup>

FASENRA is proven to reduce annual exacerbation rate and improve lung function in patients with severe eosinophilic asthma. Improvements in lung function were observed as early as Week 4.<sup>\*1-4</sup>



### FASENRA IS THE FIRST AND ONLY BIOLOGIC THAT PROVIDES NEAR COMPLETE DEPLETION OF BLOOD EOSINOPHILS IN 24 HOURS<sup>†1,5</sup>

The mechanism of action of benralizumab in asthma and the relationship between the pharmacologic properties and clinical efficacy have not been established.

FASENRA is not indicated for treatment of other eosinophilic conditions or for the relief of acute bronchospasm or status asthmaticus.

Hypersensitivity reactions (e.g. anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA. The most common adverse reactions (incidence greater than or equal to 5%) include headache and pharyngitis.

<sup>\*</sup>Statistical significance for FEV<sub>1</sub> improvement was established at end of treatment. Week 4 results were descriptive only. FASENRA demonstrated greater improvements in change from baseline in pre-bronchodilator FEV<sub>1</sub> compared with placebo at Week 4 (first measured time point after administration of treatment dose) that were maintained through end of treatment.<sup>2,4</sup>

<sup>†</sup>The pharmacodynamic response (blood eosinophil depletion) following repeat SC dosing was evaluated in asthma patients in a 12-week phase 2 trial. Patients received 1 of 3 doses of benralizumab [25 mg (n=6), 100 mg (n=6), or 200 mg (n=6) SC] or placebo (n=6) every 4 weeks for a total of 3 doses. Twenty-four hours post dosing, all benralizumab dosage groups demonstrated complete or near complete depletion of blood eosinophil levels, which was maintained throughout the dosing period.<sup>1,5</sup>

The relationship between the pharmacologic properties and clinical efficacy has not been established.

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

Known hypersensitivity to benralizumab or excipients.

### WARNINGS AND PRECAUTIONS

#### Hypersensitivity Reactions

Hypersensitivity reactions (eg, anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA. These reactions generally occur within hours of administration, but in some instances have a delayed onset (ie, days). Discontinue in the event of a hypersensitivity reaction.

#### Acute Asthma Symptoms or Deteriorating Disease

FASENRA should not be used to treat acute asthma symptoms, acute exacerbations, or acute bronchospasm.

#### Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with FASENRA. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Please see additional Important Safety Information on next page and accompanying Brief Summary of full Prescribing Information.

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 **Fasenra**<sup>™</sup>  
(benralizumab) Subcutaneous  
Injection 30 mg  
**FROM THE START**

## STUDY DESIGNS

### TRIALS 1 AND 2

Trial 1 (48-week) and Trial 2 (56-week) were 2 randomized, double-blind, parallel-group, placebo-controlled, multicenter studies comparing FASENRA 30 mg SC Q4W for the first 3 doses, then Q8W thereafter; benralizumab 30 mg SC Q4W, and placebo SC. A total of 1204 (Trial 1) and 1306 (Trial 2) patients aged 12-75 years old with severe asthma uncontrolled on high-dose ICS (Trial 1) and medium- to high-dose ICS (Trial 2) plus LABA with or without additional controllers were included. Patients had a history of  $\geq 2$  exacerbations requiring systemic corticosteroids or temporary increase in usual dosing in the previous year. The primary endpoint was annual exacerbation rate ratio vs placebo in patients with blood eosinophil counts of  $\geq 300$  cells/ $\mu\text{L}$  on high-dose ICS and LABA. Exacerbations were defined as a worsening of asthma that led to use of systemic corticosteroids for  $\geq 3$  days, temporary increase in a stable OCS background dose for  $\geq 3$  days, emergency/urgent care visit because of asthma that needed systemic corticosteroids, or inpatient hospital stay of  $\geq 24$  hours because of asthma. Key secondary endpoints were pre-bronchodilator FEV<sub>1</sub> and total asthma symptom score at Week 48 (Trial 1) and Week 56 (Trial 2) in the same population.<sup>2,3</sup>

### PHASE 2 STUDY

A 12-week, phase 2, randomized, double-blind, placebo-controlled, dose-increase study of benralizumab in adults with mild to moderate asthma. Patients were randomized to receive SC administration of benralizumab 25 mg (n=6), benralizumab 100 mg (n=6), benralizumab 200 mg (n=6), or placebo (n=6) Q4W for a total of 3 doses. One objective was to assess the effect of benralizumab on blood eosinophil counts and protein biomarkers. Median blood eosinophil levels at baseline were 400, 200, 120, and 200 cells/ $\mu\text{L}$  in the 25, 100, and 200 mg benralizumab and placebo groups, respectively.<sup>5</sup>

## IMPORTANT SAFETY INFORMATION (cont'd)

### WARNINGS AND PRECAUTIONS (cont'd)

#### Parasitic (Helminth) Infection

It is unknown if FASENRA will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with FASENRA. If patients become infected while receiving FASENRA and do not respond to anti-helminth treatment, discontinue FASENRA until infection resolves.

### ADVERSE REACTIONS

The most common adverse reactions (incidence  $\geq 5\%$ ) include headache and pharyngitis.

Injection site reactions (eg, pain, erythema, pruritus, papule) occurred at a rate of 2.2% in patients treated with FASENRA compared with 1.9% in patients treated with placebo.

### USE IN SPECIFIC POPULATIONS

The data on pregnancy exposure from the clinical trials are insufficient to inform on drug-associated risk. Monoclonal antibodies such as benralizumab are transported across the placenta during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

### INDICATION

FASENRA is indicated for the add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype.

- FASENRA is not indicated for treatment of other eosinophilic conditions
- FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus

**Please see Brief Summary of full Prescribing Information on next page and reverse side.**

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit [www.FDA.gov/medwatch](http://www.FDA.gov/medwatch) or call 1-800-FDA-1088.

**References:** 1. FASENRA [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2017. 2. Bleecker ER, FitzGerald JM, Chanez P, et al. Efficacy and safety of benralizumab for patients with severe asthma uncontrolled with high-dosage inhaled corticosteroids and long-acting  $\beta_2$ -agonists (SIROCCO): a randomised, multicentre, placebo-controlled phase 3 trial. *Lancet*. 2016;388:2115-2127. 3. FitzGerald JM, Bleecker ER, Nair P, et al. Benralizumab, an anti-interleukin-5 receptor  $\alpha$  monoclonal antibody, as add-on treatment for patients with severe, uncontrolled, eosinophilic asthma (CALIMA): a randomised, double-blind, placebo-controlled phase 3 trial. *Lancet*. 2016;388:2128-2141. 4. Data on File, REF-19697, AZPLP. 5. Pham TH, Damera G, Newbold P, Ranade K. Reductions in eosinophil biomarkers by benralizumab in patients with asthma. *Respir Med*. 2016;111:21-29.

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US-16674 1/18

 **Fasenra**<sup>™</sup>  
(benralizumab) Subcutaneous  
Injection 30 mg  
**FROM THE START**

**FASENRA™ (benralizumab) injection, for subcutaneous use**

**Initial U.S. Approval: 2017**

Brief Summary of Prescribing Information. For complete prescribing information consult official package insert.

**INDICATIONS AND USAGE**

FASENRA is indicated for the add-on maintenance treatment of patients with severe asthma aged 12 years and older, and with an eosinophilic phenotype [see Clinical Studies (14) in the full Prescribing Information].

Limitations of use:

- FASENRA is not indicated for treatment of other eosinophilic conditions.
- FASENRA is not indicated for the relief of acute bronchospasm or status asthmaticus.

**DOSAGE AND ADMINISTRATION**

**Recommended Dose**

FASENRA is for subcutaneous use only.

The recommended dose of FASENRA is 30 mg administered once every 4 weeks for the first 3 doses, and then once every 8 weeks thereafter by subcutaneous injection into the upper arm, thigh, or abdomen.

**Preparation and Administration**

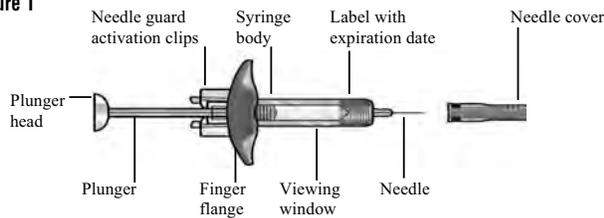
FASENRA should be administered by a healthcare professional. In line with clinical practice, monitoring of patients after administration of biologic agents is recommended [see Warnings and Precautions (5.1) in the full Prescribing Information].

Prior to administration, warm FASENRA by leaving carton at room temperature for about 30 minutes. Administer FASENRA within 24 hours or discard into sharps container.

**Instructions for Prefilled Syringe with Needle Safety Guard**

Refer to **Figure 1** to identify the prefilled syringe components for use in the administration steps.

**Figure 1**



**Do not touch the needle guard activation clips** to prevent premature activation of the needle safety guard.

**1 Grasp the syringe body**, not the plunger, to remove prefilled syringe from the tray. Check the expiration date on the syringe. Visually inspect FASENRA for particulate matter and discoloration prior to administration. FASENRA is clear to opalescent, colorless to slightly yellow, and may contain a few translucent or white to off-white particles. Do not use FASENRA if the liquid is cloudy, discolored, or if it contains large particles or foreign particulate matter. The syringe may contain a small air bubble; this is normal. **Do not** expel the air bubble prior to administration.

**2** Do not remove needle cover until ready to inject. Hold the syringe body and remove the needle cover by pulling straight off. Do not hold the plunger or plunger head while removing the needle cover or the plunger may move. If the prefilled syringe is damaged or contaminated (for example, dropped without needle cover in place), discard and use a new prefilled syringe.

**3** Gently pinch the skin and insert the needle at the recommended injection site (i.e., upper arm, thigh, or abdomen).

**4** Inject all of the medication by pushing in the plunger all the way until the plunger head is **completely between** the needle guard activation clips. **This is necessary to activate the needle guard.**

5



After injection, maintain pressure on the plunger head and remove the needle from the skin. Release pressure on the plunger head to allow the needle guard to cover the needle. **Do not re-cap the prefilled syringe.**

6 Discard the used syringe into a sharps container.

**CONTRAINDICATIONS**

FASENRA is contraindicated in patients who have known hypersensitivity to benralizumab or any of its excipients [see Warnings and Precautions (5.1) in the full Prescribing Information].

**WARNINGS AND PRECAUTIONS**

**Hypersensitivity Reactions**

Hypersensitivity reactions (e.g., anaphylaxis, angioedema, urticaria, rash) have occurred following administration of FASENRA. These reactions generally occur within hours of administration, but in some instances have a delayed onset (i.e., days). In the event of a hypersensitivity reaction, FASENRA should be discontinued [see Contraindications (4) in the full Prescribing Information].

**Acute Asthma Symptoms or Deteriorating Disease**

FASENRA should not be used to treat acute asthma symptoms or acute exacerbations. Do not use FASENRA to treat acute bronchospasm or status asthmaticus. Patients should seek medical advice if their asthma remains uncontrolled or worsens after initiation of treatment with FASENRA.

**Reduction of Corticosteroid Dosage**

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with FASENRA. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

**Parasitic (Helminth) Infection**

Eosinophils may be involved in the immunological response to some helminth infections. Patients with known helminth infections were excluded from participation in clinical trials. It is unknown if FASENRA will influence a patient's response against helminth infections.

Treat patients with pre-existing helminth infections before initiating therapy with FASENRA. If patients become infected while receiving treatment with FASENRA and do not respond to anti-helminth treatment, discontinue treatment with FASENRA until infection resolves.

**ADVERSE REACTIONS**

The following adverse reactions are described in greater detail in other sections:

- Hypersensitivity Reactions [see Warnings and Precautions (5.1) in the full Prescribing Information]

**Clinical Trials Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Across Trials 1, 2, and 3, 1,808 patients received at least 1 dose of FASENRA [see Clinical Studies (14) in the full Prescribing Information]. The data described below reflect exposure to FASENRA in 1,663 patients, including 1,556 exposed for at least 24 weeks and 1,387 exposed for at least 48 weeks. The safety exposure for FASENRA is derived from two phase 3 placebo-controlled studies (Trials 1 and 2) from 48 weeks duration [FASENRA every 4 weeks (n = 841), FASENRA every 4 weeks for 3 doses, then every 8 weeks (n = 822), and placebo (n = 847)]. While a dosing regimen of FASENRA every 4 weeks was included in clinical trials, FASENRA administered every 4 weeks for 3 doses, then every 8 weeks thereafter is the recommended dose [see Dosage and Administration (2.1) in the full Prescribing Information]. The population studied was 12 to 75 years of age, of which 64% were female and 79% were white.

Adverse reactions that occurred at greater than or equal to 3% incidence are shown in **Table 1**.

**Table 1. Adverse Reactions with FASENRA with Greater than or Equal to 3% Incidence in Patients with Asthma (Trials 1 and 2)**

Adverse Reactions	FASENRA (N= 822) %	Placebo (N=847) %
Headache	8	6
Pyrexia	3	2
Pharyngitis*	5	3
Hypersensitivity reactions**	3	3

\* Pharyngitis was defined by the following terms: 'Pharyngitis', 'Pharyngitis bacterial', 'Viral pharyngitis', 'Pharyngitis streptococcal'.

\*\* Hypersensitivity Reactions were defined by the following terms: 'Urticaria', 'Urticaria papular', and 'Rash' [see Warnings and Precautions (5.1) in the full Prescribing Information].

### 28-Week Trial

Adverse reactions from Trial 3 with 28 weeks of treatment with FASENRA (n = 73) or placebo (n = 75) in which the incidence was more common in FASENRA than placebo include headache (8.2% compared to 5.3%, respectively) and pyrexia (2.7% compared to 1.3%, respectively) [see *Clinical Studies (14) in the full Prescribing Information*]. The frequencies for the remaining adverse reactions with FASENRA were similar to placebo.

### Injection site reactions

In Trials 1 and 2, injection site reactions (e.g., pain, erythema, pruritus, papule) occurred at a rate of 2.2% in patients treated with FASENRA compared with 1.9% in patients treated with placebo.

### Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to benralizumab in the studies described below with the incidence of antibodies in other studies or to other products may be misleading.

Overall, treatment-emergent anti-drug antibody response developed in 13% of patients treated with FASENRA at the recommended dosing regimen during the 48 to 56 week treatment period. A total of 12% of patients treated with FASENRA developed neutralizing antibodies. Anti-benralizumab antibodies were associated with increased clearance of benralizumab and increased blood eosinophil levels in patients with high anti-drug antibody titers compared to antibody negative patients. No evidence of an association of anti-drug antibodies with efficacy or safety was observed.

The data reflect the percentage of patients whose test results were positive for antibodies to benralizumab in specific assays.

### DRUG INTERACTIONS

No formal drug interaction studies have been conducted.

### USE IN SPECIFIC POPULATIONS

#### Pregnancy

##### Risk Summary

The data on pregnancy exposure from the clinical trials are insufficient to inform on drug-associated risk. Monoclonal antibodies such as benralizumab are transported across the placenta during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy. In a prenatal and postnatal development study conducted in cynomolgus monkeys, there was no evidence of fetal harm with IV administration of benralizumab throughout pregnancy at doses that produced exposures up to approximately 310 times the exposure at the maximum recommended human dose (MRHD) of 30 mg SC [see Data].

In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

##### Clinical Considerations

###### Disease-associated maternal and/or embryo/fetal risk:

In women with poorly or moderately controlled asthma, evidence demonstrates that there is an increased risk of preeclampsia in the mother and prematurity, low birth weight, and small for gestational age in the neonate. The level of asthma control should be closely monitored in pregnant women and treatment adjusted as necessary to maintain optimal control.

##### Data

###### Animal Data

In a prenatal and postnatal development study, pregnant cynomolgus monkeys received benralizumab from beginning on GD20 to GD22 (dependent on pregnancy determination), on GD35, once every 14 days thereafter throughout the gestation period and 1-month postpartum (maximum 14 doses) at doses that produced exposures up to approximately 310 times that achieved with the MRHD (on an AUC basis with maternal IV doses up to 30 mg/kg once every 2 weeks). Benralizumab did not elicit adverse effects on fetal or neonatal growth (including immune function) up to 6.5 months after birth. There was no evidence of treatment-related external, visceral, or skeletal malformations. Benralizumab was not teratogenic in cynomolgus monkeys. Benralizumab crossed the placenta in cynomolgus monkeys. Benralizumab concentrations were approximately equal in mothers and infants on postpartum day 7, but were lower in infants at later time points. Eosinophil counts were suppressed in infant monkeys with gradual recovery by 6 months postpartum; however, recovery of eosinophil counts was not observed for one infant monkey during this period.

### Lactation

#### Risk Summary

There is no information regarding the presence of benralizumab in human or animal milk, and the effects of benralizumab on the breast fed infant and on milk production are not known. However, benralizumab is a humanized monoclonal antibody (IgG1/k-class), and immunoglobulin G (IgG) is present in human milk in small amounts. If benralizumab is transferred into human milk, the effects of local exposure in the gastrointestinal tract and potential limited systemic exposure in the infant to benralizumab are unknown. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for benralizumab and any potential adverse effects on the breast-fed child from benralizumab or from the underlying maternal condition.

### Pediatric Use

There were 108 adolescents aged 12 to 17 with asthma enrolled in the Phase 3 exacerbation trials (Trial 1: n=53, Trial 2: n=55). Of these, 46 received placebo, 40 received FASENRA every 4 weeks for 3 doses, followed by every 8 weeks thereafter, and 22 received FASENRA every 4 weeks. Patients were required to have a history of 2 or more asthma exacerbations requiring oral or systemic corticosteroid treatment in the past 12 months and reduced lung function at baseline (pre-bronchodilator FEV<sub>1</sub><90%) despite regular treatment with medium or high dose ICS and LABA with or without OCS or other controller therapy. The pharmacokinetics of benralizumab in adolescents 12 to 17 years of age were consistent with adults based on population pharmacokinetic analysis and the reduction in blood eosinophil counts was similar to that observed in adults following the same FASENRA treatment. The adverse event profile in adolescents was generally similar to the overall population in the Phase 3 studies [see *Adverse Reactions (6.1) in the full Prescribing Information*]. The safety and efficacy in patients younger than 12 years of age has not been established.

### Geriatric Use

Of the total number of patients in clinical trials of benralizumab, 13% (n= 320) were 65 and over, while 0.4% (n=9) were 75 and over. No overall differences in safety or effectiveness were observed between these patients and younger patients, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

### OVERDOSAGE

Doses up to 200 mg were administered subcutaneously in clinical trials to patients with eosinophilic disease without evidence of dose-related toxicities.

There is no specific treatment for an overdose with benralizumab. If overdose occurs, the patient should be treated supportively with appropriate monitoring as necessary.

### PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

#### Hypersensitivity Reactions

Inform patients that hypersensitivity reactions (e.g., anaphylaxis, angioedema, urticaria, rash) have occurred after administration of FASENRA. These reactions generally occurred within hours of FASENRA administration, but in some instances had a delayed onset (i.e., days). Instruct patients to contact their healthcare professional if they experience symptoms of an allergic reaction [see *Warnings and Precautions (5.1) in the full Prescribing Information*].

#### Not for Acute Symptoms or Deteriorating Disease

Inform patients that FASENRA does not treat acute asthma symptoms or acute exacerbations. Inform patients to seek medical advice if their asthma remains uncontrolled or worsens after initiation of treatment with FASENRA [see *Warnings and Precautions (5.2) in the full Prescribing Information*].

#### Reduction of Corticosteroid Dosage

Inform patients to not discontinue systemic or inhaled corticosteroids except under the direct supervision of a physician. Inform patients that reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy [see *Warnings and Precautions (5.3) in the full Prescribing Information*].

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# What science can do



## Advancing Quality of Patient Care

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At AstraZeneca, we know improving the lives of patients requires engagement across all of healthcare, and we are committed to pursuing innovative collaborations that advance quality of care, improve patient outcomes and deliver value to the healthcare system.

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We also work to support meaningful access to our medicines and actively engage patients in their own care along with their healthcare professionals to help slow progression of disease, reduce readmissions, and decrease complications.

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To learn more about how AstraZeneca is pushing the boundaries of science to deliver life-changing medicines, transforming serious diseases like cancer, heart disease, diabetes, and asthma, visit [astrazeneca-us.com](http://astrazeneca-us.com).

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### Oncology combination therapies

AstraZeneca is investigating combinations of biologic and small-molecule therapies for the treatment of cancer. These combinations target the tumor directly and some help boost the body's own immune system to potentially induce cell death.





////// *Advancing a healthier tomorrow*



*Our innovation capabilities and relentless pursuit for sustainability compel us to drive positive change for people and planet*



FOR YOUR  
**SweetHeart**<sup>™</sup>

Where diabetes and  
heart disease meet

# IF YOU HAVE **TYPE 2 DIABETES**, YOU ARE AT INCREASED RISK FOR **HEART DISEASE**<sup>1</sup>

## ♥ What's the connection? ♥

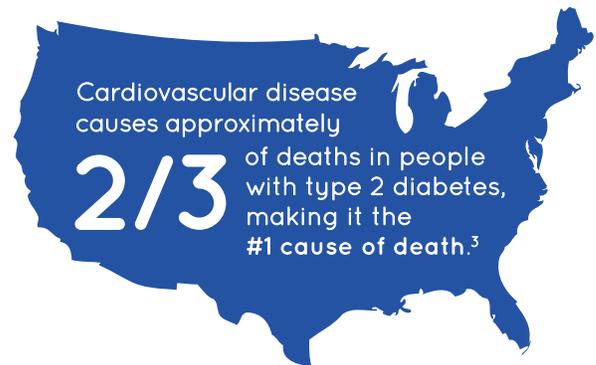


People with diabetes are

# 2-4x

## MORE LIKELY

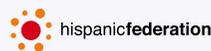
to develop cardiovascular disease, which includes heart attacks and strokes, than people without diabetes.<sup>2</sup>



Visit [ForYourSweetHeart.com](http://ForYourSweetHeart.com) and sign up to receive more information about type 2 diabetes and heart disease.

1. American Heart Association. Cardiovascular Disease & Diabetes. ([http://www.heart.org/HEARTORG/Conditions/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes\\_UCM\\_313865\\_Article.jsp/#\\_eeM3arRD9](http://www.heart.org/HEARTORG/Conditions/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes_UCM_313865_Article.jsp/#_eeM3arRD9)) Accessed: March 2017. 2. World Heart Federation. Cardiovascular Disease Risk Factors. (<http://www.world-heart-federation.org/cardiovascular-health/cardiovascular-disease-risk-factors/diabetes/>). Accessed: September 2016. 3. National Diabetes Education Program. Snapshot of Diabetes. ([http://www.nkfm.org/sites/default/files/documents/ndep\\_diabetes\\_snapshot.pdf](http://www.nkfm.org/sites/default/files/documents/ndep_diabetes_snapshot.pdf)). Accessed: April 2017.

### Participating Patient and Professional Organizations





# Four Stakeholders, One Powerful ePA Platform



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IMPACT OF GOVERNMENT POLICY

MANAGING SPECIALTY DRUGS

INDUSTRY-LEADING PATIENT SUPPORT PROGRAMS

ADVANCES IN MULTIPLE SCLEROSIS AND NEUROLOGY THERAPIES

COMPLIANCE AND PERSISTENCY SUPPORT

MARKET INSIGHTS

PRICE PREDICTABILITY

ONCOLOGY THERAPIES

FERTILITY DEVICES

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Tanya, Atopic Dermatitis, Canada

**FOCUSED ON DEVELOPING SPECIALTY TREATMENTS**  
for debilitating diseases that are often difficult to diagnose  
and treat, providing hope to patients and their families.



# Advancing Therapeutics, Improving Lives.

For 30 years, Gilead has worked to develop medicines that address areas of unmet medical need for people around the world.

Our portfolio of medicines and pipeline of investigational drugs include treatments for HIV/AIDS, liver diseases, cancer, inflammatory and respiratory diseases, and cardiovascular conditions.

Every day we strive to transform and simplify care for people with life-threatening illnesses.



For more information, please visit [www.gilead.com](http://www.gilead.com).

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A woman with dark hair, wearing safety glasses and a white lab coat, is smiling and holding a petri dish. The background is a blurred laboratory setting. Overlaid on the left side of the image are several overlapping circles in shades of orange and red. The text "A Global Healthcare Company on a Mission" is written in white, bold, sans-serif font across these circles.

# A Global Healthcare Company on a Mission

Today millions of people have no access to basic healthcare, millions more suffer from everyday ailments and there are thousands of diseases without adequate treatments. So we're working to develop tomorrow's treatments, and to find new ways to get today's treatments to those who need them.

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ADVOCACY

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ACCESS

RESOURCES

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INNOVATION

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One patient at a time.



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*Over the last half-century, we have brought together a family of innovative pharmaceutical companies all with one overarching mission: to address and solve some of the most important unmet medical needs of our time.*

*Janssen companies are focused on developing groundbreaking treatments in 5 major therapeutic areas: Neuroscience, Infectious Diseases, Oncology, Immunology, and Cardiovascular/Metabolism, and our product portfolio addresses other critical areas as well.*

*We are people helping people — we work closely together to harness our combined knowledge and resources, leverage the power and promise of outstanding science, and enhance the length and quality of life for people throughout the world.*

*At Janssen, we passionately pursue science for the benefit of patients everywhere.*



Mario Mesa, *Social Fire*  
Artwork from the National Art Exhibitions of the Mentally Ill Inc.  
Janssen is proud to feature artwork created by people affected by the illnesses and diseases we are committed to treating and preventing.

**Johnson & Johnson** HEALTH CARE SYSTEMS INC.

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**janssen**  
PHARMACEUTICAL COMPANIES  
OF **Johnson & Johnson**

September 2016

059366-160901



# It begins with a promise to respect each other and the people we serve.

From the beginning, respect for people has been one of our company's fundamental values, a principle central to our culture and our mission to make life better for people around the world. In all we do, from our patient-support programs to our workplace practices to our corporate social responsibility initiatives, we strive to bring this value to life. Our humanity guides how we treat the people we serve. It inspires us to build trust through our commonalities, to celebrate our differences, and seek out the unique ways to make life better for everyone.

To find out more about our promise, visit [www.Lilly.com/responsibility](http://www.Lilly.com/responsibility).

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*Lilly*

Sandoz US



**At Sandoz, we discover new ways to improve and extend people's lives**

**Sandoz is a proud sponsor of sPCMA.**

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Novartis Oncology logo and decorative vertical text on the left side of the image.

Novartis Oncology



# Novartis proudly joins sPCMA Business Forum 2018

Your dedication to helping patients with cancer is applauded.

At Novartis, our mission is to discover new ways to improve and extend people's lives. We use science-based innovation to address some of society's most challenging health care issues. We discover and develop breakthrough treatments and find new ways to deliver them to as many people as possible.

We are passionate about what we do and the impact we have on society, especially patients, including those living with cancer. We are Novartis, and we are reimagining medicine.





Sanofi is dedicated to supporting people through their health challenges. We are a global biopharmaceutical company focused on human health. We prevent illness with vaccines, provide innovative treatments to fight pain and ease suffering. We stand by the few who suffer from rare diseases and the millions with long-term chronic conditions.

With more than 100,000 people in 100 countries, Sanofi is transforming scientific innovation into healthcare solutions around the globe.

Sanofi, Empowering Life

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Sunovion is proud  
to sponsor the 2018  
sPCMA Business  
Forum

Sunovion is a global biopharmaceutical company focused on the innovative application of science and medicine to help people with serious medical conditions. Our spirit of innovation is driven by the conviction that scientific excellence paired with meaningful advocacy and relevant education can improve lives.

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 sunovion

*Better Health, Brighter Future*



## **Working in Partnership with You**

There is more that we can do to help improve people's lives. Driven by passion to realize this goal, Takeda has been providing society with innovative medicines since our foundation in 1781.

Today, we tackle diverse healthcare issues around the world, from prevention to care and cure, but our ambition remains the same: to find new solutions that make a positive difference, and deliver better medicines that help as many people as we can, as soon as we can.

With our breadth of expertise and our collective wisdom and experience, Takeda will always be committed to improving the future of healthcare.

# CONTINUING OUR COMMITMENT TO PAH

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# BOLD FOR LIFE

Allergan is a bold, global pharmaceutical company with a purpose. We are focused on developing, manufacturing and commercializing products for eye care, medical aesthetics & dermatology, women's health, the central nervous system, urology, gastroenterology and anti-infective therapeutic categories.

We are committed to working with healthcare providers for patients—to deliver innovative and meaningful treatments that help people around the world live longer, healthier lives.  
We are Bold for Life

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*Caitlin S.  
Field Sales  
Phoenix, AZ*

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# Transforming the language of life into vital medicines.

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**AMGEN**<sup>®</sup>

Pioneering science delivers vital medicines<sup>™</sup>



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†Compared to their current needle sizes of 8 mm and 12.7 mm.

1 Aronson R, Gibney MA, Oza K, Berube J, Kassler-Taub K, Hirsch L. Insulin pen needles: effects of extra-thin wall needle technology on preference, confidence, and other patient ratings. *Clin Ther.* 2013;35(7):923–933.  
2 BD 6 mm Insulin Syringe Voice of Customer Market Research Report, August 2017.

Learn more at [bd.com/DC-HCP](http://bd.com/DC-HCP)



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## From patients to payers, committed to evolving health care.

At Biogen, we are committed to understanding the patient journey, including the overall burden of illness, to improve care. We support ongoing initiatives that enable payers, providers, and patients to recognize the importance of different treatment options in multiple sclerosis and in emerging specialty neurology areas.

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A woman with long brown hair, wearing a purple cardigan over a white floral shirt and blue gloves, sits on a stone ledge in a garden. She is holding a small shovel and looking off to the side with a thoughtful expression. The background is filled with tall grasses and yellow flowers.

---

IT'S THE  
**EVERYDAY**  
THAT CHANGES  
**EVERYTHING**

---

We believe in more than the big breakthroughs. And more than the next big thing.

We believe in the day-in day-out work of making science happen. And the millions of little victories — and failures — in between the breakthroughs. Because to us, it's the daily effort of everyday people that changes the future. So we don't stop. We keep working. Every day.

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WE SEE HOPE FOR PATIENTS AND FAMILIES



At Mallinckrodt, our focus is to improve the lives of patients worldwide. Making a difference is what drives us every day as we work to develop innovative therapies and cutting-edge technologies for patients with severe and critical conditions.

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It is our passion. It is Mallinckrodt.

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# Why We Invent

AT MERCK, WE ARE INVENTING FOR LIFE.

We are taking on many of the world's most challenging diseases because the world still needs cures for cancer, Alzheimer's disease, HIV, and so many other causes of widespread suffering in people and animals.

We invent to help people go on, unburdened, to experience, create and live their best lives.

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# Mylan is proud to support the PCMA

Providing patients with access to high quality medicine, and being a leader in generics, is at the heart of Mylan's mission. It has been since day one. Our focus is on making better health in the part of the world that matters most to you.

NON-2018-0057



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Provided as an educational service by Purdue Pharma L.P.

\*National Survey on Drug Use and Health (NSDUH). Results from the 2016 National Survey on Drug Use and Health: Detailed Tables. SAMHSA Center for Behavioral Health Statistics and Quality. Rockville, Maryland.



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Regeneron is a leading biotechnology company that invents life-transforming medicines for people with serious diseases. Founded and led by physician-scientists for the past 30 years, our unique ability to repeatedly and consistently translate science into medicine has led to six FDA-approved treatments and numerous product candidates, all of which were homegrown in our laboratories.

For additional information about the company, please visit [www.regeneron.com](http://www.regeneron.com) or follow @Regeneron on Twitter.

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SCIENCE TO MEDICINE®



hope

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**In the fight against rare disease, today could be the day.**

What we accomplish today could help give millions of people living with rare diseases the hope they need to keep going every day.

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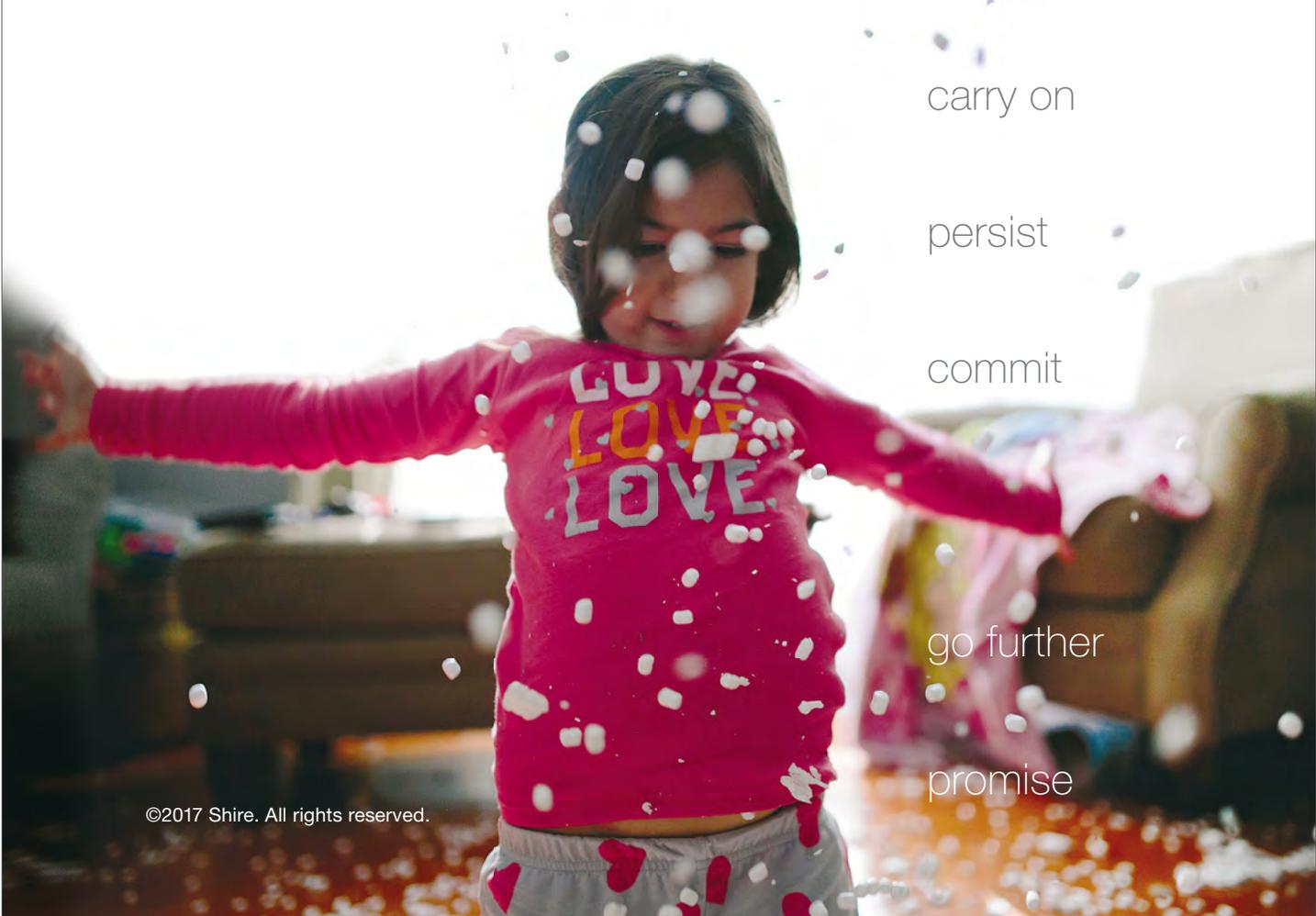
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Carrie, living with Crohn's disease

# Creating value **for patients**

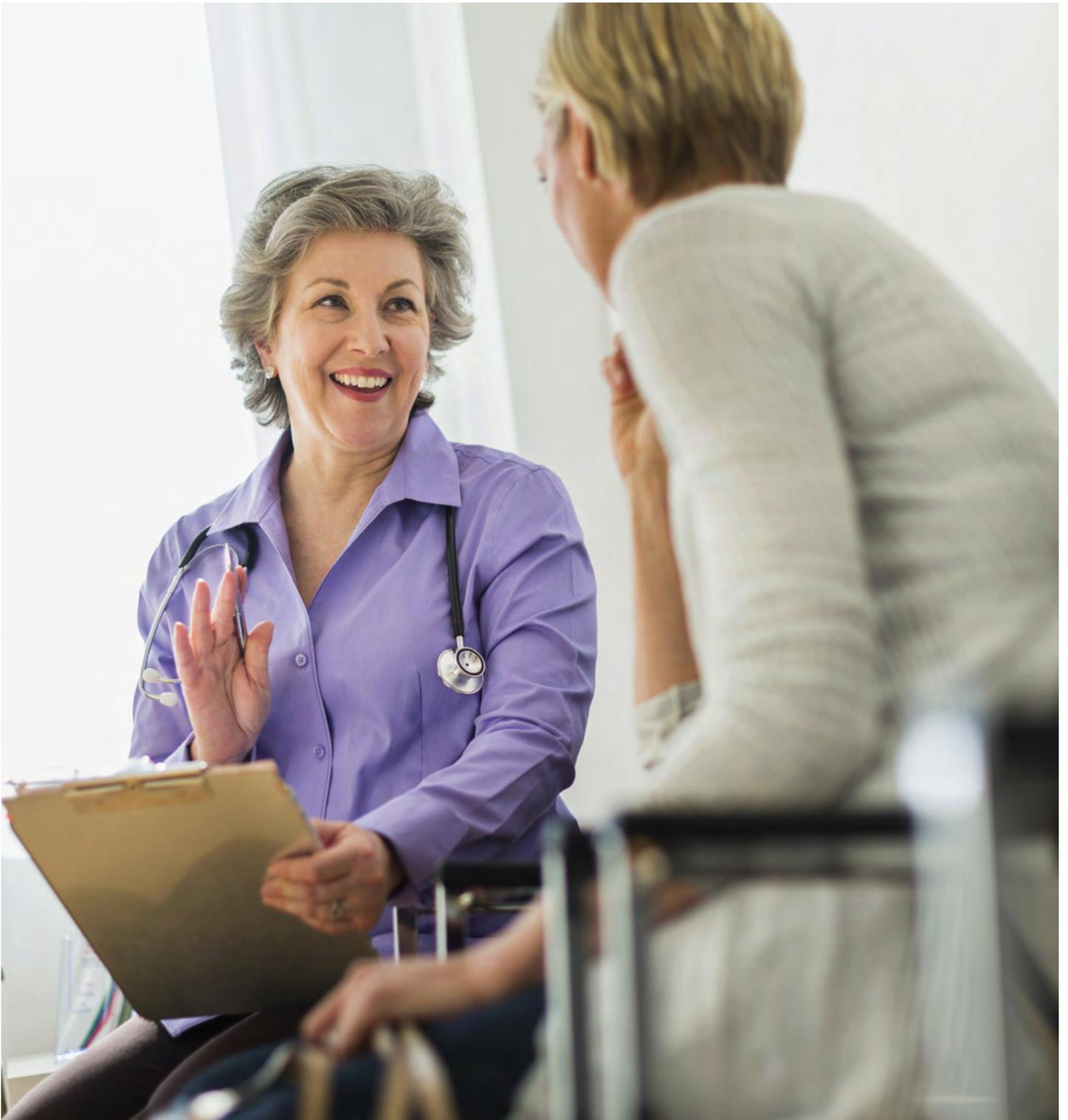
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