

sPCMA Business Forum 2019



March
11 & 12



Hilton Bonnet Creek
Orlando, FL

PCMA Affiliate: \$2,395
Non-Member/Non-Affiliate: \$2,995

CPE ACTIVITY ANNOUNCEMENT



PCMA is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education (CPE). The 2019 sPCMA Business Forum agenda currently includes 10 CPE-eligible sessions. Because

sessions are scheduled concurrently, individuals may obtain up to 2.5 total contact hours or 0.25 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 numerous 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 season 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 or have questions about this system, please contact NABP customer service directly at 847.391.4406.

At the conference: In order to obtain CEUs, please have your name badge scanned in each breakout session that you attend. A representative will be present in the back of each room to scan badges and answer any questions. Further questions can

be directed to Kristen Pumphrey at kpumphrey@pcmanet.org.

After the conference: Be on the lookout for post-conference communications from PCMA. Depending on the session(s) you attended, it may be necessary for you to complete a learning assessment or evaluation before receiving credit.

PCMA will upload credit electronically to ACPE within (30) days of the conference. Credit should appear in your NABP account within a week of upload.

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.

AGENDA & SESSION DETAILS

Monday, March 11
1:30 pm – 2:00 pm

Medicare Part B Step Therapy: The Evolution of Evidence Based and Patient-Centered Medication Management

Bethanie Stein, *Vice President, Strategic Contracting, Purchasing, and Analytics*, Humana Pharmacy Solutions

Medicare Advantage (MA) drug policy has changed and beginning January 1, 2019, health plans can apply step therapy guidelines for physician-administered medications covered by MA plans. Step therapy requires beneficiaries to use evidence based and condition-specific preferred medications before using more expensive drugs which allows health plans to provide beneficiaries with value based medication access.

By attending this session you should be able to:

- » Describe Medicare Advantage (MA) plan options for addressing evidence based Part B drug utilization management;
- » Outline 2019 CMS guidance on plan application of step therapy for Part B drugs and possible flexibilities that may be finalized for plan year 2020; and
- » Explain MA plan strategies for advancing market based solutions to manage Part B drugs.

CPE Activity Type: Knowledge-based (K)
Target Audience: Pharmacists (P)
CEUs: 0.050
UAN: 0841-0000-19-001-L04-P

Monday, March 11
1:30 pm – 2:00 pm

What's Trending for Pharmacy?

Farrah Wong, *Senior Director, Commercial Formulary Contracting Strategy*, OptumRx

This session will explore the trends and upcoming pipeline agents that will be moving the market in the upcoming few years. Farrah will offer a sneak

peek into key pharmacy trends, products that are anticipated in the next few years, she will discuss underlying factors on key cost drivers, and she will provide examples of what payers are doing to outpace these challenges.

By attending this session, you should be able to:

- » Identify at least two high impact pipeline drug agents; and
- » Outline how health plan data and modeling influence drug management strategies.

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CEUs: 0.050
UAN: 0841-0000-19-002-L04-P

Monday, March 11
2:15 pm – 2:45 pm

Optimizing Healthcare Value in the U.S. — Can it be Done?

Kjel Johnson, *Vice President, Specialty Strategy and Client Solutions*, CVS Health

This session will discuss the U.S. interest in measuring healthcare value – how it works, who does it, and what is happening in the U.S. versus outside the U.S. Kjel will touch on the Administration's work to improve value in specialty including their Part B proposal and initiatives related to Part B stepped care and biosimilars. He will also review value-based contracting across the system and what various stakeholders are doing.

By attending this session, you should be able to:

- » Describe the best ways to measure healthcare value;
- » List the current Medicare value efforts; and
- » Develop a strategy to improve healthcare value.

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Monday, March 11
2:15 pm – 2:45 pm

A Novel Approach to Linking Pharmaceutical Pricing and Value Assessments to Evolving Evidence

Larry Blandford, *Executive Vice President, Customer Solutions, Precision Value & Health*

With the continued escalating pressure on pricing of biopharmaceuticals, activity in more formally assessing their value has grown in the U.S. While several entities have proposed or implemented different methodologies for value assessment, rarely are these assessments updated as evidence evolves. The session proposes a novel approach for dynamically updating value assessments as new evidence becomes available by applying modified versions of accepted methodologies often incorporated into health technology assessments used around the world. The output can then be leveraged for both pricing decisions by biopharma companies, pre- and post-launch, as well as for payers to formalize the basis for informing initial and ongoing coverage decisions. With ICER's intent to report on products whose price increases are not supported by evidence, and governmental inquiries into the rationale for price increases, the approach provides a method for both biopharmaceutical companies and payers to achieve more accurate and current value determination under their own terms rather than to have product value dictated by others.

By attending this session, you should be able to:

- » Describe factors driving a need to link pricing with evolving evidence;
- » Explain ways in which existing value assessment methodologies are effective and yet lacking in supporting pricing and coverage decisions;
- » Identify reasons why linking dynamic evidence assessments with pricing decisions would be beneficial to a biopharmaceutical company; and
- » Identify reasons why linking dynamic evidence assessments with coverage decisions would be beneficial to a benefit manager or health plan.

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Monday, March 11
3:00 pm – 3:30 pm

Value Based Contracting: Did We Accomplish What We Set Out To Do?

Lisa Carman, *Vice President, Value Based Contracting Optum Life Sciences*

This session will offer a strategic recap of where the industry is with regard to value based contracting (VBC). As every company in the health care continuum scrambles to develop value contracts, questions remain — are we accomplishing what we set out to do? During this session, Lisa will provide an overview of some of the goals of VBC and review regulatory and other challenges. She will discuss parts of VBC beyond design and whether VBC can ever be a valid formulary tool. She will present a case study and explore lessons learned from pilots and mistakes. And she will explore what's next, specifically opportunities related to rare disease and gene therapy.

By attending this session, you should be able to:

- » List two challenges related to value based contracting;
- » Describe the parts of a value based contract; and
- » Outline opportunities for rare disease and gene therapy applications of value based contracts.

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Monday, March 11
3:00 pm – 3:30 pm

The Use of Evidence Platforms and AIML to Follow Specialty Populations

Ken Park, *Vice President, Real-World and Analytic Solutions, Offering Development, IQVIA*

Given the need to demonstrate value in specialty pharma where disease populations are increasing become niche, this session will address how pharma and biotech companies should build appropriate data assets and find appropriate patient populations.

By attending this session, you should be able to:

- » Define an evidence platform and list three possible sources of data for evidence platforms; and
- » Describe two benefits of AIML for finding rare disease populations.

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Tuesday, March 12
11:45 am – 12:15 pm

Navigating the Patient Journey

Candice Michaelson, *Vice President, Supply Chain Strategy*, Express Scripts

Matt Perlberg, *Vice President, Supply Chain Strategy*, Express Scripts

PBMs help plan sponsors and patients save money and improve health outcomes. In this session, Candice and Matt will look at the complicated patient journey, the ways that PBMs help coordinate different stakeholders along that journey, the tools and resources they deploy to keep patients on the right path, and how it involves collective responsibility on both the medical and pharmacy side to do the right thing for the patient in a scalable way.

By attending this session you should be able to:

- » Identify current frameworks to keep patients on the right path;
- » Recognize two disease states in which there has been financial and clinical success; and
- » Describe two future market opportunities.

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Tuesday, March 12
11:45 am – 12:15 pm

Trends and Considerations in a Consumer Engagement World

Dean Erhardt, *President & Chief Executive Officer*, D2 Consulting

Patients today are being much more directive in their care. Rather than going to a physician's office and being told what to do, patients oftentimes research a condition before an appointment and ask for a specific treatment, acting as much more active consumers of care than ever before. Payers and other healthcare industry stakeholders are exploring the best ways to channel these captive and engaged patients and improve overall healthcare. During this session, Dean will discuss the challenges and opportunities related to consumer engagement today. He will review ways in which patient engagement trends are impacting payers, providers, and patients, and he will discuss the consumer's response to these strategies and which are most effective for certain types of outcomes.

By attending this session, you should be able to:

- » Name at least one opportunity for payers in improving consumer engagement; and
- » List at least one challenge with regard to collecting more patient data.

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Tuesday, March 12
1:45 pm – 2:15 pm

Medical versus Pharmacy Review of Specialty Conditions: Costs, Utilization, and Focus on Oncology and HIV

Rochelle Henderson, *Vice President, Clinical Research*, Express Scripts

During this session Rochelle will offer an analysis of national data that combines pharmacy spend and medical spend for specialty medications. She will explore the division of medically billed specialty drug spend by site of care and percentage increase of

medical drug spend in the outpatient hospital setting by region. Attendees will hear more about specialty medication trend and spend in the areas of oncology and HIV.

By attending this session, you should be able to:

- » Identify the top conditions for which specialty medications are dispensed by spend;
- » List two drugs that are typically billed to the medical benefit and two that are typically billed to the pharmacy benefit;
- » Describe at least one implication of moving a product from the medical to the pharmacy benefit.

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Tuesday, March 12
1:45 pm – 2:15 pm

Five Digital Trends That Will Transform the Pharmacy Business

Harry Travis, *President & Chief Executive Officer*, etectRx

During this session, Harry will review the definition of various digital technologies — digital health, digital medicine, digital therapeutic, and digital drug — and he will explore five digital trends that will transform the pharmacy business. These trends include:

1. The Internet of Things is powering a tsunami of digital medication adherence tools;
2. Digital therapeutics are heralding a new way to treat disease;
3. Digital medications will change pharmaceutical contracting forever;
4. eCommerce comes to the drug store; and
5. When will Apple make its move.

By attending this session, you should be able to:

- » List at least four digital medication adherence tools;
- » Define a digital therapeutic; and
- » Discuss the impact of digital medications on value-based contracting.

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