Enhancing Relationships with Commercial and Governmental Payer Agencies through Comprehensive Knowledge of Value Proposition Development, Post Market Surveillance Utilization and a Thorough Understanding of Market Spending Trends

PROGRAM OVERVIEW:

As the life science industry has continued to grow, bringing many new advanced technologies and therapies into the markets, so have the costs associated with administering healthcare services and paying for these therapies. Pharmaceutical and biotechnology organizations are faced with increased pressure to reduce the cost of these products while not sacrificing the quality and innovativeness of new therapies. Payer relations and managed markets executives are challenged with the task of highlighting the health benefits of their products as well as the cost-effectiveness of these drugs. For these executives, it is not only about securing reimbursement but working with a highly diverse group of payers to ensure that their products are integrated into the healthcare system, as the success of new products relies heavily on the approval and support of private payers and government agencies.

With the increased saturation and competitiveness in today’s market, managed market executives need to have a thorough understanding of how to best reach payer decision makers in order to ensure their products gain the proper reimbursement support. This program will highlight industry leaders in managed market and managed care account management, who as presenters will share their experiences and knowledge which will be of great benefit to all attending delegates. Industry thought leaders will cover a wide range of topics from establishing working relationships and partnerships with payer market executives, building and delivering thorough value propositions through to health care reforms effect on MCOs, Medicare, and Medicaid. Expert presenters will also highlight the future of Accountable Care Organizations and consumer driven pricing strategies such as co-pay cards.

Overall, this comprehensive two-day conference program is focused on bringing key industry leaders and executives together to network, knowledge share, and openly discuss the challenges that they face on a day to day basis when managing relationships with both government and commercial payer organizations.

DISTINGUISHED PRESENTERS INCLUDE:

- **Greg Dill**
  Associate Regional Administrator, Medicare Fee-for-Service Operations
  **CMS**

- **Todd Stankiewicz**
  Regional Pharmacist
  **CMS**

- **Jeff Henderson**
  Vice President, Managed Markets and HCV Marketing
  **VERTEX PHARMACEUTICALS**

- **Robert Philo**
  Director, Commercial Managed Care & Government Affairs
  **RECKITT BENCKISER PHARMACEUTICALS**

- **Yrena Friedmann**
  Pharmacy Director
  **AETNA**

- **Chris Gerber**
  Director, Managed Markets Operations
  **SHIONOGI, INC**

- **Eric Kudzinski**
  Associate Director, National Accounts
  **WATSON PHARMACEUTICALS**

- **Jeff Haushalter**
  Director Managed Care Strategy
  **UCB**

- **Jerry Hickey**
  National Accounts Manager
  **MEDICIS**

- **Peter Reed**
  Corporate Account Executive
  **ENDO PHARMACEUTICALS**

- **Natasha Velikoselsky**
  District Manager
  **SHIONOGI, INC**

- **Scott Wilhoit**
  Vice President, Marketing and Managed Markets
  **AUXILIUM PHARMACEUTICALS**

- **Don Sawyer**
  Vice President, Market Access
  **IRONWOOD PHARMACEUTICALS**

- **Darren Cline**
  Vice President, Managed Markets
  **SEATTLE GENETICS**

- **Marc Watrous**
  Vice President, Payer Account Management
  **GENENTECH**

- **Joel Sangerman**
  Director, Payer Relations
  **JOHNSON & JOHNSON**

- **Michael del Aguila**
  Senior Director; Head, Health Outcomes & Payer Support Group – US Medical Affairs
  **GENENTECH**

- **Norman Thurston**
  Health Reform Implementation Coordinator
  **STATE OF UTAH**

- **Harry Jordan**
  Director, National Accounts, RAM Teams
  Managed Care Division
  **MYLAN PHARMACEUTICALS**

- **Monica R. Chmielewski, Esq.**
  Special Counsel
  **FOLEY & LARDNER LLP**

- **Matthew Leonard Maciejewski, PhD**
  Professor, Division of General Internal Medicine, Department of Medicine
  **DUKE UNIVERSITY**

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In recent years, the idea of value-based insurance design (VBID) has become a highlighted topic of debate for the pharmaceutical industry, payers and the government. The goal of a value based design is to balance the value and importance of specific therapies with the cost patients’ are spending on disease treatments. As many payer organizations are realizing the significance and benefits associated with the implementation of VBID, it is imperative for the pharmaceutical industry to equally aware of how this new payment programs affect their funding of products and therapy classes.

**How to establish common industry measure to determine fair product value**
- Decoding how VBID will effect managed markets sales strategies
- Discuss potential industry benefits associated with execution of VBID

**Matthew Leonard Maciejewski, PhD, Professor, Division of General Internal Medicine, Department of Medicine, DUKE UNIVERSITY**

**2:00 PANEL DISCUSSION: ESTABLISHING PARTNERSHIPS WITH MCOs TO IMPROVE TOTAL COST OF CARE**
- Viable current partnership models that have been successful in today’s market
- Aspects to consider in partnership development ensuring long term success
- Troubleshoot past failed payer & industry partnerships and lessons learned

**Joel Sangerman, Johnson & Johnson**

**Don Sawyer, IRONWOOD PHARMACEUTICALS**

**Jery Hickey, MEDITICS**

**Eric Kudzinski, WATSON PHARMACEUTICALS**

**Peter Reed, ENDO PHARMACEUTICALS**

**2:50 COFFEE & NETWORKING BREAK**

**3:00 UTILIZING SCIENTIFIC INFORMATION TO SUPPORT PRODUCT VALUE PROPOSITIONS WITHOUT INFRINGING ON ANTI-KICKBACK STATUTE**

Managed markets departments, much like other sales and marketing divisions, are required to comply with the legal requirements set forth by the federal Anti-Kickback Statute. While the practice of therapy discounts is considered an exception protected by the Managed Care Safe Harbor, pharmaceutical organizations are evaluating what form of additional scientific information can be distributed to support a product’s value without infringing on the Anti-kickback statute. For this reason, it is critical for managed care executives to have a firm understanding as to what type of supporting evidence and outside research studies are considered added-value items by payer organizations and the FTC.

**Monica R. Chmielewski, Esq., Special Counsel, FOLEY & LARDNER LLP**

**3:10 NAVIGATING THE EVOLVING LANDSCAPE OF THE MEDICARE ENVIRONMENT**

The approach that pharmaceutical organizations use to gain patient access through the governmental Medicare program must be very detailed and tailored as face to face time with Medicare executives is extremely limited. It is estimated that Medicare enrollment, due to the retirement of many baby boomers, will increase from 2010’s 48 million enrollees to an estimated 80 million by 2030 which will drastically increase the organizations spending from $560 billion estimated to $1.2 trillion through the Outpatient Protection and Affordable Care Act appreciably improved Medicare’s financial situation but they are still focused on lower overall spending costs and pharmaceutical executives should have a comprehensive knowledge of the current regulations and pricing decisions affecting Medicare coverage of medical therapies.

**What type of value proposition and clinical data does Medicare want to see presented from pharmaceutical executives?**
- Assessing current Medicare rebate practices
- Understanding underling difference between Medicare parts A, B, C, D

**Greg Dill, Associate Regional Administrator, Medicare Fee-For-Service Operations, CMS**

**Todd Stankiwicz, Regional Pharmacist, CMS**

**4:20 EMPLOYING COMPARATIVE EFFECTIVENESS RESEARCH DATA TO HIGHLIGHT PRODUCT’S ECONOMIC AND CLINICAL VALUE**

Comparative effectiveness research serves to target health care spending towards therapies that have proven long term, real world treatment success. As managed care organizations evaluate new therapies to determine what level of coverage and access to allow, payers analyze the product on three main levels including cost, quality, and overall effectiveness. Properly aligning a products clinical data with comparative effectiveness research studies could assist pharmaceutical organizations in securing a more preferred level of coverage for managed care providers.

- Outlining the growing importance of comparative effectiveness studies in the managed care environment
- CER data that will best support product’s clinical research information
- Weighing the value of CER data vs. the potential cost

**Michael del Agua, Senior Director; Head, Head Outcomes & Payer Support Group – US Medical Affairs, GENENTECH**

**5:10 DAY ONE CONFERENCE CONCLUDES**
The Congressional Budget Office released forward looking Medicare spending estimates for the next decade showing that Medicare costs are expected to rise from $568 billion in 2010 to an excess of 1 trillion dollars in 2022. The drastic increase is due to the presumed enrollment increase that is to occur as the baby boom generation reaches the eligible age and is being carefully watched by pharmaceutical manufacturers. Government has sought to curtail the rise in costs through the development of the Shared Savings Payment plan that was intended with the passing of the healthcare reform bill. These shared savings will serves as a financial incentive for doctors, hospitals, and health plans to work together in a new Accountable Care Organization model. Understanding these new partnerships and how organizations are structuring new ACO governing models is vital to managed market executives in order to formulate their value propositions for this new model of healthcare providers.

Joel Sangerman, Director
PAYER RELATIONS, JOHNSON & JOHNSON

9:20 AM ASSESSING MANAGED CARE OUTCOMES AND COVERAGE TRENDS FOR SPECIALTY PHARMACEUTICALS

Currently, one to three percent of healthcare policy holders are taking some form of specialty pharmaceutical therapy, which has significantly fueled the debate regarding total cost management of these products. Since the release of specialty therapies onto the market, pharmaceutical manufacturers and managed care organizations have faced the increasingly difficult challenge of balancing the high cost of paying for these therapies while ensuring that patients in need have open access to these treatments. In this in-depth discussion, managed care leaders will address how pharmaceutical manufacturers and payers can execute forward thinking initiatives to address the rising coverage challenges surrounding specialty pharmaceuticals.

Yrena Friedmann, Pharmacy Director
AETNA

10:10 AM COFFEE & NETWORKING BREAK

10:30 AM EXAMINING CURRENT MEDICAID SPENDING AND POLICY IMPACT ON MANAGED MARKETS

In the 2011 fiscal year, United States Medicaid spending reached $398.6 billion which was a 10.1% increase in spending from the previous 2010 fiscal year. This rise in spending was instigated by the 5.5% enrollment jump which stemmed primarily from the economic downturn; and will continue to increase as a result of the healthcare reform’s changes to Medicaid eligibility. Managed market executives who oversee state Medicaid accounts are allotted the difficult task of navigating tight pricing restrictions, strict regulations, and the uncertainty of Medicaid operations as it deals with enrollment expansion. It is vital for pharmaceutical organizations to stay current in regards to government and state Medicaid regulatory and operational changes in order to effectively modify sales strategies to ensure products garner proper spending support.

Peter Reed, Corporate Account Executive
ENDOR PHARMACEUTICALS

11:20 AM DEMYSTIFYING STATE EXCHANGES’ EFFECTS ON THE PAYER MARKET

One of the primary variables of the 2010 Patient Protection and Affordable Care Act was the establishment of state based healthcare exchanges that were meant to assuage the cost burden of these products and it is essential that executives evaluate the time and manpower that would be required to create and manage these contracts in the future.

Eric Kudzinski, Director, National Accounts
RECKITT BENCKISER PHARMACEUTICALS

12:10 PM LUNCHEON FOR ALL ATTENDEES, SPEAKERS AND SPONSORS
ATTENDEE PROFILE:
Executives that will find this program of greatest relevance are those currently working to enhance payer and managed markets relations within pharmaceutical and biotechnology corporations. Job titles of those executives that will find this program to be most applicable to their job functions include:
• Payer Relations
• Payer Planning
• Managed Markets
• Managed Care

SPONSORSHIP OPPORTUNITIES:
At this time, there are a variety of sponsorship and exhibition opportunities available for companies wishing to increase their visibility and participation in the program, ranging from keynote speaking opportunities through to exhibitor and documentation sponsors. Organizations most suitable for this type of exposure provide services and solutions including:
• Reimbursement consultants
• Market access consultants
• Managed markets research groups
• Managed care analytics solution providers

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