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 healthcare 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 daily basis when managing relationships with government and commercial payer organizations.

**Program Overview:**

**Distinguished Presenters Include:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Paul Allen</td>
<td>Vice President, Strategic Services</td>
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<td></td>
<td>OLSON RESEARCH GROUP, INC.</td>
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<td>Don Sawyer</td>
<td>Vice President, Market Access</td>
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<td>IRONWOOD PHARMACEUTICALS</td>
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<tr>
<td>Darren Cline</td>
<td>Vice President, Marketing, Managed Markets</td>
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<td>SEATTLE GENETICS</td>
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<tr>
<td>Scott Wilhoit</td>
<td>Vice President, Marketing, and HCV Marketing</td>
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<td>AUXILIUM PHARMACEUTICALS</td>
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<td>Marc Watrous</td>
<td>Vice President, Payer Account Management</td>
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<td>GENENTECH</td>
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<tr>
<td>Robert Philo</td>
<td>Director, Commercial Managed Care &amp; Government Affairs</td>
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<td>RECKITT BENOKISER PHARMACEUTICALS</td>
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<tr>
<td>Michael del Aguila</td>
<td>Senior Director; Head, Health Outcomes &amp; Payer Support Group – US Medical Affairs</td>
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<td>Chris Gerber</td>
<td>Director, Managed Markets Operations</td>
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<td>SHIONOGI, INC</td>
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<tr>
<td>Eric Kudzinski</td>
<td>Associate Director, National Accounts</td>
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<td>WATSON PHARMACEUTICALS</td>
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<td>Jeff Haushalter</td>
<td>Director Managed Care Strategy</td>
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<td>Yrena Friedmann</td>
<td>Pharmacy Director</td>
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<td>Peter Reed</td>
<td>Corporate Account Executive</td>
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<td>ENDO PHARMACEUTICALS</td>
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<td>Joel Sangerman</td>
<td>Director, Payer Relations</td>
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<td>DEPUY MITEK</td>
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<tr>
<td>Norman Thurston</td>
<td>Health Reform Implementation Coordinator; Office of the Governor</td>
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<td>STATE OF UTAH</td>
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<tr>
<td>Harry Jordan</td>
<td>Director, National Accounts, RAM Teams Managed Care Division</td>
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<td>MYLAN SPECIALTY</td>
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<tr>
<td>Joanne Chia, PharmD, RPh</td>
<td>Manager, Managed Markets Sales Training</td>
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<tr>
<td>Monica R. Chmielewski, Esq.</td>
<td>Special Counsel</td>
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<td>FOLEY &amp; LARDNER LLP</td>
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Pharmaceutical and biotech executives negotiating contracts with managed care organizations have been struggling with the most basic of questions, How much of a discount should I offer? What will be the performance of my brand if I do the deal? What if I walk away? The most common analysis is a combination of guess work and anecdotes that make their way into an ad hoc spreadsheet. We will illustrate how concepts described in the book and movie Moneyball can be applied to Managed Market Contracting negotiation processes.

David Carlson, VP, Strategy and Operations, VERTEX PHARMACEUTICALS

10:50 NAVIGATING THE EVOLVING LANDSCAPE OF THE MEDICARE ENVIRONMENT

The approach that pharma 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 baby boomers, will increase from 2010’s 48 million enrollees to an estimated 50 million by 2030 which will drastically increase the organizations spending from $560 billion to a projected $1 trillion by 2022. The passing of the Patient Protection and Affordable Care Act appreciably improved Medicare’s financial situation but they are still focused on lower overall spending costs and executives should have 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
• Assessing current Medicare rebate practices
• Understanding underlying differences between Medicare parts A, B, C, D

Greg Dill, Associate Regional Administrator, Medicare Fee-for-Service Operations, CMS
Raymond Swisher, Branch Manager, Medicare Advantage, CMS

11:40 UTILIZATION OF MANAGED MARKETS TRAINING PROGRAMS TO ENHANCE SALES COMPETENCIES

Managed markets account executives must possess extensive knowledge of all relevant clinical data regarding the therapies they are selling to payer organizations, while upholding market familiarity from the payer’s perspective as well. In the past, providing the features and benefits of products was a sufficient approach strategy, but today, payers feel that organizations that have a sound understanding of the decision framework that MCOs follow are better equipped to highlight the advantages of their products. Pharmaceutical sales executives recognize the need to revamp internal training processes in order to ensure that all managed care account managers possess a thorough comprehension of not only products clinical data, but the payer business; this knowledge will better allow executives to tailor a product’s value proposition.

Joanne Chia, PharmD, RPh, Manager, Managed Markets Sales Training, UCB
The Governor, Norman Thurston, Health Reform Implementation Coordinator, Office of strategies after these state exchanges are launched.

Managed market executives are keeping a close eye on the structure of these exchanges to determine how to best create value propositions and approach

Marijuana laws passed in support of the creation of exchanges. States governments by the January 2014 deadline and as of January 2011, thirteen states had

Managed market executives who oversee state Medicaid accounts are allot-

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 allot-

Having set up several Regional Account Management Teams for several companies, the importance of partnering with sales to establish better communi-

Risk-sharing contractual agreements are not a new concept within the phar-

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 align-

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 align-

The Congressional Budget Office released forward looking Medicare spending estimate for the next decade showing that Medicare costs are expected to rise from $560 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 cur-

tail the rise in costs through the development of the Shared Savings Payment plan that was enacted with the passing of the healthcare reform bill. These shared savings will serve 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 structur-

When the Patient Protection and Affordable Care Act was passed in 2010, it was aimed to provide health insurance coverage to all legal residents of the United States. However, while the act was intended to expand access to healthcare, it also introduced changes to reimbursement and payment models that would have a significant impact on managed care organizations. One of the primary variables of the Affordable Care Act was the establishment of state based healthcare exchanges that would allow individuals the ability to better compare existing insurance options, while also providing low income persons with improved access to lower premium coverage. All state exchanges are mandated to be fully functional by the January 2014 deadline and as of January 2011, thirteen states had passed laws in support of the creation of exchanges. States governments that choose to participate in the establishment of these exchanges are being offered a large amount of flexibility in deciding how to configure these programs from governing boards and its choosing in acceptable insurance plans. Managed market executives are keeping a close eye on the structure of these exchanges to determine how to best create value propositions and approach strategies after these state exchanges are launched.

Norman Thurston, Health Reform Implementation Coordinator, Office of the Governor, STATE OF UTAH

ANTITRUST STATEMENT

As participants in this educational meeting, we need to be mindful of the constraints of antitrust laws. For that reason, we must all use our personal judgment to ensure discussions do not infringe on these regulations. This program is a forum for industry leaders to discuss how managed markets and payer support activities can develop and grow in today’s healthcare environment and not to address any proprietary or anticompetitive topics.

If you have any questions regarding allowed antitrust behavior, please check with your legal departments.
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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