Managed Care Pharmacy

AM CP | Academy of Managed Care Pharmacy®

COURSE CURRICULUM

2017–2018

A Managed Care Pharmacy Course Outline, Resources, and Projects

Dear Colleagues,

This resource was developed to assist faculty and managed care pharmacists tasked with developing a managed care pharmacy course or adding managed care pharmacy principles to the current didactic component of the curriculum.

Prepared with the assistance of managed care pharmacists who have developed courses currently offered at schools/colleges of pharmacy, this guide provides the framework for developing a managed care pharmacy practice elective or a single lecture within existing coursework. Presented in a format consistent with a course syllabus, you can easily adapt, as needed, the provided course overview, week-by-week course outline with accompanying resources, and sample projects. Most importantly, the course content is linked to relevant AMCP slide decks and other resources that are generally reviewed and updated annually; this assures that we are providing you with the most current managed care educational resources available.

We hope that you will find this to be a useful guide in developing a managed care pharmacy course. Please forward any comments to AMCP Student Development at studentdevelopment@amcp.org.

Thank You!

The AMCP Schools of Pharmacy Relations Committee

P.S. A sample final exam has been developed and will be provided via email when requested by a member of a school/college of pharmacy's faculty member. Requests for sample final should be sent to studentdevelopment@amcp.org.

AMCP thanks its members of the Schools of Pharmacy Relations Committee for the annual review and update.

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S E C T I O N 1   Course Overview

Managed Care Pharmacy — Elective Course

Course Coordinator and Faculty

<Personalize to your course by adding the name and contact information of the course coordinator and faculty>

Office Hours

<Personalize to your course by adding when the course faculty is available to meet with students>

Example: The course coordinator is available by appointment on Mondays and Wednesdays from 4:00 pm–6:00 pm.

Course Time and Location

<Personalize to your course by inserting the day of week, time, and location>

Course Description

<Personalize to your course; however, the following is based on the model curriculum.>

This managed care pharmacy elective course will provide an overview of managed care pharmacy and an understanding of how managed care pharmacy impacts the healthcare system.

The course will cover:

- Managed Care Pharmacy and the US Health Care system
- Prescription Drug Benefit
- Formulary Management
- Specialty Pharmacy
- Drug Use Evaluation
- Outcomes Research
- Pharmacoeconomics
- Roles and responsibilities for a managed care pharmacist

The course will include [guest speakers, small group activities, lectures, presentations and group discussions]. By course completion, the student will obtain knowledge of managed care pharmacy that can be a valuable preparation for experiential education and career opportunities in a variety of practice settings, including a managed care organization, hospital administration, pharmaceutical industry, and community pharmacy management.

Course Objectives

<Personalize to your course; however, the following is based on the model curriculum.>

1. Explain the significance of managed care pharmacy in the US health care system.

2. Understand the economic considerations and policies/regulations impacting the practice of pharmacy and patient access.

3. Articulate the role of a managed care pharmacist within a health plan, pharmaceutical company, integrated delivery networks, and pharmacy benefit management company.

4. Explain the role that health information technology plays within the managed care industry.

5. Identify and analyze emerging issues, products, services and trends observed in managed care pharmacy.

6. Explain the difference between a closed and open formulary.

7. Describe the function of a Pharmacy & Therapeutics Committee.

8. Determine the role that a drug dossier plays in formulary development.

9. Identify appropriate drug use guidelines developed by a managed care organization and explain how this guideline would aid in explaining a prior authorization requirement to a patient in a community pharmacy.

10. Formulate a medication use evaluation that can be used to identify an inappropriate prescribing pattern in a population.

11. Explain the Medicare Part D Prescription Drug Benefit.

12. Explain the role of medication therapy management in the managed care and Medicare setting.

13. Explain the importance of clinical, economic, and humanistic outcomes research.

14. Discuss the role of different drug benefit designs for a health plan.

15. Understand reimbursement and pricing strategies.

16. Explain the marketing tools and strategies of a pharmacy benefit manager.

17. Describe the role of a quality assurance program within a managed care organization.

18. Describe the impact that NCQA's HEDIS tool has in managed care pharmacy.

19. Understand the role of pharmaceutical contracting.

20. Evaluate a market share performance rebate proposal.

Course Policies

<Insert Course Policies>

Sample course policies can be found under Section 3 Samples.

Grading

<Insert Grading Policies>

Sample grading policies can be found under Section 3 Samples.

Required & Recommended Texts and Other Resources

<Personalize to your course; however, the following is based on the model curriculum.>

Required Text

Navarro R. *Managed Care Pharmacy Practice*. 2nd ed. Gaithersburg, MD. Jones and Bartlett Publishers, 2007.

Recommended Texts

Rice T. *The Economics of Health Reconsidered* 2nd ed. Chicago, IL. Health Administration Press, 2003.

Knickman JR, Kovner AR, eds. *Health Care Delivery in the United States.* 9th ed. New York, NY: Springer Publishing Company, 2008.

Kolassa EM. *Elements of Pharmaceutical Pricing.* New York, NY: Informa Healthcare USA, Inc, 2008.

Academy of Managed Care Pharmacy, *AMCP Guide to Pharmaceutical Payment Methods*, 2013 Update (Version 3.0).
http://www.amcp.org/pharmaceutical-payment-guide/

Resources

- Academy of Managed Care Pharmacy (AMCP)
  http://www.amcp.org

- *Journal of Managed Care & Specialty Pharmacy (JMCP)*
  http://www.jmcp.org/

- *Managed Care Magazine*
  http://www.managedcaremag.com

- *The American Journal Of Managed Care*
  http://www.ajmc.com

- Managed Care Online
  http://www.mcol.com

- Pharmacy Quality Alliance (PQA)
  http://www.pqaalliance.org/

- Kaiser Family Foundation
  http://www.kff.org

- Centers for Medicare and Medicaid Services (CMS)
  http://www.cms.gov

- International Society for Pharmacoeconomics and Outcomes Research
  http://www.ispor.org

- URAC
  http://www.urac.org/

Course Schedule

The Managed Care Pharmacy elective course curriculum is based on a 16-week semester.

Week 1	Introduction to Course and Managed Care Pharmacy
Week 2	Formulary Management and Drug Utilization Review
Week 3	Regulations/laws and Key Players in Managed Care
Week 4	Introduction to Medicare and Medicaid
Week 5	Medication Therapy Management and Medicare Part D
Week 6	Specialty Pharmacy and Case Management
Week 7	Pricing/Reimbursement Models and Information Systems
Week 8	Midterm Examination
Week 9	Fall/Spring Break
Week 10	Pharmacoeconomics
Week 11	Outcomes Research and Quality Initiatives
Week 12	Pharmaceutical Contracting and Networks
Week 13	Pharmacy Benefit Design and Marketing
Week 14	Current Issues in Managed Care
Week 15	Postgraduate Training Opportunities and Careers in Managed Care Pharmacy
Week 16	Final Examination

Course Schedule

This section outlines the subject matter to be covered each week with objectives, references/resources and projects. Course coordinators are encouraged to schedule guest lecturers throughout the course.

KEY: DIDACTIC REFERENCES/RESOURCES

"Project" = A sample student project related to the course content. Projects are found at the end of Section Two.

"AMCP Resource" = An AMCP Publication that can be found at amcp.org under Publications. The resource titles listed below are live links to the material on the AMCP website.

"AMCP Slide Deck" = AMCP managed care slide decks that can be found at amcp.org/slidedecks.

Week 1 — Introduction to Course and Managed Care Pharmacy

Lecture Content

- Course expectations and projects
- History of managed care pharmacy
- Managed care within the U.S. Healthcare System
- Pharmacy provider network and program distribution systems

Didactic References/Resources

AMCP Resource: ***AMCP Format for Formulary Submissions Version 4.0***

AMCP Slide Decks available at ***www.amcp.org/slidedecks***

- History of Managed Care Pharmacy
- Pharmacy Practice in Managed Care
- Managed Care Models
- Consumer Directed Health Care

Week 2 — Formulary Management and Drug Utilization Review

Lecture Content

- Medication formulary development and management
- Pharmacy and therapeutics committee
- Types of drug utilization review methods
- Drug use guidelines and prior authorization process
- *AMCP Format for Formulary Submissions*

Didactic References/Resources

AMCP Resource: **Managed Care Pharmacy: Best Practices that Offer Quality Care and Cost Effective Coverage to Patients, Payers, Employers, and the Government**

AMCP Resource: **Formulary Decision Support Resources**

AMCP Resource: **Electronic Prior Authorization**

AMCP Resource: **Potential Cost Impacts Resulting from CMS Guidance on Special Protections for Six Protected Drug Classifications and Section 176 of the Medicare Improvements for Patients and Providers Act of 2008**

AMCP Slide Decks available at **www.amcp.org/slidedecks**

- Drug Formulary Development & Management
- Pharmacy and Therapeutics Committee

Projects/Presentations (See Section Appendix)

- Managed Care Scenarios
- Drug Monograph
- Medication Use Evaluation
- Utilization Management (Includes Prior Authorization, Step Therapy, Quantity Limit)

Week 3 — Regulations/Laws and Key Players in Managed Care

Lecture Content

- Review of laws related to managed care pharmacy
- National health care reform
- Quality control for managed care players (members, pharmacy, providers, DUR)
- National Committee for Quality Assurance (NCQA)/Health Plan Employer Data and Information Set (HEDIS) Measures/URAC
- Academy of Managed Care Pharmacy and other organizations

Didactic References/Resources

AMCP Resource: **Policy Digest**

AMCP Resource: **Where We Stand Position Statements**

AMCP Slide Decks available at **www.amcp.org/slidedecks**

- DUR & DUE
  Kaiser Family Foundation: **http://healthreform.kff.org/**
  HHS consumer website: **http://healthcare.gov/**
  Alliance for Health Reform: **http://www.allhealth.org/**
  National Association of Insurance Commissioners: **http://www.naic.org**
  National Conference of State Legislatures Health Innovations State Law Database:
  http://www.ncsl.org/research/health/health-innovations-database.aspx

Week 4 — Introduction to Medicare and Medicaid

Lecture Content

- History of Medicare and Medicaid
- Medicare prescription drug benefits
- Medicaid pharmacy benefit design and management

Didactic References/Resources

Kaiser Family Foundation: **Medicare Overview, http://kff.org/medicare/issue-brief/an-overview-of-medicare/**

Kaiser Family Foundation: **Medicaid Overview, http://kff.org/medicaid/**

AMCP Resource: **Medicare Part D Position Statements**

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Week 5 — Medication Therapy Management

Lecture Content

- Eligibility criteria and requirements for MTM programs under Medicare Part D
- MTM program benefit designs and services
- CMS Enhanced MTM Model for Medicare Part D
- Use of SNOMED Codes for Electronic Documentation of Pharmacists Services

Didactic References/Resources

AMCP Resource: **Standardized Framework for Cross-Walking MTM Services to SNOMED CT Codes**

AMCP Resource: **Sound Medication Therapy Management Programs, Version 2.0 With Validation Study (JMCP January 2008 Supplement)**

AMCP MTM Resources Page

AMCP MTM Resource Page: **http://www.amcp.org/MTMResources/**

AMCP Slide Decks available at **www.amcp.org/slidedecks**

- Treatment Guidelines and DSM
- MTM Part D Programs

Project/Presentation (See Section Appendix)

- MTM Project

Week 6 — Specialty Pharmacy and Case Management

Lecture Content

- Providers and pharmaceuticals
- Managing self- and provider-administered pharmaceuticals
- Provider education programs/academic detailing

Didactic References/Resources

AMCP Slide Decks available at **www.amcp.org/slidedecks**

- Provider and Member Education
- Specialty Pharmacy

Project/Presentation (See Section Appendix)

- Specialty Pharmacy Project

Week 7 — Pricing/Reimbursement Models and Information Systems

Lecture Content

- Prescription reimbursement models
- Pharmacy information systems/health informatics
- Managed care-related internet technology
- Adjudication systems and pharmacy benefit management

Didactic References/Resources

AMCP Resource: **AMCP Guide to Pharmaceutical Payment Methods**

AMCP Health IT Resource Page: **http://www.amcp.org/HealthInformationTechnology/**

Pharmacy Health Information Technology Collaborative Resources: **http://www.pharmacyhit.org/**

Week 8 — Midterm Examination

The Midterm Examination can be in the form of a test, an individual project or a team project with a classroom presentation.

Week 9 — Fall/Spring Break

Week 10 — Pharmacoeconomics

Lecture Content

- Basic overview of pharmacoeconomics
- Role of pharmacoeconomics data in formulary decision-making

Didactic References/Resources

AMCP Slide Decks available at **www.amcp.org/slidedecks**

- Pharmacoeconomics

Week 11 — Outcomes Research and Quality Initiatives

Lecture Content

- Research-driven market intelligence
- Types of research in managed care pharmacy
- CER Collaborative and CER Tool:
  https://www.cercollaborative.org/global/default.aspx?RedirectURL=%2fhome%2fdefault.aspx

Didactic References/Resources

AMCP Slide Decks available at *www.amcp.org/slidedecks*

- Outcomes Research

Week 12 — Pharmaceutical Contracting and Networks

Lecture Content

- Link between managed care pharmacy and the pharmaceutical industry
- Managed markets within a pharmaceutical company
- Pharmaceutical manufacturer's rebate and discount contracts
- Value-based contracting

Didactic References/Resources

AMCP Slide Decks available at *www.amcp.org/slidedecks*

- Formulary Manufacturer Contracting
  Brookings Institute Analysis: Implementing Value-Based Insurance Products, 2015
  https://www.brookings.edu/wp-content/uploads/2016/07/061615-health-policy-brief-vbip.pdf

Project/Presentation (See Section Appendix)

- Cost Analysis

Week 13 — Pharmacy Benefit Design and Marketing

Lecture Content

- Pharmacy benefit managers and benefit designs
- Benefit management business strategies
- Aspects of a managed prescription drug benefit
- Performance measures of benefit designs
- Marketing benefit designs to sponsors and other partners

Didactic References/Resources

AMCP Slide Deck available at **www.amcp.org/slidedecks**

- Information Systems and Reporting in PBMs

Project/Presentation (See Section Appendix)

- Pharmacy Benefit Management Design

Week 14 — Current Issues in Managed Care

Lecture Content

- Highlights emerging issues within the field

Didactic References/Resources

Communications Between Payers and Pharmaceutical Manufacturers and Off-Label Medication Use

AMCP Proceedings from Partnership Forums:

- FDAMA Section 114—Improving the Exchange of Health Care Economic Data
  http://www.jmcp.org/doi/full/10.18553/jmcp.2016.22.7.826

- Enabling the Exchange of Clinical and Economic Information Pre-FDA Approval
  http://www.jmcp.org/doi/full/10.18553/jmcp.2016.16366

AMCP Slide Deck available at **www.amcp.org/slidedecks**

- Off-Label Use in Managed Care Pharmacy

Week 15 — Postgraduate Training Opportunities and Careers in Managed Care Pharmacy

Lecture Content

- Highlights career options through a career panel discussion of managed care pharmacists from various settings, including residents and fellows when possible

Didactic References/Resources

AMCP Resource: Careers in Managed Care Pharmacy Webpage

AMCP Slide Decks available at **www.amcp.org/slidedecks**
- Pharmacist Opportunities Within a Pharmacy Benefit Manager (PBM)
- Opportunities in Managed Care Pharmacy
- Postgraduate Training Opportunities in Managed Care Pharmacy

Week 16 — Final Examination

The Final Examination can be in the form of a test, individual project or team project.

APPENDIX

Sample Projects and Topics for Student Pharmacist Presentations to Support Didactic Content

Week Two	Managed Care Scenarios
Week Two	Medication Use Evaluation
Week Two	Prior Authorization
Week Two	Drug Monograph (Formulary Monograph)
Week Five	Medication Therapy Management Project
Week Six	Specialty Pharmacy Project
Week Ten	Budget Impact Model Exercise
Week Twelve	Cost Analysis
Week Thirteen	Pharmacy Benefit Management Design

APPENDIX

Week Two — Managed Care Scenarios

Scenario One:

A new drug, Noseacil, is about to enter the market. Noseacil is an intranasal corticosteroid indicated for the treatment of seasonal allergic rhinitis. Noseacil was studied in two 6-week trials in patients with seasonal allergic rhinitis. In addition, Noseacil was studied in several antigen-challenge trials that lasted only 24 hours. While reviewing the clinical evidence you find serious methodological flaws in both 6-week trials. Upon inspection of the FDA review, it is revealed that neither 6-week trial was considered in the approval decision, as both trials were deemed too unsatisfactory to support the drug's efficacy. There are numerous other products available in this class of medications for the treatment of seasonal allergic rhinitis. However, the company that produces Noseacil has a history of giving strong supplemental rebates.

- Do you add Noseacil to the formulary?
- What evidence or reasons can you cite to support your argument?

Scenario Two:

Your company's formulary has covered the cholesterol drug, Plaquebegone, since the product was released ten years ago. A recent meta-analysis, published in a highly respected medical journal, found that patients treated with Plaquebegone during clinical trials experienced strokes more often than patients on placebo. Over the next several months, several more meta-analyses are completed that indicate a similar trend. An FDA subcommittee states that while the drug does appear to increase the risk of stroke, Plaquebegone should remain on the market. A final FDA decision is not available and may not be released for some time. Clinical trials designed to address this concern are years from completion. An agent in the same class, Lipidsarebad, has not been shown to increase the risk of stroke. It is time for Plaquebegone to be reviewed for formulary placement. Plaquebegone is worth millions of dollars in supplemental rebates to your company.

- What is your opinion of the evidence?
- Should Plaquebegone be removed from the formulary?

Scenario Three:

An upstart biotech company has just produced a new drug, Repleteatol. Repleteatol treats a rare, enzyme deficiency disorder called Proteinolo which affects 4,000 people worldwide. Proteinolo is evident at birth, and progresses to death in virtually all cases by the age of 20 years. Due to the rarity of this condition, Repleteatol has been awarded orphan drug status. In clinical trials of 3 months duration, Repleteatol has been shown to increase the number of stairs a patient can climb, but has not been shown to have a mortality benefit. Patients treated with Repleteatol receive monthly infusions for life. The cost of one year of Repleteatol is $300,000.

- Should your company cover Repleteatol?
- What arguments would have for or against coverage?

APPENDIX

Week Two — Prior Authorization

You are a clinical pharmacist within a managed care organization and are responsible for implementing appropriate medical necessity criteria for medications covered by the pharmacy benefit.

1) Name one drug approved by the FDA within the past 6 months in which you would choose to implement a prior authorization to manage and why?

2) Enter the pros and cons of requiring prior authorization for a medication relative to each of the following key stakeholders:

Key Stakeholders	PROs	CONs
Plan Member		
Provider		
Health Plan/Sponsor		

3) Create a prior authorization protocol for your medication including the following:

- Summarize background medication information
- Specify approval criteria required to gain prior authorization
- Identify duration of initial prior authorization approval
- List any additional restrictions, such as quantity limits, age , provider status
- If applicable, indicate the type of documentation required to extend prior authorization

4) Are there any exceptions to the prior authorization?

5) Please describe a plan for managing patients currently taking this medication prior to implementation of the prior authorization requirement.

6) Please describe the plan for communicating the prior authorization to patients and providers.

APPENDIX

Week Two — Prior Authorization Form Example

<This drug was chosen as an example of how to prepare an example form. You may wish to select a drug for your class sample. The selection of this drug as an example does not indicate that it should require prior authorization.>

Ixekizumab (Taltz®)

Ixekizumab is FDA-approved for the management of moderate to severe chronic plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. Ixekizumab is a humanized interleukin-17A antagonist. The recommended dosage of ixekizumab is an initial dose of 160 mg (two 80 mg injections) at week 0 followed by 80 mg at weeks 2, 4, 6, 8, 10 and 12, then 80 mg every 4 weeks.

Approval Criteria

Prescriber must document the following for initial therapy:

- Patient diagnosis of moderate to severe chronic plaque psoriasis

- Body surface area involvement ≥ 10% or significant impairment in physical or mental functioning

- Clinical failure with one or more topical therapies

- Clinical failure with one or more systemic therapies (i.e., methotrexate, cyclosporine, adalimumab, etanercept)

For continued therapy past one year, documentation of patient improvement must be provided.

Age Restrictions

Must be 18 years or older

Prescriber Restrictions

Dermatologist, Rheumatologist

Quantity Limit

Approve exact quantities

Coverage Duration

One year

APPENDIX

Week Five — Medication Therapy Management Project

The purpose of the Medication Therapy Management (MTM) program is to improve patient safety, compliance, outcomes, and quality of life while containing prescription and overall healthcare costs. Hypertension, diabetes, and dyslipidemia are all fairly common disease states that are associated with significant morbidity, mortality and cost, but when managed appropriately the prognosis and outcomes of these disease states can be markedly improved. The MTM program will focus on improving outcomes in patients who meet all of the following criteria:

1. Have a definitive diagnosis of hypertension, diabetes, and dyslipidemia

2. Take at least one blood glucose regulating drug

3. Take at least one antihypertensive drug

4. Take at least one lipid lowering drug

5. Have a monthly drug spend of over $330.00

This program is specifically designed to improve a beneficiary's overall health through a specific plan that proactively manages chronic diseases and their associated medications. Further, the program serves to support and maximize the pharmacist/patient relationship, encourage patient empowerment and involvement in healthcare decision-making, and to evaluate clinical, humanistic, and economic outcomes on an ongoing basis.

Fees:

The MTM program is a voluntary program that will be provided at no additional charge to beneficiaries. Costs for managing the MTM program will be allocated to our administrative expenses.

Payment for pharmacist counseling for diabetes education, polypharmacy, appropriateness of therapy, inappropriate meds in elderly, and compliance will be paid at $50.00 per unit for up to 4 units per year.

Enrollment:

Beneficiaries may be referred into the program through any one of the following:

1 Physician

2 Pharmacist

3 Other provider (home health, durable medical equipment (DME), home infusion, etc.)

4 Health Risk Assessment report

5 High Dollar Utilization reports

6 XYZ Health Plan Customer Service Department

7 Beneficiary

8 Family member/caregiver

APPENDIX

Week Five — Medication Therapy Management Project *continued*

Enrollment continued:

When a beneficiary is referred to the MTM program they will be sent an introductory letter to educate them about the benefits and resources in the MTM program and an initial health assessment and questionnaire will be performed to determine if the beneficiary meets the required program inclusion criteria. If all inclusion criteria are met and the beneficiaries does not notify XYZ Health Plan that they do not wish to be in the MTM program, the beneficiary will be automatically enrolled in the MTM program and into Online Solutions (an online central repository of patient medical information located at XYZ Health Plan).

The beneficiary will receive a Welcome Packet containing general MTM program information, educational health related materials about their specific disease states and medications, and formulary information. Members will also be given the opportunity to order additional educational materials at no cost or to access them through the XYZ Health Plan's website.

Program Information:

In House: Program members will be placed into the MTMP database allowing consistent review of medical and pharmaceutical treatment and costs. Members will also be automatically enrolled in Online Solutions. Online Solutions is a secure medical information network offered by XYZ Health Plan that allows doctors and pharmacists to access current medical information that is important in the ongoing treatment and care of patients, such as:

- Chronic and acute disease states
- Complete medication history
- Surgical history
- Lab/procedure test results
- Allergies or drug sensitivities
- Immunization history
- Physician progress notes

There is no charge for participating in Online Solutions and anyone in XYZ's network may participate.

Physicians: Each member's physician(s) will be notified of their patient's enrollment into the MTM program and the physician will subsequently be contacted about the following opportunities and benefits offered by MTMP:

- Transition process from non-formulary to formulary medications
- Opportunities for generic substitutions
- Opportunity to transition patients off of drugs listed on the BEERS List
- The benefits and wealth of vital information contained in Online Solutions
- Notification of medication compliance issues (no/late refills)

APPENDIX

Week Five — Medication Therapy Management Project *continued*

Beneficiaries: Beneficiaries enrolled in MTMP will be contacted quarterly by XYZ Health Plan via personalized mail-outs. These mail-outs will include useful information designed to improve health outcomes such as:

- Disease specific educational materials
- Medication specific educational materials
- Information about generic and lower cost alternative therapies
- Information about the importance of proper diet and exercise
- Information concerning compliance and late refills
- Information concerning the importance of regular physician visits

The MTM program will also use the "For Your Health" website (XYZ's health promotion website) to keep enrollees informed on a variety of health care topics. The program will provide enrollees with health educational and promotional materials. For members without access to the website, a listing of *For Your Health* topics is available with instructions on how to order the desired pamphlets using rapid response (Voice Response Unit - VRU).

Pharmacists: A network of preferred pharmacists will be created to work directly with members and their physicians in an effort to improve patient safety and quality of care. To be a preferred pharmacist, the pharmacist must be able and willing to meet all monthly program patient monitoring criteria. Additionally, these pharmacists will be credentialed based on level of expertise and geriatric specialty.

Members will be notified by XYZ Health Plan of all the preferred pharmacists in their area and will be encouraged to use the same preferred pharmacist each month for one-on-one assistance with medication therapy, pharmaceutical needs, and monthly follow-up. Preferred pharmacists will be responsible for:

- Physically seeing the patient at least once each quarter and documenting the visit
- Measuring and documenting the beneficiary's vitals signs (BP sitting and standing, HR, RR), blood sugar, and weight at least once each quarter
- Reviewing the beneficiary's health profile and progress (all labs, progress notes, medications, etc.) at least once each quarter in Online Solutions
- Contacting/working directly with the beneficiary's physician as needed
- Counseling patients on all current medication therapy
- Increasing patient compliance through counseling, prospective refill notifications, and late refill reminders
- Counseling the beneficiary on appropriate diet and exercise at least once each quarter

APPENDIX

Week Five — Medication Therapy Management Project *continued*

MTM Communication Assignment

Attached is a CMS approved MTM program for your review. As a preferred MTM provider for XYZ Health Plan, eligible members will be notified that you are an approved MTM provider to schedule an initial appointment. As a part of the assignment, a patient example is provided below. You are assigned to write an initial note of interaction that will be provided to XYZ Health Plan and documented in the Online Solutions database. The purpose is to ensure that each eligible member is receiving clinically significant yet cost effective care. Please keep the note as concise as possible documenting all necessary information and recommendations for both XYZ Health Plan and their physician. Centralized communication is key to ensuring XYZ's patients receive the highest standard of care.

Jane Doe
68 yo African-American Female
Weight: 152 lbs
Height: 5'2"

PMH:
Stroke (5 years ago)
Hysterectomy (12 years ago)

FH:
Mother died of stroke at 70 yo
Father died of lung cancer at 65 yo
Sister has diabetes and hypertension

Labs:
LDL: 98
HDL 40
TC: 198
TG: 148
BP: 144/92
A1c: 6.0%
Preprandial Plasma Glucose: 118

Medications:
Lipitor 20 mg 1 po qd at H.S.
metformin XR 850 mg 1 po qd
hydrochlorothiazide/triamterene 25 mg 1 po qd
naproxen sodium 275 mg 1 po bid
lorazepam 0.5 mg 1 po bid

APPENDIX

Week Six — Specialty Pharmacy Project

You have been tasked with developing a new clinical program for a specialty pharmacy provider that incorporates elements such as compliance to medication therapy, management of adverse effects, patient education and supportive care. Answer the following questions relative to the new program you develop.

1) What is the name of the new clinical program and what patients would qualify for enrollment?

2) How would you identify patients for the program and how would you recruit for enrollment? Discuss relevant considerations or strategy in choosing your clinical program (e.g., Updated guidelines, pipeline presence, etc).

3) What are the clinical outcomes that will be targeted in the program?

4) What goals do you have for the patients and at what time intervals will these be evaluated?

5) Within which managed care setting (e.g., PBM, health plan, etc) would your program be most appropriate and successful, and why?

6) What adverse effects will the patients be monitored for and what tools/recommendations will the patients be provided to assist them with preventing the adverse effects associated with the disease state related to the program?

7) How would you measure the member and provider experience of the program?

8) How would you measure success from the patient perspective under your clinical program?

APPENDIX

Week Ten — Budget Impact Model

You have been tasked with providing input on a recently presented budget impact model from a pharmaceutical manufacturer. Specifically the information requested is what data inputs are appropriate for construction of a valid model to access the impact of a newer medication on the existing commercial formulary expenditures. The Pharmacy & Therapeutics Committee recently met and determined that this new medication (Drug E) is a "may add" status to the commercial formulary provided by your organization. Please use the following data to answer the following questions.

New drug in a specialty drug category with >5% trend in yearly category health plan expenditures.

Current PMPM

Current PMPY

Market share of specific current formulary products

> Drug A 22%
>
> Drug B 54%
>
> Drug C 10%
>
> Drug D 14%

Expected 1st year market share of drug E 4% with annual increases of 4% for year 2 and 3 and forecasted increase in years 4 and 5 of 8% and 12%, respectively. Market share for drug E will draw equally from other current formulary products.

1) What costs, from a health plan perspective, should be included in the budget impact model and why?

2) If adding drug E to the above formulary increases PMPM by $0.01, is that a significant increase? Yes, No, or It Depends. If your answer is "it depends", what are the health plan specific factors utilized in evaluating this PMPM increase?

3) In evaluating models proposed by non-health plan consultants or vendors, what factors should be considered to determine appropriateness of model constructions, data, assumptions, and calculations?

    a. How could bias be introduced into this model? Discuss ways to identify/mitigate potential bias.

1. Reference document: **http://www.ispor.org/workpaper/Modeling-Good-Research-Practices-Overview.asp**. Accessed April 27, 2017.

2. Caro JJ, Briggs AH, Siebert U, et al. Modeling good research practices - overview: A report of the ISPOR-SMDM modeling good research practices task force-1. Value Health 2012;15:796-803.

APPENDIX

Week Twelve — Cost Analysis

You have been tasked with providing formulary placement recommendations to a human resources representative for a self-insured health plan that administers a customized formulary. The Pharmacy & Therapeutics Committee recently met and provided background clinical information that confirms the medications within the therapy class you are evaluating can be effectively and safely interchanged. The following table depicts the utilization and cost history of each drug in the therapy class. Please use the table to answer the following questions.

Medication	Utilization (Rxs)				Market Share	Current Cost	Current Status
	Q1	Q2	Q3	Q4			
Drug A	375	394	413	431	75%	$50 per Rx	Formulary
Drug B	45	47	50	52	9%	$51 per Rx	Non-Formulary
Drug C	80	84	88	92	16%	$52 per Rx	Non-Formulary

1) The manufacturer for Drug C offers you a $3 per Rx rebate if you agree to designate Drug C as your only formulary medication in the therapy class. What contributing factors do you need to consider? What is your final recommendation and why?

2) The manufacturer for Drug C offers you a $2 per Rx rebate if you agree to add Drug C as an alternative formulary medication in the therapy class. How might your recommendation change and why?

3) You receive new information that states Drug B has a special property that may improve response rates in patients who have failed Drug A and C. Should you add Drug B as an alternative formulary medication in the therapy class? What are your other options?

4) Assume Drug A is a generic medication with a relatively higher bill burden to achieve therapeutic equivalence with Drug B or Drug C. Does this change your recommendation and why?

APPENDIX

Week Thirteen — Pharmacy Benefit Management Design

You have been consulted on developing a pharmacy benefit design for a plan sponsor. Your goal is to make sure that your design will result in a good balance between cost containment and inclusion of valuable member benefits. The plan sponsor would like to provide coverage for 1,000 lives in a rural area of the state with limited access to community pharmacies as well as technology. The member population exhibits a relatively higher degree of multiple sclerosis compared to other populations within the state.

1) Describe strategies that you can include in your benefit design to lower the supply costs associated with the pharmacy benefit (for example, drug ingredient costs and pharmacy dispensing fees)

2) Describe strategies that you can include in your benefit design to lower the utilization demand of costly pharmaceuticals (for example, which drug is prescribed and which drug a patient would demand)

3) Describe strategies you could use to ensure medication adherence and positive clinical outcomes despite issues such as geographical limitations.

4) What types of pharmaceuticals will you classify as a non-covered benefit for your proposed benefit design?

5) Explain whether or not you will have each of the following programs within your benefit design. Include your reasons:

   a. Mail order

   b. Specialty pharmacy

   c. Internet pharmacy

   d. Physician dispensing

   e. Medication Therapy Management

6) Discuss types of reporting and follow-up that the plan sponsor would benefit from in assessing successes from your benefit design. At what frequency is appropriate and why?

7) Please list factors that the plan sponsor may review at the end of the year to evaluate whether or not your proposed benefit design works and if the plan sponsor should continue consulting with you on their pharmacy benefit design in the future.

APPENDIX

Week Thirteen — Pharmacy Benefit Management Design *continued*

Answer Key:

1. **Lower supply:** rebating with manufacturers for costly medications, include network with pharmacies with greater fill volume within the rural community, purchasing groups, standardized formularies

2. **Lower demand:** Prescriber education, prior authorization process, clinical program evaluating utilization of high utilized medications, cost sharing, tiering

3. **Non-covered benefit:** Most OTCs, cosmetics, weight loss medications, non-FDA approved indications

4. **Included services:**

   a. **Mail order:** Included service due to rural community in which members reside.

   b. **Specialty pharmacy:** Data shows that patients with multiple sclerosis who enroll in a specialty pharmacy program demonstrate greater persistence with treatment compared to an unmanaged group. Worth investment due to member population for this plan.

   c. **Internet pharmacy:** Not provided due to limited access to technology in rural area of member population

   d. **Physician dispensing:** Include providers practicing in rural area of member population

   e. **Medication therapy management:** Designed for management of multiple sclerosis and education provided through telephone counseling rather than in-person or telemedicine (through video/computer). Including coordination of durable medical equipment for rehabilitation related to multiple sclerosis and other medical conditions.

5. **Quality assurance metrics:**

   a. **Short-term:** Some initial cost-savings through improved quality of life through medication therapy management program. Patient and provider satisfaction through educational services provided through plan.

   b. **Long-term:** Cost-savings through decreased hospitalization and increased quality of life through adherence to multiple sclerosis medications through medication therapy management and specialty pharmacy services.

S E C T I O N 3   Samples

The Academy wishes to thank members who served as course faculty for providing samples of their policies.

Class Attendance Policies

Sample One

Class attendance: Lecture attendance is mandatory. Each student will be allowed one missed class; each additional absence will result in a deduction of 5% (per lecture) from the final grade average in the course.

Sample Two

Attendance and Participation: Students are expected to attend all lectures. Any student with TWO or MORE unexcused absences will not pass the course. Early departures must be pre-arranged with the course coordinator(s). Students are responsible for the lecture material regardless of attendance. Participation in discussions is required and will be documented. Questions regarding the lecture content should be discussed with a course coordinator or with the individual lecturer. Concerns regarding grading should be discussed with the course coordinators.

Course Grading/Assessment

These grading policies are based on the course curriculum from the sample provided. They do not match to the curriculum outlined in Section 2 of this document.

Sample One

The final grade for this course will be based on the following:

Site visit and written and oral assignment — 30%

Future trend study and written/oral assignment—20%

Quiz — 10%   Final exam — 40%

The following grade scale will be used to assign final grades:

A   92-100   B+ 86-88   B- 79-82   C 70—75   F <65

A- 89-91   B   82-85   C+ 76-78   D 65-69

Course Grading/Assessment

Sample One continued

Site Visit and Written Assignment: Groups will be appointed and assigned to meet with representatives of PBMs, Managed care or similar organizations. The Chairperson of the group will be responsible for contacting the site to make arrangements for the site visit. Only the Group Chair is to make this contact. The information learned from this interview will be contained in a paper which each student will write providing the student's assessment of how the managed care organization functions to provide cost-effective care management to the patient. The paper should include your perspective of how the company attempts to influence the management of patient care as it pertains to the delivery of pharmaceutical care and the view point of the student as to the impact on the patient and the profession of Pharmacy. The paper is expected to provide your assessment of what you observed at the site visit. Class will not be held on Wednesday, Sept. 30 in order for you to schedule your group interview on that date or at a mutually convenient time that week.

The interview with the MCO representative should provide the primary resource for the paper, along with reading material provided in the class and class discussion. The paper must be typed and submitted by Month and Date. The paper should be approximately 3 pages in length. Suggested questions to consider in conducting the interview are attached. These are only intended to assist you in formulating the subject matter that the group determines should be included in the interview. You are encouraged to include any questions you deem appropriate or that will assist you in writing your paper.

Evaluation of Assignment: 30 points will be assigned for personal attendance at the interview, preparation of the written paper with no more than two grammatical or punctuation errors, the required length, and participation in an oral presentation to the class. A lesser number of points (20-25) will be given if all of the foregoing criteria are not met.

Contemporary Issues Assignment: Each group will be assigned a "future trend" or contemporary topic to study and develop a position with respect to this trend. Thought should be given as to the validity or necessity of the trend, how it might impact the patient and what effect it might have on the profession of Pharmacy. No written paper is required but an oral presentation by the group will be presented to the class. 20 points will be granted for this assignment based on the thoroughness of the evaluation of the subject. A lesser number of points may be assigned based on the completeness of the assignment.

Course Grading/Assessment

Sample Two

Final grades for the course will be based on a weighted average of individual performance in class attendance/participation, seven quizzes, the group presentation and executive summary. The presentation will be evaluated using set criteria (with no credit given to students who fail to attend) and later converted to a percentage score. **In addition, any student with TWO or MORE unexcused absences will not pass the course.** Each course component will be graded as a percentage of total possible points. The final grade will then be based on a weighted average of the scores as follows:

Attendance	10%
Participation (terminology homework, class evaluations)	15%
Quizzes	35%,
Presentation	30%
Summary Questions	10%

Anyone scoring over 90% of the points will receive an A for course, otherwise grades will given based on the performance of the class and difficulty of the quizzes.

1. Journal Club Presentation and Questions: There is one required journal club presentation during the semester. The presentation will be worth 30% of the final course grade. The Summary Questions for the presentation will be worth 10% of the final course grade. Pairs will be formed by the students. Names of the student pairs are due to coordinators in class on Month and Date. Dates to present will be assigned randomly.

2. Quizzes: There will be 8 quizzes during the semester. The quizzes will be worth 35% of the final course grade. Each quiz will focus on material from the prior week of class. Earlier material can be used for each quiz but the majority of questions will come from the previous week.

3. All requests for a review of quiz scores should be made with the course coordinator. Any re-grading will entail a complete review of the quiz and could result in *raising or lowering* of the score.

4. Make-up quizzes will only be given to students with an excused absence, which must be arranged **prior** to the date of the quiz. No make-up quiz will be given to students without an excused absence arranged ahead of time. An unexcused absence will result in a score of zero points for the quiz. Note in particular that we will, if required, provide an alternative quiz date for students who are representing the College by attending a professional meeting during the regular semester.The alternative quiz date will be scheduled immediately after the professional meeting ends. We will not accommodate students who decide to stay beyond the meeting dates for vacations. Students who miss the scheduled make-up quiz will receive INC grades, and will have to resolve the matter over winter break. QUIZZES MUST BE MADE UP WITHIN ONE WEEK OF THE MISSED DATE. MAKE UP QUIZZES WILL BE GIVEN IN THE FORM OF SHORT ANSWER, M/C, MATCHING OR T/F.

Attire

If you choose to include a site visit to a managed care organization, you may wish to add a dress/attire policy. AMCP strongly encourages site visits for students to managed care organizations (e.g., State Medicaid, State healthplans, etc.).

Sample One

Travel and attire: You will be expected to travel on your own or in a group to the site that you have been assigned to participate in an interview and prepare for your written assignment. Arrangements for the visit are to be made by the Chairperson of your group with the contact person at the site. Only one person, i.e. the Chairperson of the group is to make the arrangements. Your attire should be professional in nature, similar to what you would wear for a job interview.

Sample Two

Dress code: Students are expected to dress in an appropriate professional manner in class and particularly when attending the site visit.

Where to Find Guest Speakers

Contact **stduentdevelopment@amcp.org** for a list of AMCP members who have volunteered to speak at schools/colleges of pharmacy. You may also wish to contact your school's AMCP Diplomat for assistance. Diplomat contact information can be found on the AMCP website at **http://69.0.204.76/amcp.ark?c=mem&sc=diplomats**.