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Program

HEALTH PLAN EXECUTIVE FORUM

DECEMBER 2, 2014 | THE ST. REGIS HOTEL | WASHINGTON, DC

Hosted by the Academy of Managed Care Pharmacy in partnership with

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Welcome to the

HEALTH PLAN EXECUTIVE FORUM

DECEMBER 2, 2014 | THE ST. REGIS HOTEL | WASHINGTON, DC



Welcome to this Health Plan Executive Forum, presented by the Academy of Managed Care Pharmacy, in partnership with CVS Health, MedImpact, and Novo Nordisk. Thank you for choosing to participate in this important conversation about the present and future of health care reform.

Improvements in population health, patient satisfaction and quality of care, and affordability — the three elements of the Triple Aim of health reform — have been the concerns of AMCP and its members long before the advent of reform and the Patient Protection and Affordable Care Act. Last month's mid-term election results will not alter our mission, but they will shape the future policy and business climate in which our members, and the organizations they work for, operate. AMCP's hope is that today's Forum will advance and clarify all of our understanding of what the future holds. We are honored to have former Speaker of the House Newt Gingrich share his insights on the changes on Capitol Hill and their impact on the pace and direction of health reform. We are equally honored to have Dr. David Nash, Dean of the Jefferson School of Population Health at Thomas Jefferson University, who will moderate today's panel discussions, as well as our distinguished panelists and attendees.

All of you have a role to play as we strive to make health care in the United States the best on the world stage. Our sponsors are renowned for their commitment to top-quality medical, pharmacy and patient care and we could not have brought you all together without their generous support.

On behalf of everyone at AMCP, I thank you for all your contributions to this important day of discussion and planning. You are making a difference in the lives of patients.

A handwritten signature in black ink that reads "Edith A. Rosato". The signature is fluid and cursive.

Edith A. Rosato RPh, IOM
Chief Executive Officer

Agenda

9:00 am–9:30 am	Registration & Continental Breakfast	Carlton Ballroom & Foyer
9:30 am–10:00 am	Welcome & Introductions	Carlton Ballroom
	<ul style="list-style-type: none"> • David B. Nash, MD, MBA Dean, Jefferson School of Population Health, Thomas Jefferson University (<i>Forum Moderator</i>) • Edith A. Rosato, RPh, IOM Chief Executive Officer, Academy of Managed Care Pharmacy 	
10:00 am–11:00 am	Keynote Speaker: The Honorable Newt Gingrich	
11:00 am–11:15 am	BREAK	
11:15 am–12:15 pm	Panel Session #1 — <i>Population Health and the Insurance Marketplace</i>	
	<p><i>Panel Members:</i></p> <ul style="list-style-type: none"> • Cathy K. Eddy President, Health Plan Alliance • Jeremy Nobel, MD, MPH Medical Director, Northeast Business Group on Health • Matt Salo Executive Director, National Association of Medicaid Directors • Danilo Verge, MD, MBA Vice President, Medical Affairs, Diabetes, Novo Nordisk, Inc. 	
12:15 pm–1:15 pm	Networking Luncheon	Magnolia Ballroom
1:15 pm–2:15 pm	Panel Session #2 — <i>Narrow Network vs. Value Network: Where's the Greatest Value?</i>	
	<p><i>Panel Members:</i></p> <ul style="list-style-type: none"> • David Dross, MBA Partner, Mercer • Thomas Gibbons, RPh Senior Vice President of Payer Relations/Managed Care, CVS Health/CVS Pharmacy • Robert K. Kritzler, MD Deputy Chief Medical Officer, Care Management, Johns Hopkins HealthCare • Michael S. Sherman, MD, MBA, MS, CPE, FACPE Senior Vice President, Chief Medical Officer, Harvard Pilgrim Health Care 	
2:15 pm–2:30 pm	BREAK	
2:30 pm–3:30 pm	Panel Session #3 — <i>Specialty Pharmacy & Biosimilars: Improving Population Health?</i>	
	<p><i>Panel Members:</i></p> <ul style="list-style-type: none"> • Steven G. Avey, RPh, MS, FAMCP Vice President, Specialty Programs, MedImpact Healthcare Systems, Inc. • Alan M. Lotvin, MD Executive Vice President, CVS/specialty, CVS Health • Thomas Parry, PhD President, Integrated Benefits Institute • Margaret Rehayem, MA Senior Director of Strategic Initiatives and Communications, Midwest Business Group on Health 	
3:30 pm–3:55 pm	Reflection & Summary	
3:55 pm–4:00 pm	Closing Remarks & Adjournment	
4:00 pm–5:30 pm	Reception	Magnolia Ballroom



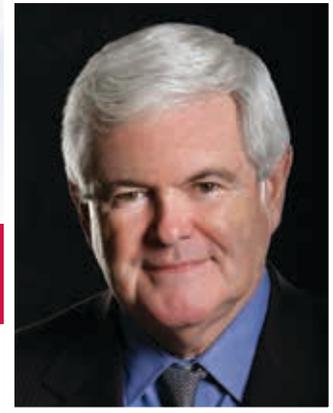
Helping People on Their Path to Better Health

We're reinventing pharmacy to provide caring expert guidance, new cost-effective solutions, and even more convenient access to care. You might not expect this from a pharmacy or a PBM, but you can expect it from a pharmacy innovation company. That's CVS Health. Helping people on their path to better health. It's our purpose, our promise, our passion...every day.

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Newt Gingrich

SPECIAL GUEST AND KEYNOTE SPEAKER



Newt Gingrich is well-known as the architect of the “Contract with America” that led the Republican Party to victory in 1994 by capturing the majority in the U.S. House of Representatives for the first time in forty years. After he was elected Speaker, he disrupted the status quo by moving power out of Washington and back to the American people. Under his leadership, Congress passed welfare reform, the first balanced budget in a generation, and the first tax cut in sixteen years. In addition, the Congress restored funding to strengthen defense and intelligence capabilities, an action later lauded by the bipartisan 9/11 Commission.

From May 2011 to May 2012, Newt Gingrich was a candidate for the Republican nomination for President of the United States, winning the South Carolina and the Georgia primaries. The campaign was especially notable for its innovative policy agenda, its effort to bring new coalitions into the Republican fold, and for Newt’s debate performances. His \$2.50 a gallon energy plan set off a nationwide discussion about the use of America’s energy resources.

Newt Gingrich is also the host of CNN’s political show *Crossfire*, which was restarted in the fall of 2013 after an eight-year hiatus. He hosts the show alongside conservative commentator S.E. Cupp, former Obama campaign spokeswoman Stephanie Cutter, and green advocate Van Jones.

His non-fiction books include his latest, *A Nation Like No Other*, in addition to *Ronald Reagan: Rendezvous with Destiny*, *To Save America*, *Rediscovering God in America*, *5 Principles for a Successful Life*, *Drill Here, Drill Now, Pay Less*, *Real Change*, *A Contract with the Earth*, *Winning the Future: A 21st Century Contract with America*, *To Renew America*, *Lessons Learned the Hard Way*, *Saving Lives & Saving Money*, *Window of Opportunity*, and *The Art of Transformation*.

Widely recognized for his commitment to a better system of health for all Americans, his leadership in the U.S. Congress helped save Medicare from bankruptcy, prompted FDA reform to help the seriously ill and initiated a new focus on research, prevention, and wellness. His contributions have been so great that the American Diabetes Association awarded him their highest non-medical award and the March of Dimes named him their 1995 Citizen of the Year.

To foster a modern health system that provides better outcomes at lower cost, Newt launched the Center for Health Transformation in 2003, and continued there in a leadership role until he stepped down in 2011 to seek the Republican nomination for President of the United States.

MedImpact Healthcare Systems, Inc.

Corporate Overview

Who we are and what we do

Founded in 1989 and headquartered in San Diego, CA, MedImpact Healthcare Systems, Inc. provides PBM services to the Commercial MCO, Medicare, Medicaid, Self-Insured, State/Local Government, 340B, and Discount/Retail Pharmacy Loyalty Card market segments. MedImpact manages pharmacy benefits for more than 50 million lives around the globe.

Value proposition

MedImpact combines subject matter expertise with innovative technology and services to deliver better healthcare outcomes and improve its clients' positions in the market. MedImpact's results are quantified through detailed peer analysis, demonstrating how the company can help its clients be market leaders.

Differentiators

MedImpact's model is unique: avoiding conflict of interest by deriving revenue from effectively managing client pharmacy benefits rather than dispensing drugs. MedImpact works with clients to direct prescribing to the lowest net cost drug that is medically appropriate.

Awards and accreditations

- In the 2014-2015 NCQA rankings, MedImpact supported six of the Top 10 private/commercial, one of the Top 10 Medicare and one of the Top 10 Medicaid health insurance plans.
- MedImpact clients ranked higher than the national plan average in the 2014 Centers for Medicare & Medicaid Services (CMS) Star Ratings.
- MedImpact exceeded the industry average for Factor Advocate Score and Client Advocate Score in Flaspöler's 2013 PBM Report.
- MedImpact was one of the first PBMs certified as transparent by the HR Policy Association's Pharmaceutical Purchasing Coalition, as part of the Transparency in Pharmaceutical Purchasing Solutions ("TIPPS") initiative.
- MedImpact was among the inaugural groups to receive URAC Pharmacy Benefit Management accreditation in 2008. We received reaccreditation in 2011 with recognition for industry leadership in Information Management and Quality and Safety Criteria.



PBM Services

Our full suite of services and solutions includes

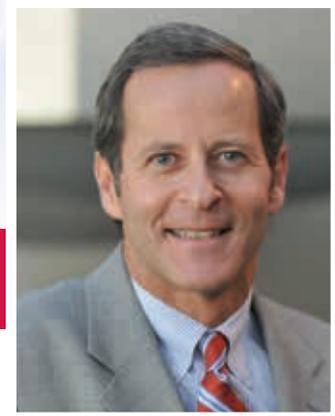
- MedImpact Direct™
- iRx Program™ and retail pharmacy loyalty card programs
- 340B programs
- Innovative, value-based benefit designs
- Specialty Rx cost management strategies
- Retail pharmacy network administration
- Single, flexible platform for claims processing and reporting
- Drug utilization, formulary management and medication therapy management programs
- Customizable member website and mobile tools
- Fraud, waste and abuse prevention
- Rebate programs
- Retiree drug benefits



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David B. Nash MD, MBA



MODERATOR

Dr. David Nash was named the Founding Dean of the Jefferson School of Population Health (JSPH) in 2008. This appointment caps a twenty-year tenure on the faculty of Thomas Jefferson University. He is also the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy. JSPH provides innovative educational programming designed to develop healthcare leaders for the future. Its offerings include Masters Programs in Public Health, Healthcare Quality and Safety, Health Policy and Applied Health Economics. JSPH also offers a doctoral program in Population Health Science.

In the for-profit sector, Dr. Nash was named to the Board of Directors for Humana, Inc., one of the nation's largest publically traded healthcare companies, in 2009. He recently retired from the board of Endo Health Solutions, a publically traded pharmaceutical company, now headquartered in Dublin, Ireland. In October 2013 he joined the board of Vestagen Technical Textiles, a privately held advanced medical textile company in Orlando, FL. Finally, he recently joined the board of InfoMC in suburban Philadelphia, a leading information technology company.

Among his many awards are the following: In 1995 he received the top recognition award from the Academy of Managed Care Pharmacy. He received the *Philadelphia Business Journal* Healthcare Heroes Award in October 1997, and was named an honorary distinguished fellow of the American College of Physician Executives in 1998. In 2006, he received the

Elliot Stone Award for leadership in public accountability for health data from NAHDO. In 2009 Dr. Nash received the Wharton Healthcare Alumni Achievement Award. In 2012, he received both the Joseph Wharton award in recognition of his "social impact" and the *Philadelphia Business Journal* innovation award.

A board certified internist, Nash is a recognized national leader in helping to transform the healthcare workforce for a world of public accountability and transparency for all outcomes. His books and articles in peer-reviewed journals are a staple for graduate programs in medicine, health administration and public health throughout the country. For twenty years, he has led the *Three Faces of Quality*, the most widely attended course on quality and safety, under the auspices of the American College of Physician Executives, in the United States. He has edited 23 books, including *Connecting with the New Healthcare Consumer*, *The Quality Solution*, *Governance for Healthcare Providers*, *Population Health: Creating a Culture of Wellness*, and most recently, *Demand Better*.

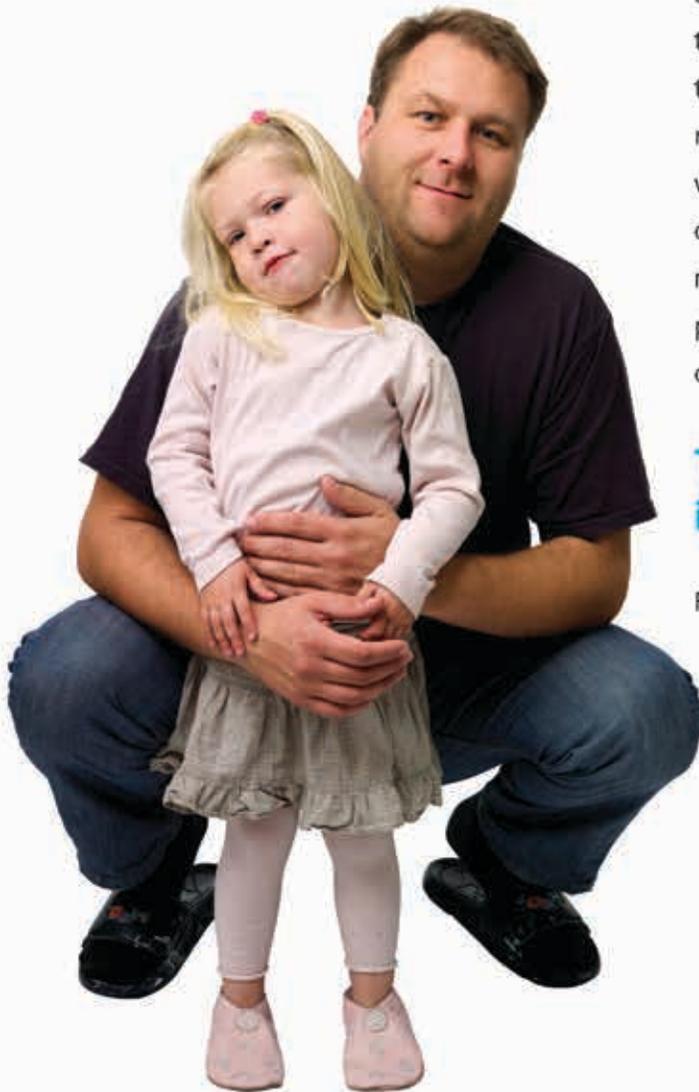
Please visit: http://Jefferson.edu/population_health/ and his blog at http://blogs.jefferson.edu/nash_healthpolicy/.

a century of innovation

Nearly 100 years ago, Nobel Prize-winning scientist August Krogh and his wife Marie embarked on a journey to revolutionize diabetes care, driven by her needs as a diabetes patient. Today, Novo Nordisk still takes a deeply human approach to everything we do. As a world leader in diabetes care, we are in a position of great responsibility. We must continue to combine drug discovery and technology to turn science into treatments. We must prioritize research, education, and partnerships around the world to make diabetes a global priority. We must conduct our business responsibly in every way. And most importantly, we can never lose sight of the patient-centric approach that has driven our vision of innovation since our inception.

**Together, we can defeat diabetes
in our lifetime.**

For more about us, visit novonordisk-us.com



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Panelist Bios

Steven G. Avey, RPh, MS, FAMCP

Vice President, Specialty Programs
MedImpact Healthcare Systems, Inc.

Steven Avey is a distinguished expert in managed care and namesake of the Academy of Managed Care Pharmacy (AMCP) Foundation's prestigious lifetime achievement award, the Steven G. Avey Award. AMCP renamed their award in recognition of his achievements in quality measurement programs and improving drug assessment processes in the U.S. As Vice President of Specialty Programs at MedImpact, Steven is responsible for setting the overall business strategy in the specialty arena.

Steven began his career in managed care pharmacy with Prospective Health (now Relay Health), where he helped establish and run its data services division. In 2000, after serving as treasurer and president of AMCP, he was hired as the executive director of its foundation. In 2005, he left AMCP to become vice president of managed care at Partners Rx Management. He then joined RegenceRx where we worked to assess the company's services, network rates and rebates to determine how RegenceRx could better service its health plan.

Steven holds Bachelor and Master of Science degrees in pharmacy administration from the University of Utah. He began his pharmacy career in the retail sector, and owned and operated Avey's Medical Village Pharmacy for nine years. His early-career focus was on geriatrics in the long-term care setting, psychiatry and pediatrics. After completion of graduate school, his focus changed to managed care pharmacy. He was instrumental in setting up a Pharmacy Benefit Management (PBM) division with a mail order pharmacy for Smith's Food & Drugs in Salt Lake City.

David Dross, MBA

Partner
Mercer

David is the national practice leader of Mercer Health & Benefits' Managed Pharmacy Practice. In this role he is responsible for directing Mercer's pharmacy consulting staff of 51 consultants in various efforts, including vendor procurements, new solution development, aggregated purchasing and market development assessment. The Managed Pharmacy practice works with a broad cross section of clients whose total pharmacy spend is approximately \$22 Billion annually. He is based in Mercer's Houston, Texas, office.

Prior to moving into this role David was the consulting segment leader of the Houston office of Mercer Human Resource Consulting. He managed a staff of 24 providing consulting and other benefits advisory services to larger employers (5,000 employees) on a range of benefit plan issues. He has a particular interest in network development, aggregated purchasing, and managed medical delivery.

Before joining Mercer 17 years ago, David worked in a variety of management roles for Prudential and Blue Cross/Blue Shield of South Carolina for a total of 11 years.

David graduated from Vanderbilt University with a degree in economics. He also has a Master's degree in business administration from the University of Virginia. He founded and was the first president of the Low Country Chapter of the National Association of Health Underwriters.

Panelist Bios

Cathy K. Eddy

President
Health Plan Alliance

Cathy K. Eddy is president of the Health Plan Alliance, an organization started by and for provider-sponsored health plans to help its members be more competitive. Cathy developed the concept with the eight founding members, wrote the business plan, raised the initial capital and has been running the Alliance since its inception as COO, executive director and now as president. The organization currently has 48 members.

In addition to oversight of her own Board, Cathy has been a speaker and facilitator for many additional boards. She has been a member of the Presbyterian Health Plan board in New Mexico since 2005 and joined the Health First Board of Trustees in Florida in 2013.

She served as vice president of Clinical Affairs for VHA with a focus on strategic planning and innovation screening, chaired VHA's HIPAA work group and lead its national initiative for community health improvement.

She served as the health policy analyst on H. Ross Perot's 1992 presidential campaign. She received her MBA in health care management and insurance from the Wharton School at the University of Pennsylvania in 1992.

Thomas Gibbons, RPh

Senior Vice President of Payer Relations/Managed Care
CVS Health/CVS Pharmacy

Mr. Gibbons joined CVS Health in 1998 and has had a series of roles within both the CVS/Caremark and CVS/Pharmacy components of CVS Health.

As Senior Vice President of Payer Relations/Managed Care, Tom Gibbons is responsible for the corporate management of CVS/Pharmacy relationships and contracting with Prescription Benefits Managers (PBMs), Health plans and Managed Medicaid programs, representing 97% of CVS/Pharmacy prescription volume. In this role, Tom develops strategies to expand CVS Health's retail pharmacy programs and value propositions, establishing strategic partnerships with the pharmacy community, and leveraging CVS/Pharmacy capabilities for current and prospective clients.

Prior to this role, Tom was Senior Vice President of Retail Network Administration for Caremark, where he had end- to-end responsibility for the management of the Retail Pharmacy network of 65,000 pharmacies.

Tom has also held roles in Pharmacy IT and Pharmacy Operations and has practiced as both a Retail Pharmacist and a Clinical Pharmacist in the St. Barnabas Health system.

Tom is a graduate of Rutgers University of Pharmacy in New Jersey, and currently resides in Rhode Island with his wife Stephanie, and his 14-year-old triplets.

Panelist Bios

Robert K. Kritzler, MD

*Deputy Chief Medical Officer, Care Management
Johns Hopkins HealthCare*

Dr. Kritzler has been in his present position since April 2006. After that training Dr. Kritzler remained on the Hopkins pediatric faculty until 1985. At that time he joined Kaiser Permanente as Chief of Pediatrics for the Baltimore expansion. He remained at Kaiser Permanente until rejoining Hopkins in 2006. At Kaiser Permanente, Dr. Kritzler held a number of senior medical administrative positions including Baltimore Medical Director (1996–2001, 1988–1993), Chief Operating Officer of the Mid-Atlantic Permanente Medical group (1993–1996), and Associate Mid-Atlantic Regional Medical Director for various other functions (utilization, contracting, compliance, regional services) (2001–2006). He remains a clinical consultant to Kaiser Permanente.

Johns Hopkins HealthCare is the Hopkins entity that administers a number of health plans representing about 300K members (Priority Partners, USFHP, and EHP). These plans serve various populations including; Medicaid, Tricare, and commercial. At JHHC, Dr. Kritzler is part of the executive leadership team with a concentration in areas pertaining to medical management, pharmacy management, quality, and resource use and strategic benefit design. Dr. Kritzler also serves the health system in various capacities advising on care management, ambulatory care, drug utilization, PCMH, ACO, and medical IT.

Since 2008 Dr. Kritzler has served on the board of the center for Health Value innovation. He is now the chair of the board of directors. Dr. Kritzler has lectured and published in a number of areas including utilization and care management, value benefit design, predictive

modeling, PCMH, ACO, large scale electronic medical record deployment, patient access, safety, disaster management, as well as areas of clinical pediatric endocrinology including diabetes management, at the patient and population level.

Alan M. Lotvin, MD

*Executive Vice President of Specialty Pharmacy
CVS/specialty, CVS Health*

Dr. Alan Lotvin is Executive Vice President of Specialty Pharmacy for CVS Health. In this role, Dr. Lotvin 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.

Dr. Lotvin 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, Dr. Lotvin 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 MJC Communications, a leading medical education provider. After leaving clinical practice, Dr. Lotvin served in various senior management roles at Medco Health Solutions, including serving as President of Medco Specialty Pharmacy Services.

Dr. Lotvin 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

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Panelist Bios

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

Jeremy Nobel, MD, MPH

Medical Director

Northeast Business Group on Health

Dr. Nobel is the Medical Director at the Northeast Business Group on Health (www.NEBGH.org), directing its Solutions Center and working with large self-insured employers, health plans and health systems to develop innovative and collaborative care models linked to sustainable business and payment models. Dr. Nobel is a long time innovator and researcher on the public health aspects of information technology and medical care, focusing on the design and evaluation of improved health care management systems that maximize cost-effectiveness, quality and patient experience. His work specifically encompasses the use of information management and communication technologies to better coordinate information between patients, providers, payers and purchasers, including interactive web-sites, remote physiologic monitoring, mobile computing, personal health records and other IT applications. Dr. Nobel is an Instructor in the Department of Global Health and Social Medicine at Harvard Medical School, and serves on the Faculty for the Center for Primary Care. He is Board Certified in both Internal Medicine and Preventive Medicine, with dual Master's degrees in Public Health and Epidemiology from the Harvard School of Public Health. He graduated magna cum laude from Princeton University.

Thomas Parry, PhD

President

Integrated Benefits Institute

Thomas Parry is President and co-founder of the Integrated Benefits Institute, a San Francisco-based independent, not-for-profit, national organization incorporated in 1995. The Institute provides research, lost-time benchmarking, measurement/modeling tools, and educational programs to improve health, lost-time and productivity management. IBI is supported by more than 1,030 employers, insurers, health care providers, brokers, third-party administrators, consultants and others interested in health and productivity issues. Employer organizations represent 90% of IBI's membership. Dr. Parry serves as IBI's Chief Executive Officer. In addition to directing IBI's activities, he also continues his involvement in IBI's research, measurement/modeling and benchmarking programs. He has directed many studies at IBI since its inception — including research analyzing the impact of medical care on disability outcomes, as well as two studies on Chief Financial Officers: the first, examining CFOs' view of health and healthcare in their companies; the second, assessing how CFOs would link workforce health to business outcomes. He also is the chief architect of IBI's disability/absence benchmarking and health and productivity measurement programs. Dr. Parry speaks on integrated benefits and health and productivity issues at conferences and symposia both in the United States and abroad. He also served for five years as research advisor to the Roadway Express Inc. Medical Board. Before co-founding the Integrated Benefits Institute, Dr. Parry served 11 years as Research Director at the California Workers' Compensation Institute. His research at CWCI encompassed a wide variety of topics in workers' compensation. While at CWCI, Dr. Parry

Panelist Bios

was engaged in some of the earliest research and analysis on 24-hour coverage and integrated benefit issues. Dr. Parry received his Bachelor's, Master's and Ph.D. degrees from the University of California, Berkeley.

Margaret Rehayem, MA

Senior Director of Strategic Initiatives and Communications Midwest Business Group on Health

Margaret Rehayem, MA is the Senior Director of Strategic Initiatives and Communications for Midwest Business Group on Health (MBGH), one of the nation's leading non-profit business coalitions. Margaret oversees many of the coalition's research initiatives that focus on enhancing an employer's effectiveness in health and benefits management. She has consulted with a number of employers on their benefit design approaches and has worked with many of them to assess their business goals as well as create successful employee engagement initiatives. She is part of MBGH's senior team who lead community initiatives focused on prevention, consumerism, well-being and the improvement of health care quality and safety.

Margaret was recently appointed to the University of Wisconsin Health and Wellness Management Program Advisory Board. She is also an adjunct faculty member at Lewis University teaching corporate health management, wellness and lifestyle management. She completed her MA in Organizational Systems and Leadership in 2006 through the Leadership Institute of Seattle (LIOS) offered through Bastyr University in Seattle, WA.

Matt Salo

Executive Director

National Association of Medicaid Directors

Matt Salo was named Executive Director of the National Association of Medicaid Directors (NAMMD) in February 2011. The newly formed association represents all 56 of the nation's state and territorial Medicaid Directors, and provides them with a strong unified voice in national discussions as well as a locus for technical assistance and best practices.

Matt formerly spent 12 years at the National Governors' Association, where he worked on the Governors' health care and human services reform agendas, and spent the five years prior to that as a health policy analyst working for the state Medicaid Directors as part of the American Public Human Services Association.

Matt also spent two years as a substitute teacher in the public school system in Alexandria, VA, and holds a BA in Eastern Religious Studies from the University of Virginia.

Panelist Bios

Michael S. Sherman, MD, MBA, MS, CPE, FACP

*Chief Medical Officer, Senior Vice President
Harvard Pilgrim Health Care*

Dr. Michael Sherman serves as chief medical officer and senior vice president for Harvard Pilgrim Health Care, which in 2013, was named the #1 private health plan in America for the tenth consecutive year according to an annual ranking of the nation's best health plans by the National Committee for Quality Assurance (NCQA) and Consumer Reports. He also serves on the faculty of Harvard Medical School's Department of Population Medicine, as chair of the Board of Managers of the Harvard Pilgrim Health Care Institute and has served as a mentor for emerging physician executives enrolled in the AHIP Executive Leadership Program.

Prior to joining Harvard Pilgrim, Dr. Sherman held leadership roles at Humana, UnitedHealth Group, and Thomson Medstat (now Truven). He holds a B.A. and an M.S. in Biomedical Anthropology from the University of Pennsylvania and received his M.D. from Yale and an M.B.A. from the Harvard Business School. Dr. Sherman is a diplomate of the American Board of Anesthesiology and American Board of Medical Management, and he practiced as a cardiac anesthesiologist prior to pursuing his MBA. A fellow of the American College of Physician Executives, Dr. Sherman was also recently appointed by Governor Deval Patrick to represent the health plan perspective on the Massachusetts State-wide Quality Advisory Committee.

Dr. Sherman is a frequent speaker at national and regional conferences and lectures regularly as part of the Harvard Business School executive education program on value measurement in healthcare. He serves on the board of directors of the Harvard Business School Health Care Alumni Association, the board of

advisors for the Harvard Business School Healthcare Initiative, and board of overseers for Boston's internationally renowned Museum of Science. Dr. Sherman also serves on the Advisory Board of the Institute for Clinical and Economic Review (ICER) and formerly served on the board of directors of Massachusetts Health Quality Partners.

Danilo Verge, MD, MBA

*Vice President, Medical Affairs, Diabetes
Novo Nordisk Inc.*

Dr. Danilo Verge is the Vice President for Diabetes Medical Affairs in Novo Nordisk Inc, in Princeton, NJ. He has previously held international positions within the company (headquarters in Copenhagen, Denmark, regional European office in Zurich and in the Spanish affiliate in Madrid) and has been involved in the development of many of its antidiabetic compounds, including insulin analogs and liraglutide. Dr. Verge obtained his Bachelor of Science at St. Lawrence University in Canton, New York, and his medical degree at the University of Buenos Aires, Argentina. He also holds a Master of Business Administration degree from the Scandinavian International Management Institute (SIMI) in Copenhagen. Dr. Verge is a member of the American Diabetes Association and the European Association for the Study of Diabetes. He has published a review on cardiovascular aspects of GLP-1R agonists, two reviews in the area of insulin analogues and is an occasional contributor to *Pharmaceutical Marketing Europe*, a specialized industry magazine.

Forum Attendees

AS OF 11/21/2014

Andrew Ajello

Senior Vice President, National Diabetes Sales
Novo Nordisk, Inc.

Steve Albers

Executive Director Health Plans
Novo Nordisk, Inc.

Patrick Amersbach, DNP, MSN, MS, BSN

Commander
Defense Health Agency

Cris Andreson

Strategic Account Executive
Novo Nordisk, Inc.

Steven Avey, RPh, MS, FAMCP

Vice President, Specialty Programs
MedImpact Healthcare Systems, Inc.

Daye Bexley

Director, Strategic Accounts
Novo Nordisk, Inc.

Spencer Borden, MD, MBA

Founder and Principal
Integrity Consulting, LLC

Jody Butera, CPA, MBA

Finance Director
The University of Arizona Physicians

Mark Connors

Chief Executive Officer
Pleio

Shari Davidson

Vice President
National Business Group on Health

Patti Doruff, RN

Vice President, Trade Relations
CVS Health

David Dross, MBA

Partner/Managed Pharmacy Practice Leader
Mercer

Cory Easton

Principal
HORIZON Health Ventures

Thomas Ebert, MD

Chief Medical Officer
Health New England

Cathy Eddy

President
Health Plan Alliance

Matthew Feltman, RPh

General Manager
Kroger Prescription Plans

Raulo Frear, PharmD

General Manager
OmedaRx

Thomas Gibbons, RPh

Senior Vice President of Payer Relations/
Managed Care
CVS Health/CVS Pharmacy

Jesper Høiland, MSc

President
Novo Nordisk, Inc.

Julie Hulgín

Vice President of Operations
Kroger Prescription Plans

Amvrosios Ioannidis

Chief Brand and Marketing Officer
Onco360

Robert Kritzler, MD

Deputy Chief Medical Officer, Care Management
Johns Hopkins HealthCare

Doug Langa, MBA

Vice President, Market Access, Diabetes
Novo Nordisk, Inc.

Edward Lennard, PharmD

Chief Pharmacy Officer
U.S. Office of Personnel Management

Terri Lightfoot

Chief Executive Officer & Executive Director
Nevada Business Group on Health

continued

Forum Attendees

AS OF 11/21/2014

Don Liss, MD

*Vice President, Clinical Programs and Policy
Independence Blue Cross*

Gary Loeber, RPh

*Senior Vice President, Trade Relations
CVS Health*

Alan Lotvin, MD

*Executive Vice President, Specialty
CVS/specialty, CVS Health*

David Marcus

*Director, Employee Benefits
National Railway Labor Conference*

Ray Marsella

*Vice President, Strategic Relations
MedImpact Healthcare Systems, Inc.*

Jonathan McDooling, MBA

*Director, Sales Operations
MedImpact Healthcare Systems, Inc.*

Mike Miele, FSA, MAAA

*Area President, NY Metro Region
Arthur J. Gallagher*

David Nash, MD, MBA

*Dean
Jefferson School of Population Health,
Thomas Jefferson University*

Jeremy Nobel, MD, MPH

*Medical Director
Northeast Business Group on Health*

Curtis Oltmans, JD

*Corporate Vice President & General Counsel
Novo Nordisk, Inc.*

Thomas Parry, PhD

*President
Integrated Benefits Institute*

Hitesh Patel, BSPHarm

*Vice President
Aon Consulting*

Jonas Puente, MSc

*Consultant/Population Health
Humana*

Margaret Rehayem, MA

*Senior Director of Strategic Initiatives and
Communications
Midwest Business Group on Health*

Gordon Romanas

*Vice President, Marketing
MedImpact Healthcare Systems, Inc.*

Edith Rosato, RPh, IOM

*Chief Executive Officer
Academy of Managed Care Pharmacy*

John Rother

*President & Chief Executive Officer
National Coalition on Health Care*

Matt Salo

*Executive Director
National Association of Medicaid Directors*

Prem Shah, RPh

*VP, Specialty Pharmacy
CVS Health*

Robert Shelley, MBA

*Senior Vice President
TRICAST, Inc.*

Jim Sheninger

*National Director, Payer Relations
CVS Health*

Michael Sherman, MD, MBA, MS, CPE, FACPE

*Senior Vice President, Chief Medical Officer
Harvard Pilgrim Health Care*

Ryan Swanson, PharmD

*Team Lead, Clinical Review Pharmacist
Blue Cross and Blue Shield of North Carolina*

Steven Szebenyi, MD, MMM

*Chief Medical Officer and Senior Vice President
Healthcare Management
Health Partners Plans*

Brad Traverse

*Director, Federal Government Relations
BlueCross BlueShield of Tennessee*

Troy Trygstad, PharmD, MBA, PhD

*Vice President, Pharmacy Programs
Community Care of North Carolina*

Forum Attendees

AS OF 11/21/2014

Frank Urbano, MD, MBA

Senior Medical Director
AmeriHealth New Jersey

Danilo Verge, MD, MBA

Vice President, Medical Affairs, Diabetes
Novo Nordisk, Inc.

Burt Zweigenhaft

Vice Chairman and Chief Strategy Officer
Onco360

Steve Wegner, MD, JD

Chief Innovation Officer
Community Care of North Carolina

Thank You

To our distinguished guests, panelists, and participants.

The Academy of Managed Care Pharmacy looks forward to holding more executive forums focused on issues of greatest importance to our 7,000 members, the more than 200 million Americans covered by a pharmacy benefit, and other health care stakeholders. Please visit our website at www.amcp.org for announcements of future events.



www.amcp.org

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Academy of Managed Care Pharmacy

Academy of Managed Care Pharmacy (AMCP) is a national professional association of pharmacists, health care practitioners and others who develop and provide clinical, educational and business management services on behalf of more than 200 million Americans covered by a managed pharmacy benefit. AMCP members are committed to a simple goal: providing the best available pharmaceutical care for all patients.

AmeriHealth New Jersey

AmeriHealth New Jersey is exclusively focused on the state of New Jersey and serves approximately 320,000 members. We are dedicated to enabling the people of New Jersey to improve their health and well-being while helping them gain access to affordable, quality care. We offer plans on both the Individual and SHOP Marketplaces, New Jersey's federally run health exchanges for consumers and small businesses and are committed to helping individuals and small businesses understand their health insurance options and what will work best for them. AmeriHealth NJ offers the largest provider network in the state, as well as innovative plans and wellness programs for New Jersey companies of all sizes. Whether you are an individual, a small- or mid-sized business, a public sector group, municipality or a self-funded group, we can provide you with a health insurance plan that best meets your needs.

Aon Consulting

Aon Consulting is part of Aon plc (NYSE:AON) which is the leading global provider of risk management, insurance and reinsurance brokerage, and human resources solutions and outsourcing services. Through its more than 66,000 colleagues worldwide, Aon unites to empower results for clients in over 120 countries via innovative and effective risk and people solutions and

through industry-leading global resources and technical expertise. Aon has been named repeatedly as the world's best broker, best insurance intermediary, best reinsurance intermediary, best captives manager, and best employee benefits consulting firm by multiple industry sources. Visit aon.com for more information on Aon and aon.com/manchesterunited to learn about Aon's global partnership with Manchester United.

Arthur J. Gallagher & Co.

Arthur J. Gallagher & Co.'s story is more than 85 years in the making. Risk management and benefits solutions should be about more than just placing coverage or selecting a plan. It's about growing your business and protecting your dreams. It's about ensuring your employees are properly engaged. Everyday our clients face massive challenges across a range of issues. Arthur J. Gallagher's advisors understand your business and how hard you work to deliver on your promises. We're your global partner in achieving your goals. And that only begins to describe the shared values, corporate culture and passion for excellence that define The Gallagher Way of doing business. Arthur J. Gallagher & Co. — the only insurance broker on the Ethisphere Institute's list of the World's Most Ethical Companies.

Blue Cross and Blue Shield of North Carolina

Blue Cross and Blue Shield of North Carolina is the largest health insurer in the state with more than 4,600 employees and 3.84 million members, including approximately one million served on behalf of other Blue Plans. Our headquarters is in Chapel Hill and we have major operations in Durham and Winston-Salem. For more than 80 years, BCBSNC has served its customers by offering health insurance at a competitive price and has served the people of North Carolina by supporting community organizations, programs and events that promote good health. Blue Cross and Blue Shield of

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North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of North Carolina is a fully taxable, non-stock hospital and medical service corporation with four wholly owned subsidiaries and is the sponsor of a private foundation. Our subsidiaries include Mosaic Group Services, LLC, an insurance agency; ACS Benefit Services, Inc., a North Carolina licensed third-party administrator; Corium LLC, a special purpose company that owns real estate related to BCBSNC's operations; and NobleHealth, Inc., which holds equity interests on behalf of BCBSNC in strategic investments. BCBSNC is also the sponsor of the Blue Cross and Blue Shield of North Carolina Foundation, a qualified tax-exempt private foundation.

BlueCross BlueShield of Tennessee

BlueCross BlueShield of Tennessee's mission is to provide its customers and communities with peace of mind through affordable solutions for health and healing, life and living. Founded in 1945, the Chattanooga-based company is focused on reinventing the health plan for its 3 million members in Tennessee and across the country. Through its integrated health management approach, BlueCross provides patient-centric products and services that drive health improvement and positively impact health care quality and value. BlueCross BlueShield of Tennessee Inc. is an independent licensee of the BlueCross BlueShield Association. For more information, visit the company's website at www.bcbst.com.

Community Care of North Carolina (CCNC)

Too often, health care is a source of frustration instead of a path to healing. The system can be inefficient, costly and difficult to navigate. But at Community Care of North Carolina (CCNC), we are changing the health care experience by changing the way health care is delivered. We strongly believe that the best system is rooted in the communities it serves. We know that efforts directed by

doctors and focused on local patients make quality care more efficient and cost-effective. So through our public-private partnership, we have brought together regional networks of physicians, nurses, pharmacists, hospitals, health departments, social service agencies and other community organizations. These professionals work together to provide cooperative, coordinated care through the Medical Home model. This approach matches each patient with a primary care physician who leads a health care team that addresses the patient's health needs. Are we finding success? According to an independent evaluation by leading actuarial firm Milliman, Inc, CCNC saved nearly a billion dollars in the four years from 2007 through 2010. And our work has been praised by the Annie E. Casey Foundation and Harvard University, which recognized Community Care with a 2007 Innovations in American Government Award. In North Carolina, physician-driven, patient-centered care is happening. And it is benefiting more than 5,000 providers, 1.2 million patients and 9 million taxpayers.

CVS Health

CVS Health is dedicated to helping people on their path to better health as the largest integrated pharmacy company in the United States. Through the company's 7,800 retail pharmacies, more than 900 walk-in medical clinics, a leading pharmacy benefit manager serving approximately 65 million plan members, and expanding specialty pharmacy services, CVS Health enables people, businesses and communities to manage health in more affordable, effective ways. This unique integrated model increases access to quality care, delivers better health outcomes and lowers overall health care costs. Our businesses include: CVS/Pharmacy — the retail division of CVS Health is America's leading retail pharmacy with more than 7,800 CVS/pharmacy and Longs Drugs stores; CVS/caremark — the pharmacy benefit management (PBM) and

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mail service pharmacy division of CVS Health provides a full range of PBM services; CVS/minute clinic — the retail medical clinic division of CVS Health is the leading retail medical clinic provider in the United States; and CVS/specialty — the specialty pharmacy division of CVS Health provides an array of specialty pharmacy services for patients who require treatment for rare or complex conditions.

The Defense Health Agency

The Defense Health Agency is responsible for driving greater integration of clinical and business processes across the Military Health System, implementing shared services with common measurement of outcomes, enabling rapid adoption of proven practices, helping reduce unwanted variation, and improving the coordination of care across time and treatment venues. In short — the Agency is tasked with making military medicine stronger, better and more relevant for the future.

Harvard Pilgrim Health Care

Harvard Pilgrim Health Care is one of the nation's leading not-for-profit health services companies, providing a variety of benefit options and funding arrangements to more than one million members in Massachusetts, Maine, New Hampshire and Connecticut. Harvard Pilgrim's mission is to improve the quality and value of health care for the people and communities we serve.

Health New England (HNE)

Health New England (HNE), founded in 1985, is a provider owned not-for-profit health plan and part of Baystate Health. HNE serves mainly western Massachusetts and sells commercial insured and ASO, Medicare Advantage and Managed Medicaid plans. Membership is 150,000. HNE has NCQA excellent accreditation for its commercial and MA plans and CMS awarded HNE 4.5 stars for its MA plan.

Health Partners Plans

Health Partners Plans is an award-winning, not-for-profit health insurance organization serving more than 187,000 members in Philadelphia and southeast Pennsylvania. HPP offers Medicaid, Medicare and Children's Health Insurance Program (CHIP) plans. Founded nearly 30 years ago, Health Partners Plans is one of the few hospital-owned health maintenance organizations in the country. Our hospital owners include: Aria Health, Einstein Medical Center, Episcopal Hospital, Hahnemann University Hospital, St. Christopher's Hospital for Children and Temple University Hospital. HPP's networks include more than 30 hospitals and 5,600 providers. In 2014, HPP was named the top-ranked Medicaid plan in Pennsylvania and ranked 20th nationally by NCQA.

Health Plan Alliance

Health Plan Alliance members are provider-sponsored and independent health plans that work together through collaborative efforts to leverage their expertise, experience and collective strengths. As the managed care industry is presented with new challenges and opportunities by health care reform, provider-sponsored and independent health plans can maintain their strategic focus on the local marketplace, while obtaining many of the advantages of a national company through the Alliance. Members leverage their capabilities

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through: Sharing a broad base of knowledge, incubating innovative approaches, spreading performance improvement methods and best practices, executing joint projects, fostering business partnerships.

HORIZON Health Ventures

At HORIZON Health Ventures we strive to introduce and implement integrated management strategies that improve the efficiency and accuracy of healthcare, saving time, money and potentially lives. We offer the following services: Pharmacy Benefit Management, Population Health Management, Retiree Medical & Prescription Drug Benefits, Emergency Medical File (EMF) and HORIZON Health Complete medical discount plan.

Humana Inc.

Humana Inc., headquartered in Louisville, Ky., is a leading health and well-being company focused on making it easy for people to achieve their best health with clinical excellence through coordinated care. The company's strategy integrates care delivery, the member experience, and clinical and consumer insights to encourage engagement, behavior change, proactive clinical outreach and wellness for the millions of people we serve across the country.

Independence Blue Cross

Independence Blue Cross is the leading health insurer in southeastern Pennsylvania. With our affiliates, we serve more than 7.5 million people nationwide, including 2.2 million in the region. We are enhancing the health and wellness of the people and communities we serve by delivering innovative and competitively priced health care products and services; pioneering new ways to reward doctors, hospitals, and other health care professionals for coordinated, quality care; and supporting programs and events that promote wellness.

The Integrated Benefits Institute

The Integrated Benefits Institute is a national, not-for-profit organization that undertakes research, measurement and educational programs to demonstrate the business value of a healthy workforce. Through our research on the link among health, lost time, productivity and business results we help employers and employees understand the alignment of their interests around health. Our measurement tools help employers better estimate and measure health and productivity based on the data they have available. In addition, IBI plays a broad educational role in hosting a national conference in conjunction with the National Business Coalition on Health, presents its research and related findings to employers through seminars and webinars and hosts its own research webinars.

Integrity Consulting LLC

Integrity Consulting LLC assists clients in health economics and outcomes research, health and productivity management, health care data and analysis, and the value of pharmaceutical, biotechnology, and medical device products.

The Jefferson School of Population Health (JSPH)

The Jefferson School of Population Health (JSPH), established in 2008, is one of six schools and colleges that constitute Thomas Jefferson University, a leading academic health center founded in Philadelphia in 1824 as Jefferson Medical College.

As the first designated School of Population Health in the country, we are dedicated to the exploration of policies and forces that determine the health and quality of life of populations, locally, nationally, and globally. Accordingly, our mission is to prepare leaders with global vision to develop, implement, and evaluate health policies

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and systems that improve the health of populations and thereby enhance the quality of life. We do this by providing exemplary graduate academic programming in public health, population health sciences, health policy, healthcare quality and safety, and applied health economics and outcomes research. This academic programming is enhanced by sustained research and publications, and by a robust professional development in these areas.

Johns Hopkins HealthCare (JHHC)

Johns Hopkins HealthCare (JHHC) is the population health and managed care arm of Johns Hopkins Medicine (JHM). JHM is a six hospital health system with over 3000 employed physicians as well as the school of medicine. JHM includes six divisions including International and JHHC. JHHC has three health plans (Medicaid, Commercial ERIS, and military) with over 350,000 members in the mid-Atlantic area. JHHC also includes the entity, Health Solutions, which offers a number of population health centered solutions to outside clients. Additionally, JHHC supports a Medicare ACO with close to 40,000 members.

Kroger Prescription Plans

Kroger Prescription Plans has provided comprehensive Pharmacy Benefits Management services since 1993. We combine transparency and highly competitive pricing to drive lower costs for clients and their members, while at the same time delivering exceptional customer service. Our plans are flexible and adaptable.

MedImpact Healthcare Systems, Inc.

MedImpact Healthcare Systems, Inc. is the nation's largest privately held pharmacy benefit management (PBM) company, serving health plans, self-funded employers and government entities. Our business model is unique: avoiding conflicts of interest by not dispensing drugs.

MedImpact is focused on effectively managing client pharmacy benefits, which results in better trend management and improved outcomes. We work with clients to direct prescribing to the lowest-net-cost, medically appropriate drug. Our number one goal is client satisfaction by providing flexible solutions and consumer-driven products with a focus on lowest net cost and quality outcomes. Founded in 1989, MedImpact manages pharmacy benefits for more than 50 million lives in the US and abroad. For more information, go to <http://www.medimpact.com>."

Mercer

Mercer is the largest Human Resources consulting firm in the world. The Managed Pharmacy Practice led by David Dross is a specialty practice of the Employee Health & Benefits practice. This specialty group provides guidance to private and public plan sponsors on nearly every aspect of the pharmacy benefit.

Midwest Business Group on Health (MBGH)

The Midwest Business Group on Health (MBGH) is a non-profit, Chicago-based 501(c)(3) business coalition comprised primarily of human resource and health benefit professionals along with other health care stakeholders from over 115 large public and private organizations. Members represent over 4 million lives and spend more than \$4 billion on health care benefits on an annual basis. MBGH was founded in 1980 by a small group of large Midwest employers to help them obtain more value from their health care benefit dollars. Today, MBGH serves as one of the nation's leading employer-focused coalitions and is a recognized leader in offering education, research and community-based activities that increase the value of health benefits and health care services. MBGH is a founding member of the National Business Coalition on Health.

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National Association of Medicaid Directors (NAMD)

The National Association of Medicaid Directors (NAMD) is a bipartisan, professional, nonprofit organization of representatives of state Medicaid agencies (including the District of Columbia and the territories). NAMD is committed to providing a focused, coordinated voice for the Medicaid program in national policy discussion and to effectively meet the needs of its member states now and in the future. NAMD's mission is to represent and serve state Medicaid Directors. Key roles include: representing the non-partisan views of state Medicaid programs in the federal policy process, serving as a focal point of communication between the states and the federal government, providing an information network among the states on issues pertinent to the Medicaid program, and leveraging and promoting expertise across states to improve state Medicaid program, policies and operations.

National Business Group on Health (NBGH)

Since 1974, the National Business Group on Health (NBGH) has been the nation's only non-profit organization devoted exclusively to representing large employers' perspective on national health policy issues and providing practical solutions to its members' most important health care problems. Membership in the Business Group offers you the opportunity to drive today's health agenda while exchanging ideas for controlling health care costs, improving patient safety and quality of care and sharing best practices in health benefits management with senior benefits, HR professionals, and medical directors from leading corporations. NBGH members are primarily Fortune 500 companies and large public sector employers — including the nation's most innovative health care purchasers — who provide health coverage for more than 55 million U.S. workers, retirees, and their families. The Business Group fosters the development of a safe, high quality health care delivery system and

treatments based on scientific evidence of effectiveness. We work to achieve transparency, expand the use of technology assessment to ensure access to superior new technology and the elimination of ineffective technology, and make scientific evidence of effectiveness the standard for care, among many other objectives.

The National Coalition on Health Care (NCHC)

The National Coalition on Health Care (NCHC) was formed more than two decades ago to help achieve comprehensive health system change. We are a non-partisan, nonprofit organization of organizations. Our growing Coalition represents more than 80 participating organizations, including medical societies, businesses, unions, health care providers, faith-based associations, pension and health funds, insurers, and groups representing consumers, patients, women, minorities, and persons with disabilities. Collectively, our organizations represent, as employees, members, or congregants, more than 100 million Americans. Our members are our strength. The diversity of our highly respected member organizations, their experienced leadership and their substantive expertise make the Coalition a powerful voice in the health policymaking community. Since its creation in 1990, NCHC has consistently advanced health system change to improve the accessibility, affordability, quality, and cost effectiveness of care.

National Railway Labor Conference (NRLC)

The National Railway Labor Conference (NRLC) is a not-for-profit association and represents member railroads in dealing with representatives of organized employees on a national level in matters involving railroad labor relations, health and welfare benefits, appropriate matters before the courts, Congressional committees, and other governmental bodies, and other matters of

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interest or concern to its members. Membership is open to any railroad within the continental United States.

Nevada Business Group on Health (NVBGH)

The Nevada Business Group on Health (NVBGH), founded in 1995, is a non-profit business group of over 60 local employers, anchored by large, self-insured public and private companies. We are a business non-profit 501 (c) (6) organization. To enable health provider contracting and health care purchasing programs, NVBGH supports a subsidiary non-profit corporation, Nevada Health Partners (NHP). "Together, Stronger": You're not the only employer taking on the challenge of understanding and adapting to the ever-changing health, health care, and health insurance environment. At Nevada Business Group on Health, human resource and employee benefit specialists come together to help one another. Together we can learn from one another and adopt "best practices." Together we can influence positive changes in our environment and negotiate from a stronger position with all health care providers.

Northeast Business Group on Health (NEBGH)

The Northeast Business Group on Health (NEBGH) is a non-profit membership organization serving the needs of large self-insured employers in optimizing health and healthcare in the workplace. Members include IBM, GE, Verizon, Citibank, Pfizer, and Pitney-Bowes, as well as the City of New York, and the Commonwealth of Massachusetts. NEBGH is based in Manhattan, and serves NJ, NY, CT and MA with a variety of educational, research and multi-stakeholder solution identification programs. The organization, now in its 32 year of operations, through its health plan, health system, employer and PBM members, influences the health insurance benefits and workplace wellness options available to over 10 million working Americans.

Novo Nordisk

Novo Nordisk is a global health care company dedicated to changing how diabetes is treated, how it is viewed, and how prevention and treatment options can evolve in the future. We strive to offer the most comprehensive line of diabetes products including such innovations as NPH, the Lente formulations, the first commercially available human insulin, and the first premixed insulin. We provide the latest insulin delivery technology available and are proud to know that each of our products is developed with diabetes patients and their unique needs in mind. Novo Nordisk is a health care company with 90 years of innovation and leadership in diabetes care. The company also has leading positions within haemophilia care, growth hormone therapy and hormone replacement therapy. Headquartered in Denmark, Novo Nordisk employs approximately 40,700 employees in 75 countries, and markets its products in more than 180 countries.

OmedaRx

OmedaRx is team of experts providing evidence-based medication assessments. Like private investigators following a medication's trail, we dig for the truth and uncover any gaps or holes in the science. We gather studies and literature from around the world, talk to practicing physicians and leading researchers and methodically scrutinize every clinical trial. When we've exhausted our search, OmedaRx develops a complete suite of solutions that clearly explain which medications are most effective and why. Our medication evaluations are so well-regarded they've even been referenced by the National Institutes of Health, *Consumer Reports*, *The New York Times* and *The Wall Street Journal*. As a recognized clinical authority and thought leader, we partner with health plans, physicians and the pharmaceutical community to get the most effective and valuable treatments into patients' hands.

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Onco360

Founded in 2003, Onco360 unique service model was created to better serve the needs of oncology and hematology physicians, patients, payers, and manufacturers. In its focus to bring together the four major groups involved in the continuum of oncology pharmaceutical care. Onco360 has emerged as a unique and trusted partner. Onco360 is an integral member of the cancer care continuum, providing oncology pharmaceuticals and care management services for: Physicians — eliminating reimbursement risks and alleviating administrative burdens while offering expert clinical and dosing consultative services; Patients — reducing out-of-pocket cost while increasing access to therapies, care management, and patient assistance programs; Payers — providing focused and proven oncology pharmacy solutions along the entire continuum of cancer care; and Manufacturers — trusted channel partner and oncology focused expertise.

Pleio Inc.

The mission of Pleio Inc. is to design, assemble, implement and assess cost-effective health support systems that can deliver value to patients, their families, and those who support and need them. Pleio was developed by a group of 7 partners from Boston and Montreal in 2005. Everyone saw a pressing need to help their friends or their families follow medication regimens with more support, encouragement and feedback. The partners all shared the desire and ability to create a world-class company that would bring innovative solutions to life in the area of medication adherence. Dozens of colleagues in marketing, telephony, informatics and healthcare as well as family and friends, helped formulate the Pleio approach: a blend of personal and virtual contact that touches the patient's emotions and intellect to enhance their comfort with important new medication regimens. The wisdom of many diverse experts, years of healthcare

education experience, and months of applied research and development brought Pleio GoodStart® to life in April 2007.

University of Arizona Physicians

The University of Arizona Physicians is a 500-physician multi-specialty group comprised of The University of Arizona College of Medicine faculty who provide inpatient and outpatient clinical services for The University of Arizona Health Network.

TRICAST, Inc. (TRICAST)

TRICAST, Inc. (TRICAST) is a leading next-generation pharmacy benefit software and data analytics firm. Currently, TRICAST is introducing innovative real-time software solutions to support immediate identification of issues within pharmacy programs such as Fraud Waste and Abuse. Focused exclusively on Pharmacy Benefit Management (PBM), TRICAST manages over 120 clients nationwide via consultative and proprietary software solutions. TRICAST guides our clients on the toughest issues facing Payors such as: identifying and addressing emerging drug trend drivers, government program compliance, PBM audit, request for Proposal (RFP) consulting, and more. Our goal is simple: to ensure that our clients maintain industry-leading pharmacy benefit risk programs. Our approach is straightforward: we deliver clear, actionable information to our clients on their prescription drug programs, providing them with the tools they need to manage their programs using data rather than intuition or guesswork.

U.S. Office of Personnel Management

U.S. Office of Personnel Management is responsible for overseeing the Federal Employees Health Benefit Program, which provides healthcare benefits to 8 million federal employees, dependents, and annuitants.



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Strategic Plan



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AMCP's Strategic Priorities

The Academy of Managed Care Pharmacy continues to invest strategically in the profession of managed care pharmacy through its five strategic priorities.

Strategic Priority 1 –

Be the Leading Provider of Education, Research and Resources for Managed Care and Specialty Pharmacy

Purpose: Make AMCP the go-to organization for cutting-edge information.

Strategic Priority 2 –

Expand Value of AMCP Membership

Purpose: Maximize the membership value to the managed care and specialty pharmacy professional and provide services and resources.

Strategic Priority 3 –

Improve Patient Outcomes and Health Care Affordability

Purpose: Ensure managed care and specialty pharmacy practice is at the leading edge in the delivery of quality and affordable health care.

Strategic Priority 4 –

Be the Credible and Authoritative Voice for Managed Care and Specialty Pharmacy

Purpose: Develop a better understanding of managed care pharmacy among multiple stakeholders to increase the acceptance and use of managed care pharmacy principles.

Strategic Priority 5 –

Execute with Organizational Excellence

Purpose: Operate efficiently, effectively and maintain fiscal health through sound business and association practices.

For More Information | Please visit the AMCP website at www.amcp.org.

AMCP Vision

Managed care pharmacy improving health care for all.

Mission

To empower its members to serve society by using sound medication management principles and strategies to improve health care for all.

Core Values

In serving and anticipating the needs and interests of our members in the provision of high quality health care, AMCP embraces the following core values:

- **Credibility**
- **Transparency**
- **Collaboration**
- **Innovation**

Envisioned Future

If successful, this strategic plan would move AMCP and its members to a future where...

Managed care pharmacy is widely understood and accepted as integral to the delivery of quality and affordable health care.

Adopted by the AMCP Board of Directors, October 2014

About AMCP

The Academy of Managed Care Pharmacy (AMCP) is a national professional association of pharmacists and other health care practitioners who serve society by the application of sound medication management principles and strategies to improve health care for all. The Academy's nearly 7,000 members develop and provide a diversified range of clinical, educational and business management services and strategies on behalf of the more than 200 million Americans covered by a managed care pharmacy benefit. More news and information about AMCP can be found at www.amcp.org.



Moving Forward

The Strategic Plan identifies Strategic Priorities that will guide AMCP for the next three-to-five years. Please visit the AMCP website for details.

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