5th Annual
PHARMACEUTICAL REIMBURSEMENT & MARKET ACCESS

Thriving in an Ever-Evolving Healthcare Landscape by Effectively Addressing the Impact of State-Run Health Insurance Exchanges, ACOs & Medicaid Expansion while Creating Compelling Value Propositions to Influence Reimbursement Decisions

PROGRAM OVERVIEW:
The Pharmaceutical industry continues to face increasing pressure from a variety of stakeholders, including patients, physicians, public and private payers and the federal government. The Patient Protection and Affordable Care Act exemplifies the national perception that pharmaceutical companies must lower the costs of therapies in order to decrease the burden on patients. This sentiment creates additional challenges for reimbursement and market access executives as manufacturers attempt to effectively present the value their products bring in advancing the healthcare landscape.

Q1’s Fifth Annual Pharmaceutical Reimbursement and Market Access Conference will address the complexities the industry is currently facing as the healthcare delivery model continues to evolve. A major challenge at the forefront for reimbursement and market access teams is the vast impact state-run healthcare exchanges will have on a drug’s market access. As states will have the power to select or deny payer and health plan participation, pharmaceutical executives are concerned this will have a profound negative effect on the ability to reach a desired patient market. Additionally, companies are developing strategies to work closely with and gain insight from Accountable Care Organizations as manufacturers create compelling value propositions. As the healthcare environment continues to change at a rapid pace, pharmaceutical companies must understand the short-term and long-term effects on reimbursement and access strategy, and this year’s conference agenda will certainly provide attendees with valuable insight to remain competitive in this current cost-conscious environment.

As with all Q1 conference programs, the focus of the event will not only include educational content delivered by experienced industry executives, CMS, private payers, leading law firms and other stakeholders but will also provide ample networking opportunities that are so critical to the success of this industry. Through a carefully blended program including case studies, panel discussions and small group discussions, the 5th Annual Pharmaceutical Reimbursement & Market Access conference will once again be a must-attend event.

PHARMACEUTICAL INDUSTRY SPEAKERS

Zeba Khan
Vice President, Strategic Market Access & Policy
CELGENE

Liz Cirri
Senior Director, Reimbursement of Government Programs
SANOFI

Fred J. Pane
Senior Director
THE MEDICINES COMPANY

Timothy Dube
Associate Director, State Public Policy
GENENTECH

Ron Marchessault
Vice President, Corporate Accounts
GENZYME

Joseph Conoshenti
Director, Strategic Market Access
NOVARTIS

Jorge Arellano
Director, Global Health Economics
AMGEN

ACCOUNTABLE CARE ORGANIZATIONS & PRIVATE PAYERS

F. Michael White, PharmD
Director, Clinical Pharmacy
BLUE CROSS BLUE SHIELD OF TENNESSEE

David Yoder
Chief Pharmacist
BLUE CROSS BLUE SHIELD ASSOCIATION

Parag Shah
ACO Executive
LOWER SHORE ACO, LLC

Ira Klein, M.D., M.B.A., F.A.C.P.
Chief of Staff, Office of the Chief Medical Officer
AETNA

Gene Muise
Director, Pharmacy
MOUNT AUBURN CAMBRIDGE INDEPENDENT PRACTICE ASSOCIATION

Dr. Scott Fowler
ACO Executive
QUALUABLE MEDICAL PROFESSIONALS

Crystal Kuntz
Vice President, Policy & Regulatory Affairs
AMERICA’S HEALTH INSURANCE PLANS

OTHER LEADING REIMBURSEMENT EXPERTS

Seth Ginsberg
President
GLOBAL HEALTHY LIVING FOUNDATION

Scott Allocco
Advisor; President, SJA Healthcare Strategies
GREEN PARK COLLABORATIVE & CENTER FOR MEDICAL TECHNOLOGY POLICY

Gary Scott Davis
Partner
MCDERMOTT WILL & EMERY

Lynn Shapiro Snyder
Member of the Firm
EPSTEIN BECKER GREEN

Muftiah M. McCartin
Of Counsel
COVINGTON & BURLING

Frank Kolb
Director, Policy & Government Regulations
MARYLAND HEALTH BENEFIT EXCHANGE
DAY ONE / MONDAY, SEPTEMBER 16
FIFTH ANNUAL PHARMACEUTICAL REIMBURSEMENT & MARKET ACCESS CONFERENCE

7:00 DAY ONE REGISTRATION

7:50 CHAIRPERSON’S OPENING REMARKS

Zeba Khan, Vice President, Strategic Market Access & Policy

Covington & Burling

8:00 KEYNOTE ADDRESS: EXPLORING THE ROLE OF REIMBURSEMENT AND MARKET ACCESS IN AN EVER-EVOLVING HEALTHCARE LANDSCAPE

A re-occurring theme affecting the pharmaceutical industry continues to be cost-containment as a variety of stakeholders, including patients, physicians, public and private payers and the federal government, urge manufacturers to lower the costs of therapies in order to decrease the burden on patients and the healthcare system. This continual attempt to ratchet down expenses across the healthcare landscape is creating a new healthcare delivery model which pharmaceutical companies attempt to understand and predict its effects on reimbursement structures and market access strategies. Pertinent questions arise regarding how to predict private payer reactions, focus innovation on the benefit to patients and encourage reimbursement schemes that support innovation.

• Balancing cost containment with quality of healthcare delivery
• Predicting payer, physician and patient behaviors
• Preparing for a changing reimbursement and market access environment

Zeba Khan, Vice President, Strategic Market Access & Policy

Covington & Burling

8:45 HEALTH INSURANCE EXCHANGES: EXAMINING POTENTIAL IMPACT ON MARKET ACCESS STRATEGY

The Affordable Care Act has been a source of contention for the past several years, as manufacturers struggle to accurately predict the effects of state-run health insurance exchanges on a product’s market access plan. As each state will have the ability to regulate which insurers can participate and also set additional quality and pricing guidelines than that of the federally-run exchange, reimbursement and market access executives are concerned that if limited participation is implemented this may negatively affect a patient’s ability to access a particular drug. On the other hand, pharmaceutical companies should experience an increase in profit margins as millions of new consumers will become insured and medications will become more affordable for many patients.

• Differences in state-run, state-federal partnership vs federally-run exchanges
• Trends in state-run exchanges; limiting insurer participation
• Implications for market access and pricing of pharmaceuticals

Lynn Shapiro Snyder, Member of the Firm

Epstein Becker Green

9:30 COFFEE & NETWORKING BREAK

10:00 PANEL DISCUSSION: TRANSFORMING REIMBURSEMENT AND MARKET ACCESS PLANS TO ADDRESS NEW STATE-RUN HEALTH INSURANCE EXCHANGES

As all state-run health insurance exchanges must be certified and fully operational by January 2014, pharmaceutical companies are currently adjusting reimbursement and market access strategies that will correspond to the changing healthcare landscape. These exchanges will dramatically increase the population of insured patients and expand the market access scope for new and existing therapies, while also creating additional patient access challenges for manufacturers as states that opt to manage an exchange without the assistance of the federal government can institute pricing guidelines and limit insurer participation. It is imperative for executives to incorporate a comprehensive understanding of the changing dynamics within reimbursement operations, contracting and relationship management to then manage reimbursement and market access plans to thrive in a state-run health insurance exchange.

Liz Cirri, Senior Director, Reimbursement of Government Programs

Sanofi

Crystal Kuntz, Vice President, Policy & Regulatory Affairs

America’s Health Insurance Plans

Frank Kolb, Director, Policy & Government Regulations

Maryland Health Benefit Exchange

10:45 MEDICAID EXPANSION’S EFFECT ON THE 340B DISCOUNT DRUG PROGRAM AND OTHER REIMBURSEMENT IMPLICATIONS

With 26 states opposing the Affordable Care Act before the Supreme Court in 2012, it is not surprising that many states are still deeply considering Medicaid expansion. Reimbursement and market access challenges will greatly differ on a state-by-state basis as states have the option to accept federal funding and expand Medicaid coverage or decline federal assistance and preserve their original Medicaid program. A key area of concern for reimbursement and market access executives is the impact of Medicaid expansion on the 340B discount program, as many hospitals and physician groups are already missing the benefits of this program. Other aspects that can potentially affect reimbursers will also be explored at this session including the implications of managed Medicaid vs fee-for-service and the monumental increase of insured patients.

• Update on state-by-state decision
• Impact on 340B eligibility
• Other implications for drug formularies

Timothy Dube, Associate Director, State Public Policy

Genentech

11:30 SEQUESTRATION: ANTICIPATING HOW PRESCRIBING PATTERNS WILL CHANGE DUE TO THE FISCAL PRESSURES PLACED ON CMS

Beginning in March of this year, the Budget Control Act of 2011 came into effect with mandatory across-the-board reductions in federal spending, requiring the Centers for Medicare and Medicaid Services (CMS) to implement payment adjustments and other strategies to comply with the law. Pharmaceutical companies are especially concerned with CMS initiatives aimed at reducing physician Medicare reimbursement, as this may impact a healthcare professional’s decision in prescribing a particular medication. Reimbursement and market access executives seek to better understand CMS’ plans for additional potential budget cuts in response to the sequestration and its impact on physician and patient reimbursement.

Muftiah M. McCartin

Of Counsel

Covington & Burling

12:15 LUNCHEON FOR ALL ATTENDEES, SPEAKERS & SPONSORS

1:45 ROUND TABLE BREAKOUT DISCUSSIONS: KEY REIMBURSEMENT & MARKET ACCESS ISSUES AFFECTING PHARMACEUTICAL COMPANIES

Reimbursement and market access executives within pharmaceutical companies face an ever-evolving healthcare landscape, and as such encounter different challenges and obstacles on a sometimes daily basis, with little or no predictability related to what might come next. These small-group breakout discussions will provide a forum for the sharing of ideas and networking opportunities, which are of high value to reimbursement and market access executives. The topics for discussion will have been previously selected based on feedback received from conference attendees. Attendees, speakers and sponsors are encouraged to be active participants allowing for better exchange of ideas, peer-to-peer learning and open discussion.

Gary Scott Davis

Partner

McDermott will & Emery

3:00 ACCOUNTABLE CARE ORGANIZATIONS: UNDERSTANDING THE CHANGING HEALTHCARE DELIVERY SYSTEM

Since the Affordable Care Act brought Accountable Care Organizations to the forefront in 2010, over 400 ACOs have been established in 49 states, exemplifying the rapid pace at which the healthcare delivery model is evolving. With its purpose slated to provide incentives to doctors and hospitals for providing a high level of quality care while reducing overall treatment costs per patient, reimbursement and market access teams must develop value propositions that illustrate a product’s ability to effectively treat a patient at a much lower cost than its competitors. In order to achieve optimal reimbursement rates, pharmaceutical companies must understand the ACO structure and its impact on the healthcare landscape as well as implement strategies to work alongside ACOs in elevating patient care.

Parag Shah

ACO Executive, Lower Shore ACO, LLC

Gene Muise

Director, Pharmacy

Mount Auburn Cambridge Independent Practice Association

Dr. Scott Fowler

ACO Executive

Qualitative Medical Professionals

4:30 COLLABORATION WITH ACOs TO CREATE A VALUE PROPOSITION

• Impact of ACO model on reimbursement outlook
• Opportunities for pharma & ACOs to join forces
• Developing a value story that meets ACO requirements

Fred Pane

Senior Director

The Medicines Company

5:15 DAY ONE CONCLUSION

500 N. DEARBORN STREET, SUITE 500     CHICAGO, IL 60654     (P) 312.822.8100     (F) 312.602.3834     www.q1productions.com
FIFTH ANNUAL PHARMACEUTICAL REIMBURSEMENT & MARKET ACCESS CONFERENCE

DAY TWO / TUESDAY, SEPTEMBER 17

10:45 ROUNDTABLE BREAKOUT DISCUSSIONS: THE REIMBURSEMENT & MARKET ACCESS ISSUES AFFECTING PHARMACEUTICAL COMPANIES
Reimbursement and market access executives within pharmaceutical companies face an ever-evolving healthcare landscape, and as such encounter different challenges and obstacles on a sometimes daily basis, with little or no predictability related to what might come next. These small-group breakout discussions will provide a forum for the sharing of ideas and networking opportunities, which are of high value to reimbursement and market access executives. The topics for discussion will have been previously selected based on feedback received from conference attendees. Attendees, speakers and sponsors are encouraged to be active participants allowing for better exchange of ideas, peer-to-peer learning and open discussion.

12:30 LUNCHEON FOR ALL ATTENDEES, SPEAKERS & SPONSORS

1:30 GREEN PARK COLLABORATIVE: NOVEL MODELS FOR GAINING EARLY ADVICE FROM PAYERS
The Center for Medical Technology Policy (CMTP) recently formed a new organization geared towards “developing condition-specific study design recommendations to guide the generation of evidence needed to inform coverage and payment decisions in the United States.” A variety of stakeholders will be involved with this initiative including public and private payers, pharmaceutical manufacturers, regulatory bodies and patients, creating a relevant and insightful discussion platform that will ultimately assist reimbursement and market access executives in generating a compelling value proposition and evidence package. This session will address Green Park Collaborative’s current concentration on methodological standards for clinical development and market access in oncology and diabetes, its areas of focus for future studies and also the forecasted effects of this novel model on the healthcare landscape.

Scott Allocco, Advisor; President, SJA Healthcare Strategies
WHO SHOULD ATTEND:
Executives that will find this program of greatest relevance are those currently working to increase the coverage and reimbursement of pharmaceutical and biotechnology therapies through the concise development of evidence and value propositions to support product claims. Job titles of those executives that will find this program to be most applicable to their job functions include:

- Reimbursement
- Market Access
- Pricing
- Government Policy
- Health Economics
- Outcomes Research
- Payer Management
- Business Development

SPONSORSHIP OPPORTUNITIES:
At this time, there are a variety of sponsorship and exhibition opportunities available for companies wishing to increase their visibility and participation in the program, ranging from keynote speaking opportunities through to exhibitor and documentation sponsors. Organizations most suitable for this type of exposure provide services and solutions including:

- Pricing & Reimbursement Consultants
- Market Access Consultants
- Health Economics Experts
- Outcomes Research
- Dossier Development
- Global Reimbursement Experts

KEY SPEAKER HIGHLIGHT:

**Joseph Conoshenti**
**Director, Strategic Market Access**
**NOVARTIS**

Joseph Conoshenti is the Director of Strategic Market Access within US Managed Markets & Market Access at Novartis.

Joe will be responsible for providing leadership and support with development of market access strategies for key Novartis pipeline products and Business Development & Licensing assessments.

Joe also has experience from Sanofi-aventis where he was Director of Evidence Based Medicine Translation, and was responsible for leading customer insight collection/dissemination and global market access strategies for key therapeutic areas (Oncology, Metabolism and Cardiovascular). Prior to this role, Joe was the Staff Vice President of WellPoint’s Enterprise Product Development and Implementations Team. Here he was responsible for the successful management and execution of their medical and pharmacy product benefit products along with their business development initiatives. Joe also had a long engagement at Medco Health Solutions prior to his role at WellPoint. There he was successful in relevant roles such as Senior Director of Business Strategy and Development, Account Management, Formulary and Clinical Product Management and Pharmacy Operations.

PREVIOUS ATTENDEES INCLUDE:
Assoc. Dir., Reimbursement, Actelion Pharmaceuticals
Sr. Dir., Reimbursement Operations, Advanced Biohealing
Executive Director, Reimbursement, Alimera Sciences
Senior Director, Reimbursement, Allios Therapeutics
Executive Director, Access & Reimbursement, Amgen
Executive Director, Pricing & Reimbursement, Amgen
Director, Reimbursement & Payer Policy, AstraZeneca
Reimbursement Strategy, Bristol-Myers Squibb
Assoc. Dir., Reimbursement Support, Bristol-Myers Squibb
Exec. Dir., Pricing & Reimbursement, Bristol-Myers Squibb
Director, Reimbursement Support, Bristol-Myers Squibb
VP, Strategic Market Access & Policy, Celgene
Senior Director, Market Access, CSL Behring
Senior Manager, Reimbursement, CSL Behring
Dir., Reimbursement Strategy, Cubist Pharmaceuticals
Dir., Market Access & Reimbursement Services, Eisai
Associate Dir., Medical Affairs & Reimbursement, Eisai
Senior National Reimbursement Manager, Eisai
Director, Pricing, Reimbursement & Access, Eli Lilly
Reimbursement Strategy & Planning, Genentech
Area Manager, Field Reimbursement, Genentech
Field Reimbursement Manager, Genentech
Reimbursement Manager, Genentech
Sr. Director, Public Policy & Reimbursement, Genentech
Associate Director, Reimbursement, Genzyme
Director, Market Access & Reimbursement, Gilead
National Director, Reimbursement, Janssen Therapeutics
Sr. Dir., Market Access & Strategy, Johnson & Johnson
Director, Market Access Strategy, Medimmune
Vice President, Market Access, Medimmune
Sr. Mgr., Reimbursement Strategy, Merz Pharmaceuticals
Reimbursement Manager, Millennium Pharmaceuticals
Dir., Global Health Economics & Market Access, Novartis
Director, Market Access & Pricing, Novartis
Director, Market Access, Novartis
Director, Strategic Market Access, Novartis
Associate Director, Strategic Market Access, Novartis
VP, Reimbursement, Access & Value, Onyx Pharma
Market Access Leader, Pfizer
Specialty Care Market Access, Pfizer
Director, Market Access, Pfizer
Senior Director, Market Access, Pfizer
Director, Market Access & Pricing, Pfizer
Sr. Director, Reimbursement & Regulatory Affairs, Pfizer
Director, Global Market Access, Pfizer
Director, Reimbursement, Sanofi
Case Manager, Reimbursement, Sanofi
Deputy Director, Reimbursement, Sanofi-Pasteur
Head, Global Market Access, Shire HGT
Director, Global Market Access, Shire HGT
Senior Manager, Reimbursement Operations, Shire
Director, Reimbursement, Spectrum Pharmaceuticals
Director, Global Market Access, Stiefel, a GSK Company
Sr. Reimbursement & Federal Policy Manager, Takeda
Senior Director, Reimbursement, Teva Oncology
Sr. Dir., Reimbursement, The Medicines Company
Head & VP, Market Access, ThromboGenics
AVP, Global Reimbursement, United Therapeutics
Dir., Market Access & Reimbursement, US WorldMeds
Sr. Mgr., Reimbursement & Access, US WorldMeds
Senior Director, Reimbursement, US WorldMeds