Call for Continuing Pharmacy Education Session Proposals

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AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at **AMCP 2025,** which will be held March 31- April 3, 2025, in Houston, TX.

ABOUT AMCP 2025

AMCP 2025 is expected to attract approximately 3,000 managed care pharmacists and other healthcare professionals seeking to increase their knowledge of the management and coordination of clinical, pharmacy benefit, and pharmacy care programs. These professionals are interested in health care information and issues viewed from a population perspective rather than at the patient-practitioner level.

CPE SESSION SPECIFICS

CPE sessions at **AMCP 2025** are scheduled to be 1.25 hours long (75 minutes). To accommodate introductions, housekeeping information, and some question-and-answer time, the actual content should be 45-60 minutes.

Topics are divided into six different tracks:

- General Managed Care Pharmacy
- Legislative and Regulatory Trends
- Business Trends
- Specialty Pharmacy
- Managed Care Research
- Drug, Diseases, and the Managed Care Impact

The proposed content should be appropriate for the specified education track above. In addition, CPE session proposals MUST focus on one of the topics listed in **Appendix A**. Accompanying each topic are questions to provide more context on what your proposed session should cover.

Preference will be given to proposals that highlight real-world examples of innovations in managed care, share outcomes data, and/or provide diverse professional perspectives.

Please note that session proposals that have already received commercial support or submitted by a marketing representative or company will be disqualified from the call for session proposals. Please consider submitting this proposal for a satellite symposium or an industry spotlight session.

PROPOSAL SUBMISSION REQUIREMENTS

CPE SESSION REQUIREMENTS

All CPE sessions are expected to adhere to the enclosed *Guidelines for Continuing Pharmacy Education Sessions* and incorporate all the elements discussed in that document. All presentations must:

- Incorporate at least one active learning activity for each learning objective.
- Have a PowerPoint Presentation on AMCP's template with content that achieves all learning objectives.
- Have an associated handout (consisting minimally of copies of PowerPoint slides).
- Be based on and reference the best available evidence.
- Give a balanced view of therapeutic options and/or programs and services.

FACULTY REMUNERATION

Faculty associated with accepted CPE session proposals will receive:

- One complimentary **AMCP 2025** registration.
- Reimbursement of reasonable speaking-related travel expenses at the discretion of AMCP (i.e., round-trip coach airfare, ground transportation, and one-night hotel stay).

Typically, a 1.25-hour continuing pharmacy education session should have no more than two faculty. Sessions conducted primarily as short presentations plus panel discussions should have no more than three faculty (i.e., facilitator plus two panelists). AMCP reserves the right to limit the number of faculty in a session and/or the type and amount of remuneration provided. AMCP also reserves the right to conditionally accept proposals for which AMCP can recommend certain modifications to content and faculty.

HOW TO SUBMIT A PROPOSAL

Proposals must include ***ALL*** the requested elements found within the online form. Submissions MUST indicate the specific topic that the session will cover based on the list provided by AMCP.

Fields included on the online form are the following:

A. Confirmed Faculty

Please provide a list of confirmed faculty for the session. These faculty members agree to speak at **AMCP 2025** and are available during the conference dates. AMCP will not review or accept proposals where faculty have been invited, but not confirmed.

If the proposed session has multiple faculty, one person should be designated as the session coordinator. If the proposal is accepted, this person will serve as the

main liaison with AMCP and will be responsible for ensuring that all requested information is submitted in a timely manner.

B. Proposal Title

A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.

C. Needs Assessment/Knowledge Gap Information

Provide a description (at least 300 words) of why the topic addressed in the proposed session is important to managed care pharmacists, as well as the "knowledge gap" that the session will fill: what is happening now versus what is needed and desired in practice? What problems are caused by the current status/behaviors/practices? What benefits would result from the desired status/behaviors/practices?

Include a minimum of three citations to published information or evidence, preferably national guidelines, peer-reviewed health care literature, regulatory requirements, or similar expert/authoritative sources.

D. Session Description

Create a brief (no more than 150 words) session description suitable for inclusion in the final **AMCP 2025** website/app. The description should reflect the session content accurately and be worded in a way that entices the audience to attend.

Example: Biosimilars: Regulatory Considerations and Controversies — Although the first biosimilar product is not expected to hit the U.S. market before 2017, federal and state governments already are moving ahead with guidance and regulations. The naming debate is in full swing. There are many questions about the approval process for biosimilars in Europe and how it might influence an approval pathway in the United States. The FDA has floated the idea of an "Orange Book" for biosimilars. Which version of the future seems most likely? This session will provide perspective on the activity and speculation regarding regulation of biosimilars.

E. Detailed Program Agenda

Indicate what information will be covered by each faculty presenter, and for how long.

F. Learning Objectives

Provide at least three measurable, specific learning objectives that define what pharmacists should be able to do at the completion of the proposed session. The objectives should address the identified needs and knowledge gap. They also should elicit or describe observable or measurable behaviors on the part of participants.

Learning objectives should begin with a verb and complete the sentence, "At the completion of this activity, participants should be able to …." The verbs should be appropriate for the proposed session activity type (knowledge-based or application-based), as indicated in **Appendix B**.

For example, for a knowledge-based activity for the session description above, the following objectives are appropriate:

At the completion of this activity, participants should be able to:

1. *Explain the differences between FDA regulation of biosimilars and the European Union approach.*
2. *Discuss how key state trends associated with biosimilar substitution are likely to affect pharmacists.*
3. *Summarize the controversies surrounding the naming of biosimilar products.*

G. Level of Interactivity

Current Accreditation Council for Pharmacy Education (ACPE) Standards require all CPE programs to include "learning activities to foster active participation." In the past, AMCP has required the use of an interactive platform to comply with this requirement. As AMCP encourages active participation and interactivity with the attendees, we are looking for different types of interaction. If AMCP wanted a more engaged session, what could you do? How would you engage the audience?

H. Disclosure of Financial Support

Disclose any financial support from a commercial interest (e.g., pharmaceutical industry) for any original research or data proposed.

DEADLINE

Proposals must be submitted **no later than 11:59 pm PT on Monday, September 23, 2024.**

EVALUATION OF PROPOSALS

The AMCP education staff and Educational Affairs Committee will evaluate CPE proposals. Criteria for review include but are not limited to topic relevancy to the managed care professional, risk of promotional bias, and faculty expertise listed.

Acceptance and rejection notifications will be sent no later than **Friday, December 13, 2024.**

QUESTIONS?

Please direct questions related to education@amcp.org.

APPENDIX A: LIST OF TRACKS AND TOPICS

FOR **AMCP 2025**

1. Market Disruptors in Healthcare

- Who are the unique market disruptors in healthcare today? What do these groups do? What type of disruption or change are they attempting to make?
- What recent changes have been the result of market disruptors?
- What key opportunities for disruption exist within the managed care space? Are opportunities concentrated around specific initiatives (e.g., quality measures, advanced pharmacy care models, cost management, etc.)?
- What challenges and opportunities do market disruptors create for managed care organizations?
- What impact does pending or implemented legislation have on these disruptors?

2. Prescription Digital Therapeutics: Formulary Evaluation & Design

- Share real examples of the review, comparative effectiveness if applicable, and results of the formulary review. How are organizations evaluating prescription digital therapeutics?
- What formulary approaches are managed care organizations using to cover prescription digital therapeutics? If digital therapeutics fall under the pharmacy benefit, what tier? What are some best practices when prescription digital therapeutics are considered for formulary inclusion?
- What outcomes/value-based agreements can be implemented in this space?
- What impact do prescription digital therapeutics have on addressing health disparities and improving access to care?
- What are the key considerations and best practices for managing digital therapeutics under the medical benefit, compared to the pharmacy benefit?

3. Demonstrating Health Equity in the Real World

- How are managed care organizations and manufacturers using data collection and analysis, community engagement, and other tactics to ensure health equity?
- Are there examples of partnerships or collaborative arrangements that have successfully demonstrated health equity?

4. Health Disparities and Medicare

- What are the unique challenges and best practices in Medicare Advantage for addressing health disparities?
- What best practices exist related to educating members from disparate communities on formulary coverage and the prior authorization process?
- What are best practices with prior authorization forms and the process that promotes inclusivity and diversity?
- How will the integration of social determinants of health (SDOH) into Medicare risk adjustment impact Star ratings and plan sponsor strategies
- How will implementing the Health Equity Index (HEI) Reward impact health plans' quality strategy?

5. Incorporating Health Equity into Managed Care Practice

- How should managed care organizations assess therapies with limited data in specific populations? (e.g., if the studied population was 98% White, can we safely extrapolate the outcomes data to Black patients?)
- What best practices/lessons learned are available related to data augmentation, collection, analysis, and utilization? How are these practices being implemented into the formulary process or benefit design?
- How are drug manufacturers addressing clinical trial diversity and data transparency?
- How do managed care organizations include ICER and FDA frameworks for health equity into comparative evidence reviews?

6. Updates to the CAHPS Measures

- What industry trends are we seeing around CAHPS measure performance? Are there specific measures that have proven exceedingly challenging this year?
- What changes to the CAHPS program are forthcoming for 2025-2026? What is the potential impact of these changes on various stakeholders?
- How are plan sponsors leveraging Medicare star measure interventions like adherence to improve CAHPS results?
- How have recent changes to CAHPS changed how health plans approach quality measurement?

7. Efficiencies and Best Practices Gained from Integrated Delivery Networks (IDNs)

- Using data, what is the value of the IDN model? What efficiencies and best practices are gained through the IDN model? What impact does this have on patient care?
- How does collaboration between managed care stakeholders function differently within the IDN model compared to non-IDN models?
- How can non-integrated systems learn from IDNs?

8. Copay Accumulator and Maximizer Programs

- What are the differences between copay accumulator and maximizer programs? What are the impacts and unintended consequences of copay accumulator and maximizer programs from the following perspectives: manufacturer, patient, health plan, employer, PBM, provider, and health system?
- What legislative or regulatory activity occurs at the federal and state levels in response to these programs?
- How have pharmaceutical manufacturers responded to payers' increased utilization of copay accumulators/maximizers?
- How do actuaries and brokers assess the value of these programs?

9. Best Practices in Developing Patient-Centric Formulary Decision-Models

- What is the value of the patient perspective in formulary management and benefit design?
- What are best practices for incorporating the patient perspective in formulary decision-making?
- How do these practices influence patient outcomes? What impacts do they have on health plans and other managed care stakeholders?
- What are the best practices for longitudinal monitoring of patient-centric formulary design? What is the role of patient-reported outcomes in these models?

10. Keeping Pace with Medicare Stars Program Changes

- What industry trends are we seeing around Star measures performance? Are there specific measures that have proven exceedingly challenging this year?
- What new strategies are health plans utilizing to improve Star measure performance?
- How are health plans adjusting following CMS's proposed changes to the MTM program?
- What changes to the Stars program are forthcoming for 2025-2026?
- What is the potential impact of these changes on various

11. Alternative Funding Plans (AFPs)

- What are AFPs?
- What are the benefits and drawbacks of AFPs for patients, providers, payers, and manufacturers?
- What impending or implemented legislation surrounds AFPs?

AMCP- LEGISLATIVE AND REGULATORY

1. 340B

- With recent announcements by pharmaceutical manufacturers limiting 340B discounts to safety-net hospitals, what changes are occurring in the 340B Drug Discount Program?
- What are the latest HRSA and manufacturer network updates for 340B contract pharmacies?
- What is the impact of 340B programs on specialty pharmacies and their relationship with managed care organizations?
- What 340B program impact may the proposed Inflation Reduction Act guidance bring to the industry?

2. The Status of PBM Reforms at the National and State Level

- What types of PBM reform are currently being proposed? How do these differ between the federal and state levels?
- How likely will reforms be adopted based on recent legislative action and other stakeholder activity?
- What are the potential impacts of the various proposed reforms on PBMs?

3. 2025 Health Policy Priorities

- What are some healthcare policy proposals currently under consideration (e.g., ACA enhancements, Medicare benefits, drug pricing)?
- In addition to the significant legislative activity in Congress, what other agency and regulatory actions are expected in 2025?
- What is going on at state levels that may apply to or impact other states? (e.g., CalCare)

4. Inflation Reduction Act

- What are some of the early successes and challenges managed care stakeholders are experiencing following the implementation of specific provisions of the Inflation Reduction Act (i.e., drug price negotiation, Part D redesign)?
- What formulary/benefit design actions are being taken at the health system, PBM, and health plan levels based on the Inflation Reduction Act?
- What effect are these changes having on patient choices and the consumerism of health care? Have there been any impacts to the member experience?
- How has (or will) the Inflation Reduction Act and government drug price negotiations impact the rest of the marketplace?

1. Value-Based Contracting (VBC)

- Outline the current state of VBC in the commercial, Medicare, and Medicaid space. How is it working today? What key stakeholders should be engaged in the development of these contracts? Are there specific disease states working well? Provide examples of therapeutic outcomes that can be tracked and how this impacts the VBC construct.
- What is the impact of programs like 340B on value-based contracting?
- What are the best data collection and sharing practices, short- and long-term incentives, and operationalizing VBCs? Describe national trends around value-based contracting and describe how they are impacted by the most updated publications assessing cost and clinical outcomes for VBCs
- What have recent publications about VBCs demonstrated regarding cost and clinical outcomes? What trends are being seen around the benefits and challenges of implementing VBCs?
- What impacts (if any) are government activities like the Inflation Reduction Act or Cell and Gene Therapy (CGT) Access Model for sickle cell disease expected to have on the future of VBC?

2. Alternative Payment Models for High-Impact Medications

- What types of innovative payment models exist? What are the benefits and drawbacks of these different models?
- What real-world evidence exists surrounding alternative payment models, including examples of models structured for various therapies, and what does this evidence show regarding impacts on cost and clinical outcomes?
- What are the best practices for health plans and other managed care stakeholders seeking to implement alternative payment models?
- What impacts (if any) are government activities like the Inflation Reduction Act or CMMI Quality Payment Program expected to have on the future of alternative payment models?

3. Value Frameworks

- What are the benefits and challenges associated with each type of value framework?
- What are the best practices for health plans and other managed care stakeholders seeking to implement value frameworks and what components should any value framework contain? What technology systems are being implemented to support value frameworks?
- What should the role of value frameworks be in drug pricing, coverage, and reimbursement?
- What are CMS's latest activities about national coverage determinations? Are other government agencies looking at value frameworks? How are various value frameworks used in managed care activities (i.e., formulary management) today?

AMCP- SPECIALTY PHARMACY

1. Oncology Management & Payment Models

- How do oncology management strategies differ from non-oncology management? How are managed care organizations managing oncology drugs?
- What outcomes are being driven by existing payment models? How can existing payment models be built upon or improved?
- What is the next Oncology Care Model? What does it look like?

2. Medical and Pharmacy Benefits & Impact on Specialty Pharmacy

- What patient education strategies are specialty pharmacies using regarding the multiple-benefit structure?

3. Employer Trends Related to Specialty Therapeutics/Drugs

- What new strategies are employers and employer groups using to manage specialty drugs and high-investment medications?
- How do employer management strategies impact patients and managed care organizations?
- How can managed care organizations better collaborate with employers and employer groups to drive savings and better coordinate management of specialty drugs?

4. New and Existing Specialty Pharmacy Care Models and the Intersection with Managed Care

- How do specialty pharmacy accreditation requirements impact the relationship with payers? How can payers partner with specialty pharmacies to implement clinical care programs that are clinically- and cost-effective?
- How do specialty pharmacies address patient access to care or advances in technology?
- What is the impact of 340B programs on specialty pharmacies and their relationship with managed care organizations?
- How has vertical integration of PBMs/SPPs/Insurers impacted the specialty pharmacy landscape and the role of pharmacists in managed care?

5. Gene Therapy: Management Strategies and Payment Models

- What isthe current landscape and future pipeline of gene therapies?and availability?
- How are managed care organizations assessing the value of gene therapies compared to current treatment options/standard of care?
- How are health plans approaching self-funded group requests for carve-outs?
- Describe best practices for navigating the gene therapy journey across multiple stakeholders (i.e., plan, payer, patient, and member). Payer strategies for anticipating and managing gene therapy cases, including coverage, financing, and outcomes should be outlined.

6. Application & Future of Precision Medicine (PM) in Specialty Pharmacy

- What is the applicability of PM in specialty pharmacy today, using real-world examples or use cases?
- What impacts do managed care activities related to PM have on specialty pharmacy? Are specialty pharmacies implementing processes around PM independently of managed care organizations?
- What does the future of PM in specialty pharmacy look like?

7. Formulary Management and Pricing Dynamics of Biosimilars & Opportunities for Managed Care

- What considerations do specialty pharmacies make when procuring biosimilars?
- Describe best practices in implementing formulary design changes designed to increase utilization of biosimilars.
- How do specialty pharmacies ensure patients are safely and efficiently switched from current therapy to a new biosimilar?
- How can managed care organizations work with specialty pharmacies to overcome patient and clinician inertia on biosimilar use?

1. Artificial intelligence (AI), Machine Learning, and Predictive Analysis
    - What advances in AI, machine learning, and predictive analytics are changing healthcare? In what ways are these impacting managed care? What are the best practices in these tools to improve operational efficiency and/or healthcare outcomes in the managed care setting?
    - What do managed care stakeholders need to know about AI, machine learning, and predictive analytics?
    - What insights and lessons have been learned from AI, machine learning, and predictive analytics in the managed care pharmacy setting?
    - What impacts are recent CMS activities regarding health disparities and bias in AI expected to have?

2. Patient-reported outcomes and their use in the real world

    - How are managed care organizations using patient-reported outcomes (PRO) data? How can the validity and accuracy of PROs be assessed?
    - What are case examples of studies demonstrating the value of PROs within a particular disease state?
    - How is this information used for clinical decision-making and utilization management?
    - What are the best practices for incorporating PROs into P&T,formulary decisions, and other managed care applications?
    - What is the role of different managed care stakeholders (e.g., specialty pharmacies) in gathering, analyzing, and implementing PROs in practice?

3. Real-World Data & Evidence

    - What are the best practices for interpreting and ensuring the validity and usability of
      RWD/RWE? How can different stakeholders work together to increase applicability and usability or RWD/RWE?
    - How is this information used in formulary management, utilization management, benefit design, and economic evaluation processes?
    - How are regulatory agencies utilizing RWE in decision-making? Does this vary by country? What impact does this have on managed care?
    - What do managed care pharmacists need to know when interpreting drug approvals based on RWE submissions?

4. Behavioral Health Economics in Managed Care Pharmacy

- What is behavioral economics' applicability in managed care? How are managed care stakeholders using it?
- What type of data is utilized in behavioral economics? How does this differ from standard practice?
- What are some case studies of this data type, and what outcomes are being seen?

5. Trends and Future of HEOR Data

- How is HEOR data being used today? What recent advancements or refinements to HEOR data and research have been made? What teams are contributing to these advancements?
- What does the future of HEOR applicability look like?
- How are real-world evidence and patient-reported outcomes incorporated in HEOR work?

6. The Role of Value Assessment Reports in Managed Care Pharmacy Practice

- Provide insights on using, handling, and quality ICER and other value assessment reports for formulary development/ management.
- How do you interpret the results of cost-effectiveness studies?
- Describe the implications of value assessment reports to payers and manufacturers.
- What are the ICER Barriers to Fair Access Assessment, and what findings and insight are detailed in the report?
- What is the ICER Unsupported Price Increases (UPI) Report, and what is its role and impact on drug pricing?

7. Post-Marketing Surveillance Impacts to Clinical Coverage

- Describe data and surveillance mechanisms in place for drugs approved via an accelerated approval process. How can VBCs be better utilized within the accelerated approval process?
- How are manufacturers collecting RWE and post-marketing surveillance data related to medications, including adverse effects?
- What gaps have been identified? How has this data been used to improve benefit design and patient outcomes?
- Outline the importance of registries for Cell & Gene Therapies in support of more robust VBCs, measuring treatment success, obtaining RWE, and informing future coverage decisions

8. Impact of the Breakthrough Therapy Designation

- Explain the breakthrough therapy designation and the various expedited review processes.
- Review the data on approved drugs that have undergone accelerated reviews and the post-marketing data available on these agents.
- Provide recommendations to managed care professionals on how to manage the level and quality of data for agents approved via an accelerated process when considering formulary decision making.

1. Oncology Management

- Discuss the drug pipeline for Oncology treatment and the impact of this pipeline on clinical management and management by MCOs and PBMs.
- What outcomes data is available demonstrating the effect of cancer immunotherapies & other novel treatments on health and quality? What is the impact of emerging cancer immunotherapies on managed care?
- What are recent and anticipated advances in the management of Multiple Myeloma? How are these expected to impact all stakeholders?

2. Update on Alzheimer's Disease

- What are CMS' latest activities in Alzheimer's? Is there an impact on commercial coverage? What impacts will these have on the future of Alzheimer's therapy?
- With lecanemab's full approval, what changes are payers anticipating?
- What other products are in development? Will these create the same challenges as previous approvals?
- What outcomes or endpoints should we expect in clinical trials?

3. Rare and Ultra Rare Diseases

- What are the most recent critical approvals for rare diseases, and what is their expected impact on managed care?
- What drugs are notable in the pipeline? Discuss launch timelines and potential impact, including clinical treatment and overall cost of care for specific conditions.
- What managed care strategies are best suited for managing rare diseases across different lines of business (Commercial, Medicare, Medicaid) and other plan sizes (e.g., small plans with family of inherited rare disease, coordination with patient registries)?

4. Obesity

- How has the recent shift in thinking about obesity and the rise of GLP-1s impacted managed care? What challenges and new strategies are health plans utilizing to account for these shifts? What are the long-term implications of these products – both for the patient and costs for MCOs and PBMs?

- What has been the impact of expanded indications and additional studies of GLP-1 products? How are these changing utilization patterns and spending across different lines of business?
- What unique strategies are stakeholders using to access and pay for GLP-1 drugs (e.g., 503B compounding)? What impacts are these having on managed care?
- What impacts (financial or other) could actions by CMS or Congress have on the US healthcare system?

5. Blood Disorders (Hemophilia, Beta Thalassemia, Sickle Cell Disease)

- What impacts and outcomes have been demonstrated through real-world evidence (RWE) of gene therapies for bleeding disorders?
- What are the expected short-, medium-, and long-term financial impacts of the blood disorder pipeline on the US healthcare system?
- What racial disparities exist regarding hemophilia and sickle cell disease, and how are managed care stakeholders addressing them? Please provide examples.
- What is the expected impact of the CMS Cell and Gene Therapy (CGT) Access Model on all stakeholders (patients, providers, payers, etc.)?

6. Duchenne Muscular Dystrophy (DMD)

- Provide a brief but comprehensive overview of DMD, including disease burden, standards of care, and guideline-recommended treatments.
- What are key recent approvals and drugs in the pipeline for DMD? How are these expected to impact clinical care and treatment guidelines?
- What do clinical trials and real-world evidence (RWE) demonstrate regarding outcomes of recent approvals and pipeline treatments for DMD?
- How is the evolving treatment landscape for DMD impacting managed care, including drug spending? How are payers adapting to meet the changes?

7. Non-alcoholic fatty liver disease (NAFLD) and Nonalcoholic steatohepatitis (NASH)

- What is the disease burden on patients, payers, health systems, and employers for fatty liver disease and NASH?
- What new treatment advances exist for the management of fatty liver disease and NASH, and what options are on the horizon?
- What innovative approaches are managed care organizations taking to optimize care?
- Discuss the role of GLP-1s and other emerging treatments in managing NASH.

8. Women's Health

- What diseases have a significant or disparate impact on women? What does the data show regarding outcomes for men vs. women?
- What new treatment advances exist, and what options are on the horizon? How can investment in Women's Health research be improved/incentivized?
- What innovative approaches are managed care organizations taking to optimize women's health, including best practices for identifying and managing conditions disparately impacting women? Provide examples.
- What new research in women's health is being conducted? Provide examples.

9. Enzyme Deficiency Disorders (EDD)

- Please provide a brief but comprehensive overview of EDDs as a disease, including the disease burden, to all stakeholders.
- Outline current standards of care as well as pipeline treatments for EDD. How are pipeline treatments expected to impact patient outcomes? Managed care organizations?
- What strategies are managed care organizations taking to optimize care of EDD? Provide examples.

10. Amyloidosis (hATTR)

- Please provide a brief but comprehensive overview of the disease, including the disease burden, to all stakeholders.
- Outline current standards of care as well as pipeline treatments. How are pipeline treatments expected to impact patient outcomes? Managed care organizations?
- What strategies are managed care organizations taking to optimize care? Provide examples.

11. Eosinophilic Esophagitis (EoE)

- Please provide a brief but comprehensive overview of the disease, including the disease burden, to all stakeholders.
- Outline current standards of care as well as pipeline treatments. How are pipeline treatments expected to impact patient outcomes? Managed care organizations?
- What strategies are managed care organizations taking to optimize care? Provide examples.

12. Celiac Disease

- Please provide a brief but comprehensive overview of the disease, including the disease burden, to all stakeholders.
- Outline current standards of care as well as pipeline treatments. How are pipeline treatments expected to impact patient outcomes? Managed care organizations?
- What strategies are managed care organizations taking to optimize care? Provide examples.

APPENDIX B: MEASURABLE ACTION VERBS FOR CONTINUING PHARMACY EDUCATION ACTIVITIES

Measurable Action Verbs for Continuing Pharmacy Education Activities

Note: This is a list of suggested active verbs and is not intended to be all-inclusive. Knowledge-based activities should only use verbs classified as knowledge-based. Application-based activities may use a mix of verbs classified as knowledge-based and application-based; however, the majority should be application-based.

Knowledge-Based

Arrange	Identify	Relate
Classify	Indicate	Restate
Define	List	Review
Describe	Outline	Select
Discuss	Recall	Summarize
Explain	Recognize	Translate

Application-Based

Analyze	Create	Illustrate
Apply	Demonstrate	Implement
Arrange	Describe	Interpret
Assemble	Design	Organize
Assess	Develop	Predict
Calculate	Differentiate	Prepare
Categorize	Distinguish	Rate
Collect	Estimate	Research
Compare	Examine	Select
Compose	Evaluate	Solve
Contrast	Identify	