



The American Bar Association
Health Law Section
and the ABA Center for Continuing Legal Education
Present a 90-Minute Teleconference and Live Audio Webcast

Transparent PBM Contracting: Industry Practices and Managed Care Part D Plans

Wednesday, October 10, 2007

12:00 PM – 1:30 PM Eastern | 11:00 AM – 12:30 PM Central | 10:00 AM – 11:30 AM Mountain | 9:00 AM – 10:30 AM Pacific

PROGRAM DESCRIPTION

Public and private health care payers increasingly are relying upon contracts with prescription benefit management companies (PBMs) and pricing transparency to help contain soaring pharmacy benefit costs. The interest in complete and accurate information about the contracting practices of PBMs transcends any isolated enforcement initiative. PBM contracting directly affects pharmaceutical pricing and, as such, is a bipartisan issue of great interest and of fundamental importance to Medicare Part D, as well as other federal and state health plans.

Because PBMs work within a complex business and regulatory environment and provide services to multiple distinct constituents within the industry, report pricing information based on confusing federally mandated metrics such average sales price ("ASP"), maximum allowable costs ("MAC"), and federal upper limit ("FUL"), and generate revenue based on rebates, among other things, PBM transactions can often lack the transparency of those in other markets and industries.

With the implementation of Part D, the need for information provided in a clear, understandable and concise format has significantly increased. These policy considerations will influence investigations and prosecutions, as well as federal and state policy and legislative initiatives to address health care costs related to prescription drugs.

Through analysis of case studies, state and organizational initiatives and industry trends, our expert panelists will provide you with building blocks to understand the valuable and documented services PBMs provide, to develop tools to evaluate rebate strategies within a broader context, and to conduct internal compliance reviews based on historical settlements and the provisions of the Medicare Modernization Act, along with other valuable forecasting related to transparency initiative within the larger health care arena.

At the conclusion of this program, you'll be able to:

- Determine** the strengths and weaknesses of your contracting process and review of agreements
- Identify** points to consider in developing transparency solution consistent with PBM accreditation programs
- Apply** solutions that have worked for others
- Describe** several ideas to educate others regarding PBM services, the reimbursement and pricing issue in MCOs, and legislative as well as enforcement initiatives targeting Part D plans

OUR EXPERT PANELISTS

Moderator: Cynthia Marcotte Stamer, *Glast, Phillips & Murray PC*, Dallas TX

Teresa P.M. Kelton, Pharm.D., MPH, *Nixon Peabody, LLP*, Washington, DC

Viveca D. Parker, Assistant U.S. Attorney, Civil Division of the United States Attorney's Office, *Eastern District of Pennsylvania*, Philadelphia, PA

Paul D. Squire, Associate General Counsel, *WellPoint, Inc.*, Brooklyn, NY

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