

*University of Utah College of Pharmacy*  
Evaluation Form

“CONSIDERATIONS FOR MANAGED CARE ORGANIZATIONS AND MEDICAID AGENCIES APPLYING FOR PRESCRIPTION PLAN STATUS FOR MEDICARE RECIPIENTS IN 2006” - Web-based Education Program

**ACPE Program Number: 068-999-05-045-H04** (3.5 contact hour - 0.35 CEUs)

DATE ONLINE PROGRAM WAS ACCESSED: \_\_\_\_\_

**Please rate the extent to which you are now able to meet each of the program objectives using the scale below:**

**1 (Strongly Agree) to 4 (Strongly Disagree) for each item.**

- |  |   |   |   |   |
|--|---|---|---|---|
| • Review the Center for Medicaid and Medicare Services criteria for participation as a prescription drug plan (PDP) provider under Medicare Part D.                  | 1 | 2 | 3 | 4 |
| • Describe the varying perspectives of a pharmacy benefit manager and a state Medicaid agency in providing prescription drug services for a Medicare population.     | 1 | 2 | 3 | 4 |
| • Explain the changes to top-dollar volume therapeutic drug classes between Medicaid and Medicare populations, and the impact this may have on a Medicare drug plan. | 1 | 2 | 3 | 4 |
| • Describe the implications of pricing based on average sales price vs. average wholesale price to the administration of a formulary for Medicare recipients.        | 1 | 2 | 3 | 4 |

**Please rate the presenter and program on a scale of 1 (Strongly Agree) to 4 (Strongly Disagree) for each item:**

- |  |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|
| The presentation challenged my thinking.           | 1 | 2 | 3 | 4 | The program was well-administered.  | 1 | 2 | 3 | 4 |
| The content was relevant to my work.               | 1 | 2 | 3 | 4 | The online learning environment was acceptable as a continuing education program. | 1 | 2 | 3 | 4 |
| The presentation difficulty level was appropriate. | 1 | 2 | 3 | 4 | The pace of the program was appropriate.  | 1 | 2 | 3 | 4 |
| The content had substance (i.e. not superficial).  | 1 | 2 | 3 | 4 | The presentation method held my attention.  | 1 | 2 | 3 | 4 |
| I gained new work related insights.                | 1 | 2 | 3 | 4 |   |   |   |   |   |

1. The program was free from commercialism and bias. Yes/No If no, please explain. \_\_\_\_\_  
\_\_\_\_\_

2. What did you like about this program? \_\_\_\_\_  
\_\_\_\_\_

3. Was there something you did *not* like about this program? \_\_\_\_\_  
\_\_\_\_\_

4. Please list one or more topics which you would like to see covered in future continuing education programs.  
\_\_\_\_\_  
\_\_\_\_\_



## CONTINUING EDUCATION

### Attendance Form and Statement of Credit Information

To obtain full continuing education credit for this homestudy module, the participant must complete the entire online program.

The following guidelines have been established to assist in documenting the participants accessing and completing the CE program:

- a. every participant must register before starting the online program.
- b. each participant must complete the attendance form and evaluation; these forms will be accepted only after completing the program.

These guidelines apply to those participants wishing to receive a statement of credit and/or continuing education credit for relicensure in mandatory states. Statements of credit will be distributed upon completion of the course or mailed to participants by the College of Pharmacy after documentation of attendance has been received. The 49 boards of pharmacy which have mandatory continuing education requirements are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming, and District of Columbia.



The University of Utah College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Please print and fill in all areas for credit.

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

(COMPLETE) ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE ONLINE PROGRAM WAS ACCESSED: \_\_\_\_\_

Please check if you would like to receive PHARMACY CE credits for completing.

\_\_\_\_\_ Pharmacist State(s) registered in and license number(s): \_\_\_\_\_

SPECIFY PRESENTATION ACCESSED:

\_\_\_\_\_ "CONSIDERATIONS FOR MANAGED CARE ORGANIZATIONS AND MEDICAID AGENCIES APPLYING FOR PRESCRIPTION DRUG PLAN STATUS FOR MEDICARE RECIPIENTS IN 2006" - Web-based Education Program

**ACPE Program Number: 068-999-05-045-H04** (3.5 contact hour - 0.35 CEUs)

I certify that I attended the above program in its entirety for the continuing education contact hour(s) indicated.

YOUR SIGNATURE: \_\_\_\_\_

Certificates will be processed by the responsible party. Allow up to 6 weeks for processing.

Please mail or fax completed Evaluation and Statement of Credit Request form to:

University of Utah College of Pharmacy, CE Office, Wakara Way, Suite 208, Salt Lake City, UT 84108.

Fax: 801-587-7923 Phone: 801-587-7736

## QUESTIONS FOR PHARMACY CE

1. Which of the following is not a CMS formulary considerations
  - a. Minimum of 2 drugs for each therapeutic class of drugs.
  - b. Benefits for beneficiaries are depended upon financial need
  - c. Financial incentives encouraging generics
  - d. Mail-order provision
  
2. Which statement is false about medication therapy management?
  - a. The law designates that pharmacists are the provider
  - b. The dispensing pharmacy is required to provide the medication therapy management
  - c. Medication therapy management can be provided a centralized facility
  - d. The law allows non pharmacists be to providers
  
3. What type of services are under consideration for medication therapy management?
  - a. Formulating a medication treatment plan
  - b. Assessing a patient's health status
  - c. Performing a comprehensive medication review
  - d. All of the above
  
4. Which of the following is not a critical issue in the development of medication therapy management programs?
  - a. Outcome measurements will need to be developed
  - b. New methods for collecting and tabulating data will be required
  - c. Medication therapy management programs do not exist
  - d. Return on investment will be quick
  
5. Which of the following is not part of the application process for CMS?
  - a. Eligibility determined by CMS
  - b. Formulary and covered drugs submission
  - c. Geographic location
  - d. Pricing bid submission

6. What is not considered an implication of the Medicare Modernization Act for the Pharmacy Benefit Management company (PBM)?
  - a. Develop partnerships with private plans, employer groups and serve as the primary prescription drug program administrator
  - b. Will not be involved in management of formularies and MTM programs
  - c. Changes in the PBM market with expansion of managed care organization customers
  - d. PBMs with state Medicaid clients will see utilization shift in payments
  
7. What are the benefit implications of the Medicare Modernization Act for PhARMA?
  - a. Expanded drug benefit coverage means market expansion
  - b. Price concession negotiation will be exempt from Medicaid “best price”
  - c. Federal low-income assistance will reduce the need for state-based pharmaceutical assistance programs
  - d. All the above
  
8. What is not part of the political environment on drug prices?
  - a. Brand names should be used before generics
  - b. 2/3 of patients want government to regulate drug prices
  - c. Over 50% of patients would prefer increased regulation at the expense of research and development
  - d. Government will shoulder almost half of the nation’s healthcare spending by 2014 because of prescription drug costs.