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Call for Continuing Pharmacy Education Session Proposals

AMCP invites proposals for continuing pharmacy education (CPE) sessions to be presented at **AMCP 2022**, which is scheduled for March 29-April 1, 2022 in Chicago, IL.

ABOUT AMCP 2022

AMCP 2022 is expected to attract approximately 4,000 managed care pharmacists and other health care professionals seeking to increase their knowledge of the management and coordination of clinical, pharmacy benefit, and pharmacy care programs. These managed care 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 2022** are scheduled to be 1.25 hours long (75 minutes). To accommodate introductions, housekeeping information, and some question and answer time, actual content should be 45-60 minutes.

Topics are divided into five different tracks:

- General Managed Care Pharmacy
- Legislative and Regulatory Trends
- Business Trends
- Specialty Pharmacy
- Managed Care Research

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 type of proposal for a satellite symposia, science and innovation theater, industry workshop, or partner 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 2022** 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 discussion 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 2022 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 2022 program/website. 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

Provide disclosure of 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 11:59pm PT on Monday, October 4, 2021.**

EVALUATION OF PROPOSALS

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

Notifications of acceptance and rejection will be sent no later than **Wednesday, December 15th, 2021.**

QUESTIONS?

Please direct questions related to education@amcp.org.

APPENDIX A: LIST OF TRACKS AND TOPICS FOR
AMCP 2022

General Managed Care Pharmacy

#	Topic	Scope of Session- Questions to Cover in Proposed Session
1	Utilization management on drugs covered under the medical benefit/Medicare Part B	<ul style="list-style-type: none"> • What drug trends are seen in drugs covered under Medicare Part B? • What are the changes in utilization management strategies in Part B? • For drugs covered under the medical benefit, what are the formulary strategies/ requirements and what are the outcomes from these strategies? • How is the Part B Drug Benefit Design driving drug/ device utilization market share for biosimilars? <ul style="list-style-type: none"> ○ What are the best practices? ○ What new opportunities has this brought about with provider relationships and contracting?
2	Current trends in formulary management	<ul style="list-style-type: none"> • What type of formulary tier management restrictions are utilized? • What are the outcomes associated with formulary management: competitive advantage, patient outcomes, advantages vs. disadvantages?
3	Employer impact post COVID	<ul style="list-style-type: none"> • What challenges are employers/employer groups currently facing during the COVID-19 pandemic? • How will formulary management strategies be beneficial or detrimental to employers/employer groups? • What do employers and employer groups need as part of their drug benefits to remain competitive?
4	Consolidation of Medical & Pharmacy drug claims	<ul style="list-style-type: none"> • What are the available tools or strategies to consolidate data from PBM/prescription claims and Medical/health plan drug claims? • How do you streamline pharmacy and medical coverage of drugs? • How do you standardize coverage criteria between prescription drug and medical plans when overlap exists?

5.	How to provide pharmacy savings without a rebate-driven formulary	<ul style="list-style-type: none"> • Identify strategies to design a formulary that focus on overall cost savings to the plan sponsor instead of allowing rebates to influence coverage as a revenue stream for PBM
6.	Digital Therapeutics Trends and Managed Care Pharmacy	<ul style="list-style-type: none"> • What is the current portfolio and pipeline of digital therapeutics? • What is the role of managed care pharmacists in formulary decision making for digital therapeutics? • Where do they fit w/in a covered benefit (e.g., Medical vs Pharmacy vs. separate/unique benefit)? • What standards and evidence are needed for coverage? • What reimbursement/contracting arrangements are available/appropriate? • How are health plans/managed care organizations using digital therapeutics for patient care/engagement?
7.	The Role of Managed Care Pharmacy in Addressing Racial and Ethnic Disparities	<ul style="list-style-type: none"> • How can managed care pharmacy address racial and ethnic disparity associated with medication access and utilization? • What are examples of initiatives that were created to combat this? • How are managed care organizations partnering with Community Health Workers and/or employing Social Determinants of Health (SDOH) Specialists to improve SDOH? • How have managed care organizations successfully improved the SDOH-related Z code entry rate and closed the gaps? • Post COVID, how does the profession help address healthcare disparities? <ul style="list-style-type: none"> ○ How can technology and AI help? ○ How can pharmacy schools help educate the next generation of pharmacists?
8	Utilization Trends with Digital Channels and the Impact on Patient Care	<ul style="list-style-type: none"> • What percentage of Americans utilize digital channels such as an app or online chat to consult with a doctor? • How has the changing landscape of COVID-19 pushed utilization of these digital channels?

		<ul style="list-style-type: none"> • How does this impact payers, providers, and patients?
9	340B Programs and the Impact on Managed Care Pharmacy	<ul style="list-style-type: none"> • How is the 340B program's rapid growth impacting managed care practice and policy? • How are payers currently getting feedback on the impact of policy and coverage determinations on members? • What new forums or collaborations can be developed to gain a more well-rounded perspective of the member experience?
10	Best Practices in Developing a Digital Therapeutics Formulary	<ul style="list-style-type: none"> • Provide guidance for health plans on where to start if they are interested in covering digital therapeutics • What are some basics that all payers should understand when considering coverage? • What is a real life example of a health plan or PBM that has successfully began covering digital therapeutics and current status/challenges and outcomes, if available? • What are some best practices on how to develop a digital therapeutics formulary?
11	Alternative payment models	<ul style="list-style-type: none"> • What are some unique payment strategies (e.g., risk-sharing models, subscription models, outcomes-based contracting, etc.) payers are using? • What are the benefits/drawbacks of these alternative payment models? • How do alternative payment models impact patients (e.g., cost-sharing, premiums, etc.)?
12	Prior Authorization in the 21 st Century	<ul style="list-style-type: none"> • What types of outcomes (e.g., financial, patient outcomes) do prior authorizations contribute? • What do electronic prior authorization trends look like? How does this vary for medical vs. pharmacy benefit prior authorizations? • What are the advantages of electronic prior authorizations? • Are there any new technologies within the prior authorization process that could increase efficiencies and improve communication between provider, pharmacy, member, and health plan/PBM?

		<ul style="list-style-type: none"> • What advancements are being made in terms of using claims data, artificial intelligence, and/or automation to increase PA efficiencies?
13	HIV PrEP	<ul style="list-style-type: none"> • What are the trends with HIV PrEP management, especially in light of generic Truvada now available? • How does the HIV PrEP existing and pipeline agents (e.g., long-acting injectables) pose challenges for cost containment of this category? Which populations are best suited for these newer therapies? • How does state legislative policy impact formulary management for HIV PrEP?
14	Indication-Based Formularies	<ul style="list-style-type: none"> • As biologics increasingly gain several indications, what is the role of indication-based formulary design in this environment? • What has been the success of indication-based formularies thus far? What have been the challenges? • Is this a trend that is expected to continue in the years to come?
15	White-brown-clear bagging policies	<ul style="list-style-type: none"> • What are some medication bagging policies and descriptions? • What is the hospital/ health system impact? <ul style="list-style-type: none"> ○ Clinical challenges? ○ Operational challenges? • What is the impact on physician/ providers? • Patient impact? • What is the opposition to white-bagging and brown-bagging practices (e.g., states, organizations)? • What are some recommendations for health systems/ payers?

Legislative and Regulatory Trends

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Managed Care Disruptors: Focus on Emerging Health Plans	<ul style="list-style-type: none"> • Who are the new players in the pharmacy benefit space? • How do these organizations work and how do they compare to traditional managed care organizations? • What will their role be in the future?
2	Primer on International Pricing Index	<ul style="list-style-type: none"> • What is international pricing index? • How would it apply to drug pricing in the U.S? • What are the challenges and benefits to the healthcare system?
3	Point-of-Sale Rebates	<ul style="list-style-type: none"> • What is the impact on stakeholders? • What are the challenges and benefit to implementation? • What is the feasibility of implementation? • Are there best practices and examples of outcomes to share from any programs that have implemented this type of program? • What happens when member share is less than rebate?
4	Rising cost of pharmaceuticals	<ul style="list-style-type: none"> • What updates are there regarding legislative efforts to reduce drug prices? • How have various drug pricing legislative efforts impacted different stakeholders? What real world evidence exists on this topic? • What are some proposed drug pricing legislation ideas are there in the pipeline? • What policy proposals are currently under consideration by the Biden administration for lowering drug prices (net prices)? • What policy proposals are currently under consideration by the Biden administration for patient affordability protections? • How do these forces – benefit design (patient affordability) vs. rising drug expenditures/prices – interplay? How can we make strides to manage both in an equitable manner? • What are the Part D benefit redesign options being proposed and what implications would each have for customers, health plans, CMS, etc?

		<ul style="list-style-type: none"> • What actions are being taken at the health system, PBM, and health plan levels to increase price transparency for patients and employers? • What effect are these changes having on patient choices and the consumerism of healthcare? • How do alternative business models such as GoodRx play into price transparency dynamics?
5	State Legislation Impact on PBMs	<ul style="list-style-type: none"> • Which states have enacted laws that affect PBMs? What do the laws entail? • How do these new legislations impact 340B entities, reporting requirements, and reimbursement parameters? • What are some barriers in current Medicare legislation that payers are facing? • What policies might be added, removed, or revised to improve member care? • Has legislation been introduced aimed at utilization management tools? Impact on client costs? • Mandate on point-of-sale rebates and it's impact on clients/ PBMs. • What are some strategies states implemented to address rising behavioral health needs focused on both mental and SUD?
6	Medicare rules pertaining to non-STAR/HEDIS efforts	<ul style="list-style-type: none"> • What are opportunities for managing a Medicare population outside of the STAR/HEDIS setting • How are plans performing in Medicare Part B? • How should clinical programs operate differently in the Medicare space compared to non-Medicare?
7	Medicare specialty drug management	<ul style="list-style-type: none"> • What drugs are being offered on the additional specialty tier implemented by CMS? • How effective is this tier placement and associated benefit cost share driving use to the preferred agent(s)?
8	Pharmacist scope of practice	<ul style="list-style-type: none"> • How are collaborative practice agreements impacting health outcomes? • What are the best practices to pharmacists delivering services and billing as a provider? • Define the advocacy efforts to allow for pharmacists as a provider to bill for Medicare services.
9	The current state/future of Medicaid	<ul style="list-style-type: none"> • Where do different states stand with regards to Medicaid expansion? What alternative means to expansion have states used (e.g., work requirements, etc.)?

		<ul style="list-style-type: none"> • How has COVID impacted Medicaid? • What ongoing/recent legislative efforts have there been regarding Medicaid?
10	Update on biosimilar legislation	<ul style="list-style-type: none"> • What ongoing/recent legislation related to biosimilars exists? What impact has it had/will it have on practice? • How do state laws/regulations differ from federal laws/regulations?

Business Trends

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Oncology Care Model	<ul style="list-style-type: none"> • What are the different payment initiatives associated with the Oncology Care Model? Alternative payment models? • How are oncology products included in the model? • What outcomes and trends are being seen from the Oncology Care Model?
2	COVID Vaccinations	<ul style="list-style-type: none"> • For the adult population that was resistant to the COVID-19 vaccine, what are the lessons learned in influencing vaccination rates by health plan payers? • How have social determinants of health played into the strategies? • What outcomes have you seen?
3	Trends in Value-Based Contracting	<ul style="list-style-type: none"> • What are some of the challenges with value-based contracting? How can these be overcome? • What data exists on the successful implementation of VBC by health plans/PBMs across the nation? • How do VBC impact patients (e.g., outcomes, cost-sharing, premiums, etc.)? How <i>should</i> they impact patients? How do we bridge any divide that exists? • What are some examples of real-world VBC that have been implemented? • How do health plans get started with implementing VBC? • What are some short- and long-term incentives from manufacturer and payer that should be considered when developing contract? • What is the effect of different VBCs on cost and clinical outcomes? • What are the current trends in shifting to value-based care? • What are the benefits and challenges of value-based contracts between payers and providers? Payers and pharmaceutical manufacturers? • What is the impact of value-based contracts on patient outcomes, drug spend, HEDIS measures, and Part D Star measures? • Have we seen a shift in the environment in plans ability to operationalize VBCs? • What is your real-world experience w/these models?

4	Rethinking Business Models	<ul style="list-style-type: none"> • How has your company changed its business model to accommodate COVID-19 pandemic constraints (e.g., working remote, travel, slowdown in clinical trial recruitment, healthcare funds/ resources, drug reimbursements d/t budget cuts, etc)? • How do you continue to demonstrate measurable value to your customers (e.g., shift to digital products/ services)? • Describe/ explain a new/ innovative business model that has created disproportionate value and delivered better care in the COVID-19 environment (e.g., risk sharing, integration of care, use of data and advanced analytics)?
5	Rare Disease - alternative payment models	<ul style="list-style-type: none"> • What are the payment models that the payers are considering for rare disease management? • What are some of the annuity plan considerations? Pros/Cons/challenges? • Risks based contracting/value-based contracting? • Examples of successful implementation?

Specialty Pharmacy

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Specialty Pharmacy in Health Systems	<ul style="list-style-type: none"> • What are the benefits of having a specialty pharmacy within a health system? <ul style="list-style-type: none"> ○ Population health/outcomes data ○ Case study on collaboration
2	Flatten the curve of specialty trend	<ul style="list-style-type: none"> • How can plan sponsors impact steep specialty trend? • What new programs are health plans implementing to ensure appropriate prescribing and utilization? • What types of outcomes are you seeing?
3	Cost impact analysis	<ul style="list-style-type: none"> • Using cases, how can one estimate cost impact of pipeline drugs?
4	NASH Update	<ul style="list-style-type: none"> • What does every payer need to know about NASH as a disease state? • What is the current pipeline landscape for NASH? • What trend modeling data exists for NASH? • What management strategies can be suggested for this disease state?
5	The Specialty Pharmacy/Managed Care Organization Relationship	<ul style="list-style-type: none"> • What is the relationship between health plans/PBMs and specialty pharmacies? • What are some key terms that everyone should understand regarding specialty pharmacy contracting (e.g., performance guarantees)? • From the specialty pharmacy perspective, where is the relationship between specialty pharmacy and MCOs moving toward in the future?
6	Management Strategies for Oncology Drugs	<ul style="list-style-type: none"> • What are the most appropriate ways to managed high costs associated with oncology without reducing quality of care? • What are the statistics regarding spending on oncology medications and the costs of these therapies? • How do novel oncology outcome measurements impact coverage decisions? • Aside from the standard PA and formulary management, how has “value” been incorporated into the evaluation process? • Can pathways make a comeback?

7	Site of Care	<ul style="list-style-type: none"> • What are trends in home infusion utilization? How has Covid-19 impacted or accelerated these trends? • What are the patient, provider, health system, and payer perspectives on site of care steering? • What are health systems doing in response to site of care payer strategies?
8	Accelerated Approval Drugs	<ul style="list-style-type: none"> • How are employers, brokers, health plans, and PBMs responding to the rise of accelerated approval agents? • What are the arguments for and against coverage of specialty medications with limited efficacy? How does this vary by market segment? • What role do providers and health systems play in determining the value of an accelerated approval agent? • How can post-approval confirmatory trials be accelerated? • What other strategies could be deployed to offset the discrepancy between the price tag of accelerated approval drugs and their clinical unknowns?
9	The Future of Medicine – Precision Therapies	<ul style="list-style-type: none"> • What are some examples of “precision medicine” initiatives that are underway and their potential impact on managed care (e.g., 21st Century Cures Act)? • How is precision medicine and other insights driving innovation in oncology treatments? • How has adoption of new technology, coupled with personalization, driving trends in VBC and precision medicine? • Describe your plans use of biomarkers in medication management – predictive, monitoring, pharmacodynamic/ response, safety? • Define/ describe current payer use of biomarkers? • What are some barriers to biomarker adoption? • How do plans measure value? • What is the future direction of biomarkers and medication management?
10	Landscape for Additional Potential Interchangeable Biosimilars	<ul style="list-style-type: none"> • What has been the impact of the FDA approving the first interchangeable biosimilar product?

		<ul style="list-style-type: none"> • How will interchangeable biosimilar products impact prescribing habits, patient access, and financial cost? • What other potential interchangeable biosimilars may we see in the future? What does the landscape look like? • What is the likelihood of an FDA equivalence rating system for biosimilars? • Would prescribing of biosimilars increase if it existed?
11	Biosimilar Pipeline	<ul style="list-style-type: none"> • What biosimilar medications are in the pipeline? What impact will this have on payer budgets? • How can payers estimate the trend impact that biosimilars will have as they enter the market?
12	Gene therapy	<ul style="list-style-type: none"> • What are current challenges and future opportunities? • What insights/ perspectives can be shared from health plans/ stakeholders who have experience w/these new types of treatments (e.g., reimbursement/ coverage decisions, assessed value)? • What are long-term economic and clinical impacts of gene therapy in managed care? • How do health plans/ payers implement risk assessment and mitigation strategies for gene therapies to identify the “right patient”? • How does one assess value of gene therapy? • What are the current gene therapy management strategies? • Using cases, what are the challenges with gene therapy and innovation? • How can employer plans manage coverage of uber high cost drugs for members when average tenure on plan may be less than 5 years?

Managed Care Research

#	Topic	Scope of Session- Include Proposed Questions to Consider
1	Pandemic Lessons	<ul style="list-style-type: none"> • How has the profession of pharmacy advanced during the pandemic so far? • How can managed care professionals continue to support the pandemic and help prepare for the next pandemic?
2	Data... is it the new health care coinage?	<ul style="list-style-type: none"> • How has AI and RWE unlocked value in health data? • How are payers/ clinicians using health and social care data to diagnosis, treat, improve outcomes and care productivity? • What are some challenges of big data in pharmacy? • How was big data leveraged during the COVID-19 pandemic?
3	Behavioral Economics	<ul style="list-style-type: none"> • How is behavioral economics influencing patient health insurance purchasing decisions, satisfaction with insurer, drug selection or willingness to change drug therapy, and other behavior? • What can behavioral economics teach us about addressing health disparities and SDOH? • What are some successes and failures of behavioral economics used in managed care pharmacy? • COVID-19 pandemic has led to an increase in the use of telehealth. Has your plan looked at usage and those patients who are reluctant to use it?
4	Member Cost Share	<ul style="list-style-type: none"> • Using real world data, what is the impact of increased member cost share on adherence and overall health care costs? • What trends do member cost share data tell managed care organizations and how can this information be used to improve outcomes?
5	Real World Evidence and applicability	<ul style="list-style-type: none"> • What real world evidence is beneficial to managed care pharmacists? • Who should generate the real world evidence? • How does RWE correlate to formulary mgmt.
6	Real-world Evidence Update on Biosimilars	<ul style="list-style-type: none"> • What real-world data exists on biosimilar interchangeability and the impact on outcomes? • What strategies have been effective in improving biosimilar uptake?

		<ul style="list-style-type: none">• Which biosimilars have had the greatest uptake? Least uptake?
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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	Teach