

# Cut Pharmacy Costs: *Four Action Steps*

## **Employers and Benefits Consultants Only!!**

Wednesday, March 7, 2012 8:00 AM to 12:00 PM	BWI Westin Hotel 1110 Old Elkridge Landing Road	Linthicum, Maryland, 21090 Hotel phone (443) 577-2100
---	--	--

Pharmacy costs are your fastest rising line item. While driving for the best possible PBM contract pricing is important, controlling utilization and improving adherence are the real key. Not one magical step, but a few key tactics will reduce your pharmacy budget noticeably.

How can you ease the pain of pharmacy costs and also keep your phone from ringing? Join us on March 7 for concrete action steps you can implement.

*Our program is created by the MidAtlantic Business Group on Health Pharmacy Collaborative. Program Directors Randy Vogenberg, PhD and Elan Rubinstein, Pharm D, MPH, provide integrated pharmaceutical benefits consulting and education for self-insured employers. As Pharmacy Advisors to MABGH, Drs. Vogenberg and Rubinstein advise MABGH members regarding utilization, cost and contractual services, and facilitate related educational programming.*

*Who should attend? Company Reps from:*  
**Human Resources • Finance • Benefits • Medical**

### **Topics**

**This session will address the four savings opportunities common to ALL companies:**

- 1. Changes to Benefit Design**
- 2. Targeting Therapeutic Category Interventions**
- 3. Managing Over-the-Counter Drugs**
- 4. Targeted Disease Management: a Focus on Adherence to Control Waste and Impact Total Healthcare Cost**

# Registration Form

## *Cut Pharmacy Costs: Four Action Steps*

Wednesday, March 7, 2012  
8:00 AM to 12:00 PM

BWI Westin  
1110 Old Elkridge Landing Road Linthicum, Maryland  
Hotel phone (443) 577-2300

Includes breakfast and refreshments.

**If paying by check, mail completed registration form and check to:**

MABGH  
PO Box 0866  
Greenbelt, MD 20768-0866

**If paying by credit card mail to address above, or fax form to:**

MABGH 866-694-4401  
Attire – business casual

**You Must Register by March 1!**

MABGH M

Non-Memb

**FEE  
WAIVED**

### Attendance Information

Organization:		
First Attendee:		\$ XXXXXXXXX
Second Attendee:		\$ XXXXXXXXX
Third Attendee:		\$ XXXXXXXXX
Fourth Attendee:		\$ XXXXXXXXX
<b>Total Amount</b>		<b>XXXXXXXXXX</b>

### Payment/Authorization Information ~~(If paying by check, see above)~~

Accepted Payment Method:  American Express  MasterCard  Visa  (Circle One)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X / X /X	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Card Number	Expiration Date	Signature

First Name  Last Name

Company

Street Address

City  State/Province  Zip Code

Phone  Email