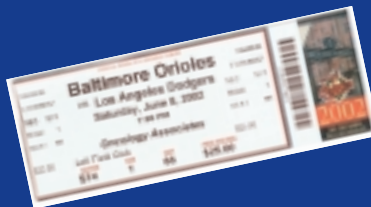


OA members enjoy a fun-filled night of baseball at Camden Yard in the Frank Robinson Loge.



Stan Storer, from MGI, receives the "Outstanding Service Award" for 2001-2002.



Roche

At the recent OA annual meeting, F. Randy Vogenberg, RPH, PhD, V.P. and National Practice Leader with AON gave a talk on the "Implications of Treatment Decisions: Pharmacy Insight and Trend." AON is a fortune 500 company which specializes in health system education and pharmaceutical consulting practice. Dr. Volgenberg discussed the:

- Paradigm shift from the emphasis of drug acquisition to an emphasis on total costs with comparable patient outcomes.
- Health expenditures per capita are \$4,637 which has doubled over the past few years.
- 3 major targets are pharmacy, physician services and hospital care. Pharmacy is the smallest expenditure, but has the highest percent increase which is why there is a lot of grief towards drugs.
- Genomics – we will spend more dollars, but what are the outcomes? Gleevac, at \$2,000 per month is high on the radar screen of PBM's and employers. New "druggable targets" will go from 500 known targets to 5,000 additional targets exponentially expanding the number of new drugs.

- Employers' main concern are drugs for retirees older than age 65. How can employers put enough money away for retirement benefits?

Tests in development will detect genetic differences in drug response and metabolism which will match drugs/dosage with genetic profile. This will result in quicker recovery and increased safety by reducing adverse drug reactions with possible overall cost savings.

There will be an increase in cost sharing by patients through higher co-pays. Also, third party payers are looking at medication reimbursement models as to whether drugs fall under medical benefit coverage or pharmacy benefit coverage. Also, what is the future role of Pharmacy Benefit Managers, Disease Management/Carve out firms, and CMS and HIPAA. How will they reduce costs, but still preserve outcomes?

Issues before the federal government:

- Medicare Pharmacy Benefit
- Medical errors
- Importation Bills
- Compounding – isn't this what the practice of oncology does?
- Privacy (HIPAA)
- Medicaid Fraud and Abuse
- 2003 Federal Budget

BALTIMORE