ISSUE PANEL PROPOSAL EXAMPLE

Title (capital letters)	**PRIOR AUTHORIZATION POLICIES FOR MANAGING SPECIALTY DRUG SPENDING IN THE UNITED STATES: CAN WE STRIKE A BALANCE BETWEEN APPROPRIATE UTILIZATION AND APPROPRIATE ACCESS?**
Moderator (must have 1 moderator; please include name, degree(s), institution, city, state, country)	**Jalpa A. Doshi, PhD**, Professor of Medicine, Perelman School of Medicine; Director, Economic Evaluations Unit, Center for Evidence-based Practice; Director, Value-based Insurance Design Initiatives, Center for Health Incentives and Behavioral Economics, University of Pennsylvania, Philadelphia, PA, USA
Panelists (Minimum of 2 and maximum of 3 panelists; 2 organizations must be represented)	**Steven Miller, MD, MBA**, Senior Vice President and Chief Medical Officer, Express Scripts, St. Louis, MO, USA; **Cat Davis Ahmed, MBA**, Vice President, Policy and Outreach, The FH Foundation, Pasadena, CA, USA; **Seth J. Baum, MD**, President, Affiliate Professor of Medicine, Schmidt College of Medicine, Florida Atlantic University (FAU), American Society for Preventive Cardiology; Chief Medical Officer, Excel Medical Clinical Trials, Boca Raton, FL, USA
Subject for debate (Provide the question which will be the subject of the debate.)	How is prior authorization being used (or misused) to manage specialty drug spending and ensure appropriate access to high-cost therapies? How can these competing priorities be balanced?
Proposal issue (Provide a clear definition of the issue that will be presented and debated)	Prior authorization (PA) is an increasingly common gatekeeping strategy used by U.S. payers to manage specialty drug utilization. At the same time, burdensome PA requirements may create barriers to access for patients in need. For example, recent analyses of a new class of cholesterol-lowering medications called proprotein convertase subtilisin/kexin type 9 inhibitors (PCSK9is) report that PA requirements for PCSK9is were substantially more extensive than those for other cardiometabolic drugs and more than half of PCSK9i prescriptions were rejected even among clinically appropriate patients. As more and more expensive specialty drugs become available

	to treat chronic conditions, the challenge of ensuring appropriate access within real world budget constraints has come into sharp focus. There is an urgent need to explore this issue from the perspectives of all relevant stakeholders
Proposal overview (Provide background information and details on the material to be presented, including which stakeholders will benefit from attending. It is useful to include speaker presentation length, e.g., 15 minutes, to account for the time allotted for audience discussion and debate criterion)	This panel will debate the pros and cons of PA requirements and explore approaches to handling the competing priorities of balancing costs and access, using PCSK9is as a case study. Jalpa Doshi will moderate the panel and provide an overview of the current landscape of PA requirements as well as pose key questions for the panelists to debate: What are best practices for ensuring appropriate use among patients? What types of PA requirements are blunt tools for cost containment versus necessary for ensuring prescribing in patients for whom the drugs offer high value? Should high budget impact drugs be handled differently? Steven Miller will discuss PA efforts to balance costs and access from a PBM/payer perspective. Cat Davis Ahmed will represent the patient perspective, offering insights on patient experiences and the human consequences of restrictive PA policies. Seth Baum will represent clinical societies calling for PA reform and offer a provider perspective on the burden of administrative requirements and their impact on patient care as well as a physician's practice.
Panelist's perspective (Provide a description of each panelist's perspective on the debate topic)	Steven Miller will represent the pharmacy benefit manager/payer perspective and discuss their PA efforts to balance costs and access to specialty drugs. He will outline the real-world realities of working within budget constraints and the challenges imposed by high budget impact drugs. Cat Davis Ahmed will represent the patient perspective, offering insights on patient experiences and the human consequences of restrictive PA policies. She will highlight the negative impact of restrictive policies and propose approaches to ensure appropriate access for high-risk patients.

	Seth Baum will represent clinical societies calling for PA reform and offer a provider perspective on the burden of administrative requirements and their impact on patient care as well as a physician's practice. He will argue that current requirements pose excessive barriers and will discuss proposals to ensure clinical appropriateness