

2023 CONTINUING MEDICAL EDUCATIONAL GRANTS

A Daiichi Sankyo Group Company

Name of	Program	Program Description	Amount
Aspen	Cover the Cost to Design with Expert Input, a Practice Tool for Dosing Trace Elements	Proposal from the American Society for Parenteral and Enteral Nutrition (ASPEN) for support of a practice tool on parenteral nutrition trace elements titled "Practical Considerations for Parenteral Trace Elements." The practice tool will be one to two pages (1-2) in PDF format downloadable from the ASPEN website. ASPEN is in the final stages of development and design of the practice tool, which was created by ASPEN's PN Committee. The practice tool will be accessible to all clinicians as an open access tool on the ASPEN website and will be co-branded with the American Regent logo. ASPEN will have final say in the development of the piece, ensuring it is evidence based and fair-balanced, but will share the tool with American Regent for final review before it is published. The practice tool will be branded as an ASPEN tool, with the American Regent for on the bottom of the piece with the language "supported by American Regent." ASPEN will be responsible for posting the tools in the following locations: Shared in one issue of Clinical Practice Highlights One social media push upon practice tool and the ASPEN website The project has an anticipated launch in fall 2023. ASPEN will provide clickthrough metrics for the tool one month after launch, three months after launch, and a final time after six (6) months. American Regent may share the tool with their customers with the understanding that direct PDF sharing of the fact sheet will not be calculated in the metrics reporting. Additional promotion that American Regent would like to share on social media, in e-mails, etc. should be pre-approved by ASPEN.	\$ 10,000.00 Paid 11/29/23 ARI Check # 822756



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Heart Failure Society of America (HFSA)	Ironing Out Iron Deficiencies	The requested funds will be used to off-set the program costs of content development, CME accreditation, and online hosting for 1 year. The requested amount was determined by identifying the total program expenses, and deducting the in-house management fees, and honoraria. The 1.0-hour interactive program features a multidisciplinary panel of HF experts presenting a case-based program that is designed to provide the most current information on the pathophysiology, clinical trial data, and optimal use of current and emerging treatment options for the management of HF patients with ID. Learning Objectives 1. Review the prevalence, pathophysiology, treatment options, and current guidance on the management of iron metabolism in heart failure patients 2. Discuss the best practices and protocols for identifying and managing iron deficiency in heart failure patients admitted to the hospital 3. Identify strategies for the transition and optimal outpatient management of iron deficiency in heart failure patients cardiologists, interventional cardiologists, primary care physicians, cardiac surgeons, internists, nurse practitioners, physician assistants, nurses, pharmacists, and other health care providers who care for patients with ID. This case-based program is being developed by practicing clinicians and is designed to provide the most current information on the pathophysiology, diagnosis, and management of HF patients with ID. After the live program, a recorded enduring version will be available for 1 year via the HFSA Learning Management System to extend the reach of this education. May of 2023, Iron Deficiency in Heart Failure; A Scientific Statement from the Heart Failure Society of America (HFSA) was published. This document recognizes that HF patients with ID are at increased risk of worse functional cardiologista that and therepaeutic options, for inter repletion. In June of 2023, the US Food and Drug Administration approved ferric carboxymaltose injection for the treatment of ID in adult patients with heart fail	\$ 25,000.00 Paid ACH 12/21/2023



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Voxmedia	(2024 AMCP National) Exploring the Impact of Intravenous Iron for Iron Deficiency in Heart Failure	Voxmedia is requesting an educational grant for the development of an in-person symposium to take place during the 2024 Academy of Managed Care Pharmacy (AMCP) National meeting in New Orleans, LA; and associated enduring material on www.powerpak.com/www.uspharmacist.com for 12-calendar months. Iron deficiency (ID), a common comorbidity in patients with heart failure (HF), is associated with significant adverse clinical outcomes, with or without the presence of anemia. These adverse consequences include a poorer quality of life and reduced exercise capacity, a higher risk of hospitalization, and increased mortality. ID is under-recognized, despite recommendations for routine testing of ferritin and transferrin saturation (TSAT) levels in guidelines. Oral iron has significant limitations, is ineffective in HF patients, and is not recommended in HF guidelines. One IV formulation, ferric carboxymaltose (FCM), has a specific indication for the treatment of patients with HF, and it has recently been evaluated in a comprehensive meta-analysis for its effects on hard clinical outcomes. Therefore, in this program, to take place at the AMCP scientific sessions in New Orleans, LA, experts in ID in HF will explain to the attendees key concepts of ID pathophysiology, identify the tests for diagnosis of ID and emphasize the importance of regular screening. Evidence with IV iron and guideline recommendations will be translated to clinical practice, illustrating the value of treating HF patients with ID with IV iron. The case will demonstrate the benefits of IV iron for HF patients with ID—making them feel better (improving their HF symptoms, exercise capacity, and overail quality of file (QOL)) and keeping them out of the hospital. The case will align with an expert-generated algorithm published in a scientific statement on ID in HF from the Heart Failure Society of America. This algorithm, identifying key elements of management of ID including screening, diagnosis, Ganzoni formula calculation for iron deficit, coordinated pl	\$ 177,581 Paid ACH 11/16/2023