

How Payers Want to Work With Pharma

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Abstracts

How to effectively engage US and EU payers

You're speaking to payers, but are they listening? Do you really understand their needs and concerns? Is your approach to payer negotiations getting your message across? Too often pharma fails to provide the data and contracting innovation that will unlock the door to a deal. It can be better.

REPORT OVERVIEW

In How Payers Want to Work with Pharma, 10 US and EU payers with expertise in formulary decision making and healthcare strategy reveal insights that will radically improve your payer engagement.

REPORT FEATURES

Unique insights from US and EU payers

Key actionable recommendations for better payer interactions, data sharing, P4P contracts and KAM engagement

Specific investigation of the differing attitudes and practices in the EU and US

Figure: Primary sources of RWD

Table: Pros and cons of RWD

Figure: Components of a successful P4P contract

SWOT on current and future payer engagement

KEY BENEFITS

Unique insights from US and EU payers

Key actionable recommendations for better payer interactions, data sharing, P4P contracts and KAM engagement

Specific investigation of the differing attitudes and practices in the EU and US

Figure: Primary Identify the approach and elements that payers are looking for in a relationship with pharma

Examine how and when RWD can be employed to support your business case

Understand the issues and challenges of developing persuasive P4P programmes

Know how transparency in clinical trial data submissions will be to your advantage

Identify the characteristics that underpins the ideal KAM/payer relationship

Assess how regulation of pharma/payer interactions is practically impacting relationships in the US and EU

Learn from payers how to develop engagement strategies that really work

KEY QUESTIONS ANSWERED BY THIS REPORT:

Clinical Trial Results: The whole truth and nothing but the truth: how can data and trial results transparency overcome payer frustrations and build trust?

Real World Data: What RWD is valued by payers, how influential is it and what can pharma do to improve the data it shares?

Pay for Performance: Payers are open to P4P contracts, but what are the key elements they are looking for?

Risk Sharing: What metrics and structure will support risk sharing proposals?

Key Account Management: What does an ideal KAM relationship look like to a payer?

Consumer Advertising: US payers are not enthusiastic about the DTC; can pharma respond to their concerns?

HEOR: What suggestions do EU payers have for the collection and distribution of HEOR data and how can pharma respond to its advantage?

EXPERT VIEWS

Each industry expert has been carefully selected for their practical experience and detailed current knowledge of payer pressures and the payer/pharma relationship. To ensure candid responses, the identities of all respondents has been kept anonymous.

US-based respondents

US Payer 01 is a Chief Pharmacy Officer and Business Director who oversees strategic planning and clinical oversight for a pharmacy benefit initiative serving over 500,000 enrollees. Responsibilities of this role include oversight of all aspects of the partnership with the College of Pharmacy and its Institute of Therapeutic Initiatives and Outcomes; representation of the organisation to industry leaders, legislators and steering committees; and analysis of pharmaceutical pipelines and managed care trends to manage program costs and improve delivery of care.

US Payer 02 oversees all clinical and purchasing services, including clinical programme development, corporate purchasing process, clinical education, quality disease state management and clinical contract evaluation. He also serves as preceptor and associate professor for several schools of pharmacy and colleges and was also a past chair of several committee advisory boards in pharmacy.

US Payer 03 is a licensed pharmacist with more than 30 years of experience providing high volume pharmacy services in a retail and clinical setting. This respondent has a track record of establishing positive relationships with customers, pharmaceutical representatives/manufacturers, medical professionals, healthcare organisations and insurance providers.

US Payer 04. This respondent is the manager of specialty and pharmacy contracts at a health benefits company covering more than 1.3 million lives in New England. He negotiates pharmaceutical rebate contracts, specialty pharmacy contracts and participates in formulary management, benefit design, utilisation review programmes, medical drug management and financial modelling for the pharmacy programme.

US Payer 05 serves in an HMO covering 11 million lives where he participates in the management of a \$9.5 million annual drug budget. In particular, this respondent has a wealth of experience in managing high-cost specialty type medications for utilisation management and reimbursement, including working with real world data to develop drug use strategies and guide reimbursement decisions.

EU-based respondents

UK Payer works as a Commissioning Lead Pharmacist responsible for medicines optimisation and commissioning high-cost drugs. Her work includes pathway development, gain share and service improvement involving both primary and secondary care clinical engagement. She is also responsible for working with the pharmaceutical industry on new products and joint working initiatives.

German Payer serves as a GBA (Gemeinsamer Bundesausschuss) advisor, Payer and Pharmaceutical Economic expert in Germany. This respondent is an ex-GBA member and adviser of the GBA Member and pharmacist of the Kassenärztliche Vereinigung and is responsible for setting the maximum factory price. This respondent also serves as an adviser on comparative effectiveness and safety.

French Payer serves as head of pharmacy at a university hospital and coordinates pharmaceutical departments of 3 different hospitals. This respondent is responsible for drug purchasing, referencing and assessment of

products and has responsibilities through Commission des Médicaments et des Dispositifs Médic aux Stériles for drug referencing and assessment, as well as price negotiations with pharmaceutical companies.

Spanish Payer is a regional payer in Madrid with knowledge of the decisions that are taken into account at the National level. He also serves as the Director of Pharmacy in a teaching public Hospital and is involved in all decisions, including budget. They are involved in the Pharmacy & Therapeutic Commission of Madrid.

Italian Payer: This respondent is responsible for evaluating the price and reimbursement of new drugs, and is also a member of Società Italiana di Farmacia Ospedaliera and member of the Communication Committee. She also teaches pharmacology.

3 Key Quotes

“I would say certainly any programmes that are going to promote compliance or adherence would be well received, certainly if they would focus on appropriate use of drugs; those are the two areas of value. Particularly in the specialty space, we rely on pharma to work with the specialty pharmacies who distribute to develop these programmes but there is definitely a lot of room for improvement.”US04 Payer

“So, many times we don’t receive, in relation to the clinical trial, how many patients leave the trial, the reason for them leaving the trial. Many times, we don’t have the negative information so, for example, if a trial has failed due to negative results, this information – first of all it is not published, and second it is not shared with physicians, and this is not good because if I need to use a drug I want to have information, all the information, particularly the negative. They only want to show that the advantages of this new therapy, so it is difficult to trust the information that we receive.”Italian Payer

“Provide the data or provide access to the data but don’t draw your own conclusion – I mean let us look at it. You can de-identify it and take all the HIPAA [US Health Insurance Portability and Accountability Act] stuff out of play, but it is hard for us to generate real-world data that’s particularly meaningful, especially given our population, and so making it simply available and helping access it I think would be the biggest thing.”US01 Payer

“Honesty is first, to recognise the negatives or to recognise the less important items for the portfolio for them, and to make efforts to demonstrate the superiority, that it is not just an alternative. A company can’t be arrogant. For me responsiveness is important, flexibility is good, but the most important thing I think that they can put on your table is honest information, objective information and real-world data information. That’s the best that they can do.”Spanish Payer

WHO WOULD BENEFIT FROM THIS REPORT?

Key Account Managers looking to optimise price and formulary position

HEOR teams building evidence of value for use by payers

Commercial managers developing risk sharing programmes

Medical affairs departments preparing information for formulary negotiations

Clinical research managers preparing CT data for payer consumption

Recruitment/HR professionals developing and building KAM and market access teams

Corporate managers refining business models that address the needs of payers.

CONTENT HIGHLIGHTS

Executive summary & Research methodology

Introduction

New regulations governing engagement change industry

The shift to a data-driven sales approach

The emergence of pay-for-performance contracting

The current payer-pharma relationship

Key insights

Payer relations with pharma generally businesslike, but have tense undercurrent

Regulations and budget cutbacks responsible for shifted relationships

Guidelines also playing significant role in shaping payer-pharma interactions

Payers expect risk-sharing agreements to most influence market access

Clear expectations, communication and transparency key to making risk-sharing and other services successful

Payer opinion on data sharing

Key insights

Clinical trials remain gold standard data metric

Pharma holding back on comparative efficacy and negative data

Payers want additional data during clinical trial process where possible

Roadblocks to using data include lack of context and potential for bias

Payers view third-party, academic data as most trustworthy

Data-driven engagement

Key insights

When is RWD provided?

The RWD sources that payers most value

How do payers use RWD?

The pros and cons of RWD

How influential is RWD?

What can pharma do to improve RWD?

What is the payer opinion of CER/HEOR data?

Who else should be in charge of providing CER/HEOR data?

Where might CER/HEOR data be most effective?

When is CER/HEOR not useful?

What can pharma do to improve CER/HEOR?

How influential is CER/HEOR?

Pay-for-performance contracts

Key insights

When are P4P contracts applicable?

Which data are required to make these programmes work?

How likely are P4P programmes to succeed?

Why do P4P programmes fail?

What components are required for a strong P4P contract?

How influential are P4P programmes in decision making?

Emerging payer-pharma relationships

QALY falling out of favour as a negotiation metric

Payer opinion on KAM and sales force tactics

Key insights

Shift to KAMs generally viewed favourably

Pharma taking steps to actively engage payers

Flexibility, responsiveness and transparency necessary for optimal engagement

Increased understanding of payer pressures could boost relationships

Proactive communication and additional data could further improve relationships

The future of payer-pharma engagement

Key insights

Payers expect future relationships to be budget focused, but more collaborative

Changes driven by government and regulatory action

Greater awareness about payer process represents significant opportunity

Inertia and lack of urgency holding pharma back from further engagement

Threats to future relationship focus on government and regulator intervention

Could the payer review process supersede clinician decision making?

SWOT analysis of payer engagement strategies

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