

Payer Insights: Hepatitis C

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Abstracts

The race is on for the company that can competitively price treatment regimens, share data on clinical benefit/positioning and support patient initiatives.

Payer Insights: Hepatitis C, based on in-depth interviews with 12 leading healthcare payers in the US, is packed with hard-hitting, candid opinions and advice on how, from their perspective, Pharma can get it right in the future.

Gilead's commercial success with its ground breaking HCV treatment Solvadi has been matched by the opposition of healthcare payers at the cost.

This report gives insights into what US healthcare payers really think about HCV drug pricing, the growing and frighteningly undefined patient population, limited clinical/outcomes data, poor patient adherence and education - and how can industry positively help and respond.

Key Takeaways

Learn critical lessons when establishing pricing policies and know which approaches will be welcomed by healthcare payers

Assess upcoming combination therapy launches from Gilead, AbbVie, Bristol-Myers Squibb and Merck & Co: how do healthcare payers view these developments in clinical and cost terms?

Understand current HCV treatment guidelines and know the critical role they play in healthcare payer decisions

Accommodate and negate in your product plans the mechanisms by which

payers control reimbursement and access to treatment

Understand the sometimes conflicting pressures on Medicaid/private HMOs:
how could this affect contract negotiations?

Gain competitive advantage by providing better more transparent clinical data to support your product – absolutely critical in a world where there is therapy choice

Evaluate payer attitudes to price rebates and discounts as well as examining the challenges risk sharing and outcome based pricing could play

Get Answers to Key Questions

Which pricing strategies could give you a competitive edge in the crowded HCV market?

Diagnostic screening is set to increase: Is it good for patients and bad for economics, and how could it affect you?

How could information and education programs utilising trusted and “real world” data be used to better support your clinical and outcomes claims?

Which R&D drivers will impact the sector and introduce a new level of treatment options, and when?

What practical and commercially beneficial role could industry play in helping patients make sure they take their medicines as directed?

Experts Interviewed

Chief Medical Officer, Integrated Health Services Organisation

Medical Director, Managed Healthcare Company

Medical Policy Development Specialist, Managed Care Organisation

Senior Clinical Manager, Pharmacy Benefit Manager

Pharmacy Director, Community Health Plan

Executive Director, Pharmacy Services, Managed Care Organisation

Medical Director, Multi-State Healthcare Organisation (covering Medicaid and Medicare lives)

Medical Director, Managed Care Organisation

Chief Medical Officer, Managed Care Organisation

Executive Vice President, Pharmacy Benefit Manager

Pharmacy Director, Managed Care Organisation

Pharmacy Director, Pharmacy Benefit Manager

Features of the report

Based on primary and in-depth research with senior managers and planners working daily in public/private managed care organisations across the US

Includes candid payer opinion that can help shape your plans and modify behaviour

Includes comprehensive background information on the HCV market, which puts the comments from payers into context

KOL Quotes

“Someone needs to look at real world data and state what's really working, what's the most cost-effective treatment, because even for genotype 3 patients, peginterferon and ribavirin are still preferred versus adding Sovaldi, but that hasn't come across [and] everybody's just automatically adding it. You're looking at going from \$20,000 with a 48 week course to \$112,000, \$113,000 for a 12

week course. So it's really hard to justify some of this.”

“What's changed is not solely a function of hepatitis C. It's been influenced by specialty drugs as a whole, and the realisation that if plans didn't have a specialty tier on their drug benefit, they now should. Sovaldi, snuck up on everybody with its pricing... everybody was thinking of Sovaldi as being just a follow on to Incivek and Victrelis. While they were not inexpensive either, Sovaldi took it to another level. Most plans have put in place prior authorisation criteria that allow for its use.”

“There's a lot of scepticism [and] disbelief or distrust with Gilead and whoever's going to come out next, depending upon what their launch looks like and what their cost is. There's a lot of frustration with the Federal Government in allowing things like this to happen. So I think the next six months are going to be really difficult for the manufacturers. If they come in 20 percent less than what Gilead did and the product is all oral or has a better safety profile, better adherence, better efficacy, I think that they will definitely easily take the market over.”

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APPENDIX

Payers interviewed for this report
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