



What's Top-of-Mind for Payers?

CLINICAL ENDPOINTS (EPs)

Accept intermediate EP when driven by size of demonstrated effect

High acceptance for surrogate EPs in Pay-4-Performance contracts

Patient-relevant EPs more common for Coverage w/Evidence contracts

COVERAGE

Scope of P&T committees changing and expanding with medical / pharmacy directors having varied opinions

Value rarity: disease prevalence is inversely correlated to drug price

Cancer Rx have less restrictions than non-cancer Rx (5.3% vs 35%)

INFORMATION EXCHANGE

Still uncertain how Cures Act facilitates information sharing with manufacturers

Adherence rates + Quality measures are critical to determine formularies

Manufacturers can't gain approval for proactive health econ info dissemination

VALUE-BASED CONTRACTS

Within 12 months 68% of payers have or will have; 73% cardiologists willing to prescribe innovative medicines

IDNs / ACOs / Hospital Systems charging executives to review at the enterprise level

Payers willing to wait for larger, delayed rebates than immediate discounts

VALUE FRAMEWORKS

ICER is very familiar but not a big influencer. Key limitation is timing evidence and decisions

Familiarity with various frameworks: **NCCN; ACC/AHA; ICER; ASCO; MSKCC.** Only the first 3 used in some decisions.

Request online tool each time a new drug class approved

Based on analysis of all 2014 abstracts from ISPOR 2017. Percentages reflect the study's sample population only.