



US payer decision-making priorities: a cohort analysis across eight disease categories

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OBJECTIVES

This research aimed to evaluate and segment US payer evidence review, formulary design, and contracting priorities across 8 disease categories (RA, diabetes, heart failure, migraine, breast cancer, prostate cancer, AML, PAH).

METHODS

Senior-level decision-makers (n=10) from US payer organizations (n=9) representing 206.1 million member lives were recruited in May 2020 to participate in a web survey (30 topics). Advisers were required to have a high level of knowledge about formulary decision-making, clinical pathways, medical policy development, and manufacturer contracting. A total of 11 topical areas (46 subtopics) were explored. Descriptive statistics (e.g. SurveyMonkey ranking scores, weighted means, % of mentions) and contextual analysis were used to analyze the results. Subanalyses were conducted by payer archetype.

RESULTS

Efficacy and safety were consistently ranked as top priorities, while PROs and economic drivers were consistently ranked as low priorities. Direct costs and HCRU were consistently ranked as the most important burden of disease contributors across all therapy areas. Top economic value markers include: pharmacy costs, hospital admissions/re-admissions, and surgical costs. Cost-effectiveness analysis was ranked as the most important economic evaluation metric across all therapy areas. Value perception of humanistic outcomes varied, depending on disease area; QoL metrics were more important in oncology and migraine than in other areas. A novel mechanism of action was consistently not viewed as a high-impact product attribute. About half of payers across all disease areas conduct regular monitoring for non-response and non-adherence to therapy. Innovative pricing and contracting approaches related to disease categories were of moderate interest to payers.

CONCLUSIONS

As US payers are presented with more in-depth, relevant evidence across many disease categories, it is critical for manufacturers to tailor their evidence approaches and focus on nuances in particular disease areas and the unique needs of both individual payers and payer archetypes.