Examining Payer Views on Adequacy, Availability, and Future Needs of Information
Survey results from March 2017
Prepared for the National Pharmaceutical Council

Objectives and Methodology

**OBJECTIVES**
As the transition to value-based care progresses, Xcenda surveyed payers and providers to understand:

- The type of information desired and valued by payers and providers in this shifting environment
- The potential benefits and harms associated with information exchange beyond the Food and Drug Administration (FDA)-approved product labeling

**METHODOLOGY**
- 30-minute online survey of payers responsible for medical policy, formulary decisions, and/or tracking utilization management
- 51 surveys were administered in total, conducted in March 2017
- Participants were paid an honorarium of $150
Respondent Profile Summary
Additional Information in Appendix

- 50 of the 51 respondents were with an organization providing managed care; 1 identified as being with a health system/hospital
- Respondents were pharmacy directors (61%) and medical directors (33%); contracting directors, industry-relations directors, and clinical services directors accounted for the remaining 6%
- All of those participating in this research were directly involved in medical policy, formulary decisions, and/or tracking utilization management
- On average, respondents covered 5.2 million lives each
- Most represented managed care organizations (75%), pharmacy benefit managers (22%), integrated health delivery systems/integrated delivery networks (10%), accountable care organizations (4%), specialty pharmacies (4%), and health systems/hospitals (2%) (organizations total to more than 100%, as some respondents serve in multiple capacities)
- Two-thirds of the respondents covered lives regionally. These plans covered 40 states and the District of Columbia

Key Findings

- Payers want to know about multiple outcomes when making coverage decisions. Many of these endpoints are typically in addition to the information reviewed by the FDA
- Payers are mixed when it comes to considering quality metrics. About half consider it at least often. About a quarter rarely/never do. However, this is expected to change in the coming 3 to 5 years
- Information on cost and outcomes are most impactful for payers in their decision making
- Type and quality of information are seen as limiting factors for formulary decisions; 40% said time/resources are not a factor
- In terms of disclosures, payers want to know about study limitations and if the information was consistent with but not in the FDA-approved label
- Payers would like more comparative information in the future (cost, efficacy)
- The importance and likelihood of potential benefits of additional information may outweigh the significance of potential harms
- Better patient outcomes are a potential benefit of additional information, as well as the ability to lower costs. The ability to individualize treatment and lower costs are likely benefits of additional information
- 75% of payers use 6 or more information sources on a monthly basis, with the internet being cited as used daily
Note: Percentages and Rounding

- Some of the percentages in this report may not add up exactly due to rounding and the fact that only whole percentages are shown.
- This is demonstrated below:

<table>
<thead>
<tr>
<th>Actual Number</th>
<th>Rounded</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.3%</td>
<td>25%</td>
</tr>
<tr>
<td>+13.3%</td>
<td>+13%</td>
</tr>
<tr>
<td>38.6%</td>
<td>39%</td>
</tr>
</tbody>
</table>
Section 1: Importance of Information

Over Half of Respondents Ranked 6 or More Criteria as Very/Extremely Important to Understand

<table>
<thead>
<tr>
<th>Importance When Making Therapy Decisions</th>
<th>Extremely important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>How well patients do clinically?</td>
<td>45%</td>
<td>49%</td>
</tr>
<tr>
<td>Comparative information about effectiveness/safety from a clinical trial?</td>
<td>55%</td>
<td>39%</td>
</tr>
<tr>
<td>Whether patients reach quality outcome measures?</td>
<td>22%</td>
<td>57%</td>
</tr>
<tr>
<td>What side effects might occur?</td>
<td>35%</td>
<td>43%</td>
</tr>
<tr>
<td>Whether medication use is associated with changes in emergency room visits, hospitalization length of stay, or utilization of other healthcare service?</td>
<td>37%</td>
<td>39%</td>
</tr>
<tr>
<td>Comparative information about effectiveness/safety from high-quality real-world studies?</td>
<td>28%</td>
<td>47%</td>
</tr>
<tr>
<td>The projected budget impact?</td>
<td>33%</td>
<td>39%</td>
</tr>
<tr>
<td>The anticipated number of eligible patients?</td>
<td>25%</td>
<td>61%</td>
</tr>
<tr>
<td>Information on treatment adherence and use in real-world and care settings using high-quality information from a patient registry or evaluation of electronic records?</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>Information about performance in different care settings?</td>
<td>6%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Base: 51
Q1: When you are part of a medical policy or P&T committee, and you are making decisions about a therapy, how important is it to understand…
Of the Things Seen as Most Important, Only 3 Are Typically Included in a Product’s Label

**Importance When Making Therapy Decisions**

- **How well patients do clinically?**
  - Extremely important and on label: 45%
  - Very important and on label: 49%

- **Comparative information about effectiveness/safety from a clinical trial?**
  - Extremely important and on label: 55%
  - Very important and on label: 35%

- **Whether patients reach quality outcome measures?**
  - Extremely important and on label: 33%
  - Very important and on label: 47%

- **What side effects might occur?**
  - Extremely important and on label: 33%
  - Very important and on label: 43%

- **Whether medication use is associated with changes in emergency room visits, hospitalization length of stay, or utilization of other healthcare service?**
  - Extremely important and on label: 12%
  - Very important and on label: 16%

- **Comparative information about effectiveness/safety from high-quality real-world studies?**
  - Extremely important and on label: 20%
  - Very important and on label: 23%

- **The projected budget impact?**
  - Extremely important and on label: 20%
  - Very important and on label: 21%

- **Information on treatment adherence and use in real-world and care settings using high-quality information from a patient registry or evaluation of electronic records?**
  - Extremely important and on label: 9%
  - Very important and on label: 37%

- **The anticipated number of eligible patients?**
  - Extremely important and on label: 37%
  - Very important and on label: 41%

- **Comparative information about effectiveness/safety from a clinical trial?**
  - Extremely important and on label: 39%
  - Very important and on label: 29%

- **Whether patients reach quality outcome measures?**
  - Extremely important and on label: 20%
  - Very important and on label: 21%

- **What side effects might occur?**
  - Extremely important and on label: 20%
  - Very important and on label: 21%

- **Whether medication use is associated with changes in emergency room visits, hospitalization length of stay, or utilization of other healthcare service?**
  - Extremely important and on label: 9%
  - Very important and on label: 37%

- **Comparative information about effectiveness/safety from high-quality real-world studies?**
  - Extremely important and on label: 39%
  - Very important and on label: 29%

- **The projected budget impact?**
  - Extremely important and on label: 39%
  - Very important and on label: 29%

- **Information on treatment adherence and use in real-world and care settings using high-quality information from a patient registry or evaluation of electronic records?**
  - Extremely important and on label: 9%
  - Very important and on label: 37%

- **The anticipated number of eligible patients?**
  - Extremely important and on label: 37%
  - Very important and on label: 41%

Base: 51.
Q1: When you are part of a medical policy or P&T committee, and you are making decisions about a therapy, how important is it to understand...

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Payers Find Multiple Types of Information at Least Very Impactful

**Current Impact on Guiding Healthcare Decision Making**

- **Comparative cost-effectiveness between treatment alternatives**
  - Extremely impactful: 43%
  - Very impactful: 41%
  - Overall Impact: 84%

- **Outcomes measurement**
  - Extremely impactful: 39%
  - Very impactful: 37%
  - Overall Impact: 76%

- **Comparative impact of a treatment and standard of care on quality measures in a targeted population**
  - Extremely impactful: 20%
  - Very impactful: 51%
  - Overall Impact: 71%

- **Efficiency of care**
  - Extremely impactful: 16%
  - Very impactful: 53%
  - Overall Impact: 69%

- **Treatment performance in a sequence of therapy**
  - Extremely impactful: 12%
  - Very impactful: 33%
  - Overall Impact: 45%

Base: 51.
Q6: Currently, how impactful would you say the following types of information are in guiding healthcare decision making?
In the Future, Comparative Impact in a Targeted Population Becomes More Impactful in Decision Making

**Future Impact on Guiding Healthcare Decision Making**

- Comparative cost-effectiveness between treatment alternatives: 59% Extremely impactful, 31% Very impactful
- Comparative impact of a treatment and standard of care on quality measures in a targeted population: 33% Extremely impactful, 47% Very impactful
- Efficiency of care (eg, cost per patient, cost per episode of care, cost per bundled service): 35% Extremely impactful, 41% Very impactful
- Outcomes measurement: 51% Extremely impactful, 29% Very impactful
- Treatment performance in a sequence of therapy: 14% Extremely impactful, 45% Very impactful

Base: 51.
Q6b. Compared to today, please anticipate how impactful you think the following types of information will be in guiding healthcare decision making in the next 3 to 5 years?

About Half of Respondents Often Consider Quality Metrics When Making Treatment Decisions

**Frequency of Considering Quality Metrics**

- Every time: 47%
- Often: 43%
- Occasionally: 27%
- Rarely: 20%
- Never: 6%

Base: 51.
Q2. When making formulary decisions, how often do you consider the ability of a biopharmaceutical product to help your organization achieve specific quality metrics?
Of Those Who at Least Occasionally Consider Quality Metrics, Quality Is Not Very Impactful in Decision Making

Impact of Quality Metrics on Product Selection

Providers viewed quality metrics as more impactful (8% extremely, 52% very impactful)

Q3. Thinking about the ability of a biopharmaceutical product to help your organization achieve specific quality metrics, how impactful is this ability to your tier placement and/or preferred coverage status determination?

53% of Payers Agree Very Much/Completely Quality Measures Will Influence Decision Making in the Next 3 to 5 Years; 12% Did Not Agree at All/Very Much

Agreement with the following statement:
“A biopharmaceutical product’s impact on quality measures will influence coverage decisions in the next 3 to 5 years.”

Base: 38.
Q7. How much do you agree or disagree with the following statement: “A biopharmaceutical product’s impact on quality measures will influence coverage decisions in the next 3 to 5 years.”
Section 2: Availability of Information

Type and Quality of Information Seen as Limiting Factors for Formulary Decisions; 40% Said Time/Resources Not a Limiting Factor

Limiting Effect on Formulary Decisions

- The type of information available: 2% extremely limiting, 33% very limiting, 45% somewhat limiting
- The quality of information available: 0% extremely limiting, 24% very limiting, 45% somewhat limiting
- The amount of information available: 25% extremely limiting, 37% very limiting, 38% somewhat limiting
- The time and resources required to review information: 6% extremely limiting, 20% very limiting, 33% somewhat limiting
- The ability to access information in a timely manner: 8% extremely limiting, 37% very limiting, 49% somewhat limiting

Base: 51.
Q4. To what degree do you think your organization’s formulary decision making is limited, or not, by each of the following?
A Lack of Comparative Effectiveness Data Was Cited as Part of Information Limitation

**Biggest Limitations to Information***

- Comparative effectiveness data: 24%
- Data integrity: 10%
- Outcomes data: 10%
- Timing and access to resources needed: 8%
- Study design bias: 6%
- Evidence-based literature: 6%
- Patient population demographics: 6%
- Real-world Evidence: 4%
- Cost-effectiveness: 4%
- Price targets: 2%
- Clear and transparent information: 2%
- Need more randomized controlled trials: 2%

Base: 28 (Q4 answered that at least one factor was extremely/very limited).

Q5. Thinking about the information that you currently access, and with as much detail as you can provide, please explain, what are the biggest limitations to information? (Open ended)

*Percentage may exceed 100% as some respondents provided multiple responses*

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**Section 3:**

Potential Benefits and Harms of Broader Information Exchange
Potential Benefits of Additional Information Include Enhanced Decision Making and Comparative Analysis

<table>
<thead>
<tr>
<th>Potential Benefits for Clinical Decision Making, That Are Consistent With, but not Included in, the FDA-approved Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhances decision making</td>
</tr>
<tr>
<td>Promotes comparative analysis</td>
</tr>
<tr>
<td>Depends on data quality</td>
</tr>
<tr>
<td>Predicting costs/outcomes</td>
</tr>
<tr>
<td>Unsure of benefit</td>
</tr>
<tr>
<td>None, promotes mistrust</td>
</tr>
<tr>
<td>Improves outcomes</td>
</tr>
<tr>
<td>Promotes safety/efficacy</td>
</tr>
<tr>
<td>Support prescriber requests</td>
</tr>
<tr>
<td>Help development of clinical guidelines</td>
</tr>
<tr>
<td>Required to cover compendia</td>
</tr>
<tr>
<td>Promote less costly drug</td>
</tr>
<tr>
<td>Non-useful response</td>
</tr>
</tbody>
</table>

Base: 51.

Q8. Please describe the potential benefits for clinical decision making, coverage and/or reimbursement if information that is consistent with, but not included in, the FDA-required label for an approved medication (eg, comparison to a drug with the same indication, additional information on adverse reactions not included in label, onset of action, additional long-term safety or efficacy for chronic use medications, effects among specific patient subgroups) was shared? [Open ended]

*Percentage may exceed 100% as some respondents provided multiple responses

**PAYERS**

76% of Respondents Rated 3 or More Potential Benefits as Very/Extremely Important

<table>
<thead>
<tr>
<th>Importance of Potential Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower costs</td>
</tr>
<tr>
<td>Better patient outcomes</td>
</tr>
<tr>
<td>Improved ability to individualize treatment for patients</td>
</tr>
<tr>
<td>Improved quality of care</td>
</tr>
<tr>
<td>Increase in ability to do value-based contracting</td>
</tr>
<tr>
<td>Fewer resources needed internally to find appropriate information to inform coverage and reimbursement decisions</td>
</tr>
</tbody>
</table>

Base: 51.

Q9. How important is each of the following as a potential benefit for clinical decision making, coverage, and/or reimbursement if information that is consistent with, but not included in, the FDA-required label for an approved medication (eg, comparison to a drug with the same indication, additional information on adverse reactions not included in label, onset of action, additional long-term safety or efficacy data for chronic use medications, effects among specific patients) was shared?
**PAYERS**

**Except for Value-based Contracting, Payers Believe Benefits More Likely to Occur Than Not**

<table>
<thead>
<tr>
<th>Potential Benefits</th>
<th>Likelihood of Occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved ability to individualize treatment for patients (N=49)</td>
<td>41%</td>
</tr>
<tr>
<td>Lower costs (N=49)</td>
<td>39%</td>
</tr>
<tr>
<td>Better patient outcomes (N=51)</td>
<td>34%</td>
</tr>
<tr>
<td>Improved quality of care (N=47)</td>
<td>32%</td>
</tr>
<tr>
<td>Fewer resources needed internally to find appropriate information (N=37)</td>
<td>32%</td>
</tr>
<tr>
<td>Increase in ability to do value-based contracting (N=39)</td>
<td>23%</td>
</tr>
</tbody>
</table>

-60% -40% -20% 0% 20% 40% 60%

Base: As indicated. Rated benefit as extremely/very/somewhat important in Q9.

Q10. How likely is each of the potential benefits you indicated as being important in the previous question to occur?

**PAYERS**

**Potential Harms of Additional Information Include Questionable Data Impacting Outcomes, Nearly a Quarter Said There Were No Potential Harms**

<table>
<thead>
<tr>
<th>Potential Harms for Clinical Decision Making if Information Consistent With, but not Included in, the FDA-required Label Is Shared*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionable data impacts outcomes</td>
</tr>
<tr>
<td>No potential harms</td>
</tr>
<tr>
<td>Data disadvantages to product</td>
</tr>
<tr>
<td>More information would not harm clinical decisions</td>
</tr>
<tr>
<td>Unknown adverse events</td>
</tr>
<tr>
<td>Unexpected cost/outcomes</td>
</tr>
<tr>
<td>Other/Misc</td>
</tr>
<tr>
<td>Time consuming</td>
</tr>
</tbody>
</table>

Base: 51.

Q11. Please describe the potential harms for clinical decision making, coverage, or reimbursement if information that is consistent with, but not included in, the FDA-required label for an approved medication (eg, comparison to a drug with the same indication, additional information on adverse reactions not included in label, onset of action, additional long-term safety or efficacy for chronic use medications, effects among specific patient subgroups) was shared? [Open ended]

*Percentages may exceed 100% as some respondents provided multiple responses
Payers Fear Additional Communication of Information Consistent With FDA Label Could Encourage Unnecessary and Inappropriate Utilization

**Potential Harms**

- Unnecessary and inappropriate utilization: 16% Agree completely, 37% Agree very much, 53% Total
- Inadequate disclosures on limitations of new types of information: 8% Agree completely, 43% Agree very much, 51% Total
- Inability to differentiate between high-quality and low-quality studies: 6% Agree completely, 39% Agree very much, 45% Total
- Worse patient outcomes: 10% Agree completely, 29% Agree very much, 39% Total
- Insufficient staff time and resources to stay up to date on information: 2% Agree completely, 35% Agree very much, 37% Total
- Too much information available: 5% Agree completely, 16% Agree very much, 18% Total

**Likelihood of Potential Harms**

- Inadequate disclosures on limitations of new types of information (N=26): 19% Extremely likely, 38% Very likely, 52% Total
- Unnecessary and inappropriate utilization (N=27): 11% Extremely likely, 29% Very likely, 41% Total
- Too much information available (N=9): 13% Extremely likely, 44% Very likely, 44% Total
- Inability to differentiate between high-quality and low-quality studies (N=23): 13% Extremely likely, 42% Very likely, 43% Total
- Insufficient staff time and resources to stay up to date on information (N=19): 10% Extremely likely, 20% Very likely, 30% Total
- Worse patient outcomes (N=20): 10% Extremely likely, 20% Very likely, 30% Total

Base: S1
Q12. How much do you agree or disagree that each of the following is a potential harm for clinical decision making, coverage, and/or reimbursement if information that is consistent with, but not included in, the FDA-required label for an approved medication (e.g., comparison to a drug with the same indication, additional information on adverse reactions not included in label, onset of action, additional long-term safety or efficacy data for chronic use medications, effects among specific patients) was shared?

Base: As indicated. Rated harm as “Agree somewhat,” “Agree very much,” or “Agree completely” for Q12a.
Q13. How likely is each of the potential harms you indicated in the previous question to occur?
Importance of Potential Benefits May Outweigh Potential Harms

Balancing Potential Benefits and Harm

- Too much information available: 18%
- Insufficient staff time and resources to stay up to date on information: 37%
- Worse patient outcomes: 39%
- Inability to differentiate between high-quality and low-quality studies: 45%
- Inadequate disclosures on limitations of new types of information: 47%
- Unnecessary and inappropriate utilization: 83%
- Fewer resources needed internally to find appropriate information to inform coverage and reimbursement decisions: 58%
- Increase in ability to do value-based contracting: 76%
- Improved quality of care: 92%
- Lower costs: 93%
- Improved ability to individualize treatment for patients: 96%
- Better patient outcomes: 100%

While There Could Be Potential Harms, Outweighed by Importance/Likelihood of Potential Benefits

Balancing Potential Benefits and Harm

- Benefits
- Harms

Base: 51.
Q9. Those who said “Somewhat/Very or Extremely Important” to potential benefits
Q10. How likely is each of the potential benefits you indicated as being important in the previous question to occur?
Q12. Those who said “Agree Completely/Very Much” to potential harms
Q13. How likely is each of the potential harms you indicated in the previous question to occur?
Section 4: Disclosure Requirements

Payers See Study Limitations as the Most Valuable Type of Disclosure

<table>
<thead>
<tr>
<th>Value of Disclosure Requirements</th>
<th>Extremely valuable</th>
<th>Very valuable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure about the study limitations</td>
<td>22%</td>
<td>43%</td>
</tr>
<tr>
<td>Disclosure that the study is not included in the FDA-approved label</td>
<td>16%</td>
<td>39%</td>
</tr>
<tr>
<td>Disclosure that the information is not included in the FDA-approved label</td>
<td>12%</td>
<td>41%</td>
</tr>
<tr>
<td>Disclosure that the study met standards set by a neutral third party</td>
<td>22%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Base: 51.
Q14. How valuable are each of the following types of information disclosures in helping you distinguish the type of information from on-label information?
Respondents Say Full-trial Disclosure is Most Valuable Type of Disclosure

### What Types of Disclosures Are Most Valuable?*

<table>
<thead>
<tr>
<th>Disclosure Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-trial disclosure</td>
<td>29%</td>
</tr>
<tr>
<td>Design authorization</td>
<td>14%</td>
</tr>
<tr>
<td>Other/Misc</td>
<td>14%</td>
</tr>
<tr>
<td>Independent studies</td>
<td>12%</td>
</tr>
<tr>
<td>Personnel</td>
<td>10%</td>
</tr>
<tr>
<td>Comparative studies</td>
<td>8%</td>
</tr>
<tr>
<td>Efficacy, safety</td>
<td>8%</td>
</tr>
<tr>
<td>Funding source</td>
<td>8%</td>
</tr>
<tr>
<td>Level of evidence</td>
<td>8%</td>
</tr>
<tr>
<td>Delivery mechanism</td>
<td>4%</td>
</tr>
<tr>
<td>Off-label data</td>
<td>2%</td>
</tr>
<tr>
<td>Health economic outcomes research-related data</td>
<td>2%</td>
</tr>
<tr>
<td>None/No/NA/no preference</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Percentage may exceed 100% as some respondents provided multiple responses

Base: 51.
Q15. Thinking about all the different ways in which you could be informed about disclosures, what types of disclosures are most valuable? [Open ended]
Design authorization refers to who designed the study/analyzed the results. Personnel refers to who delivers the information. Delivery mechanism refers to the specific manner which the information is provided (email, web, in-person, etc).
75% of Payers use 6 or More Information Channels at Least Monthly

Frequency of Utilization of Information Channels

- **Internet**: 76% Daily, 14% Weekly, 4% Monthly, 4% Less than monthly, more than quarterly
- **Emails from information sources**: 43% Daily, 33% Weekly, 18% Monthly, 2% Less than monthly, more than quarterly
- **Compendia**: 25% Daily, 20% Weekly, 11% Monthly, 15% Less than monthly, more than quarterly
- **Online repositories of info**: 20% Daily, 24% Weekly, 24% Monthly, 20% Less than monthly, more than quarterly
- **Scientific publications**: 20% Daily, 33% Weekly, 35% Monthly, 15% Less than monthly, more than quarterly
- **Clinical practice guidelines**: 12% Daily, 27% Weekly, 43% Monthly, 15% Less than monthly, more than quarterly
- **Continuing medical information**: 10% Daily, 20% Weekly, 33% Monthly, 24% Less than monthly, more than quarterly
- **Electronic care pathways**: 5% Daily, 8% Weekly, 10% Monthly, 29% Less than monthly, more than quarterly
- **Evidence reviews from third parties**: 5% Daily, 12% Weekly, 24% Monthly, 27% Less than monthly, more than quarterly
- **Dossiers**: 10% Daily, 33% Weekly, 31% Monthly, 31% Less than monthly, more than quarterly

Base: 51.

Q16. How frequently do you currently utilize each of the following information channels?

In the Future, Information Channel Utilization Will Remain Fairly Consistent Compared to Today

Frequency of Utilization of Information Channels

- **Internet**: 84% Daily, 8% Weekly, 4% Monthly, 2% Less than monthly, more than quarterly
- **Emails from information sources**: 41% Daily, 43% Weekly, 6% Monthly, 2% Less than monthly, more than quarterly
- **Compendia**: 31% Daily, 24% Weekly, 24% Monthly, 15% Less than monthly, more than quarterly
- **Online repositories of info**: 31% Daily, 29% Weekly, 18% Monthly, 14% Less than monthly, more than quarterly
- **Scientific publications**: 24% Daily, 45% Weekly, 24% Monthly, 6% Less than monthly, more than quarterly
- **Clinical practice guidelines**: 24% Daily, 25% Weekly, 35% Monthly, 16% Less than monthly, more than quarterly
- **Electronic care pathways**: 14% Daily, 25% Weekly, 24% Monthly, 20% Less than monthly, more than quarterly
- **Continuing medical information**: 12% Daily, 22% Weekly, 41% Monthly, 24% Less than monthly, more than quarterly
- **Evidence reviews from third parties**: 5% Daily, 29% Weekly, 33% Monthly, 29% Less than monthly, more than quarterly
- **Dossiers**: 12% Daily, 43% Weekly, 43% Monthly, 27% Less than monthly, more than quarterly

Base: 51.

Q17. Thinking about the future, how frequently do you expect to utilize each of these channels in the next 5 years?
Payers Proactively Seek and Passively Receive Information

How Information Is Obtained

<table>
<thead>
<tr>
<th>Information Source</th>
<th>Proactive</th>
<th>Reactive</th>
<th>Both Proactive and Reactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compendia</td>
<td>63%</td>
<td>20%</td>
<td>18%</td>
</tr>
<tr>
<td>Internet</td>
<td>57%</td>
<td>6%</td>
<td>41%</td>
</tr>
<tr>
<td>Clinical practice guidelines</td>
<td>47%</td>
<td>16%</td>
<td>43%</td>
</tr>
<tr>
<td>Online repositories</td>
<td>45%</td>
<td>21%</td>
<td>34%</td>
</tr>
<tr>
<td>Continuing medical information</td>
<td>31%</td>
<td>16%</td>
<td>53%</td>
</tr>
<tr>
<td>Scientific publications</td>
<td>24%</td>
<td>16%</td>
<td>60%</td>
</tr>
<tr>
<td>Evidence reviews from third parties</td>
<td>22%</td>
<td>43%</td>
<td>35%</td>
</tr>
<tr>
<td>Electronic care pathways or alerts</td>
<td>14%</td>
<td>61%</td>
<td>25%</td>
</tr>
<tr>
<td>Dossiers</td>
<td>12%</td>
<td>65%</td>
<td>24%</td>
</tr>
<tr>
<td>Emails from information sources</td>
<td>12%</td>
<td>51%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Base: 51.

Q18. In what manner do you obtain information from information channels?
Proactively: I actively search for or obtain the information.
Reactively: The information is sent or provided to me.

Conclusions
Conclusions

- Similar to providers, payers consider a wide variety of factors when making therapy decisions, but place an emphasis on clinical and comparative performance. While impact on budget is among a number of factors currently affecting therapy decisions, payers appear to expect comparative cost-effectiveness to increase in importance when making healthcare decisions
  - Clinical performance and clinical information comparing safety and effectiveness are considered most important
  - Payers place comparative effectiveness at the top of the list of factors impacting healthcare decision making in the next 3 to 5 years

- Quality metrics play a role in decision making, but this role is not prominent and is not expected to increase
  - Currently, payers indicate that quality metrics play a role in about half of all decisions, but they do not appear to play a major role in tier placement or preferred coverage status determination
  - Further, and in contrast to what providers think, this proportion is not expected to rise in the next 3 to 5 years

- The sharing of information beyond the FDA-approved information is expected to have a net positive effect on patient care
  - Currently, most payers do not feel limits on their formulary decision making due to lack of time or having too much information, suggesting additional information would not be a burden to them
  - Like providers, payers are more likely to be able to see the potential benefits than the harms of information beyond the FDA-approved label, but they are more likely to expect that the harms will actually occur
Conclusions

- Like providers, payers are most concerned with the quality of any information beyond the FDA-approved label. As a result, steps for easing the acceptance of this information should include assurances that the information is valid and disclosure that the information is consistent with, but not included in, the FDA-approved label.

- Payers use multiple channels to seek information. The internet is accessed daily and proactively and is expected to continue to be accessed in this manner.

Appendix
Respondent Profile/Screener

Payers

Most Participants Are Currently With Managed Care Organizations

Current Status

98%

Currently with an organization providing managed care to covered lives

2%

Currently with a health system/hospital

Payer: N=51.
S1: Which of the following best applies to your current status?
Participants Mostly Identify as Managed Care Organizations but Also Have Pharmacy Benefit Managers and Other Models of Managed Care

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed care organization (MCO)</td>
<td>75%</td>
</tr>
<tr>
<td>Integrated health delivery system (IHDS)/integrated delivery network (IDN)</td>
<td>10%</td>
</tr>
<tr>
<td>Accountable care organization (ACO)</td>
<td>4%</td>
</tr>
<tr>
<td>Pharmacy benefits management (PBM)</td>
<td>22%</td>
</tr>
<tr>
<td>Specialty pharmacy provider (SPP)</td>
<td>4%</td>
</tr>
<tr>
<td>Health system or hospital</td>
<td>2%</td>
</tr>
</tbody>
</table>

Respondents Cover ~150 Million Total Lives

Mean Number of Covered Lives: 4.2 Million

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Number Who Offered</th>
<th>Mean Number of Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>45</td>
<td>3,213,901</td>
</tr>
<tr>
<td>Medicaid managed care</td>
<td>36</td>
<td>324,680</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>31</td>
<td>206,745</td>
</tr>
<tr>
<td>Medicare Part D</td>
<td>20</td>
<td>247,901</td>
</tr>
<tr>
<td>Health insurance exchange</td>
<td>25</td>
<td>92,176</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>3,392</td>
</tr>
</tbody>
</table>

Payer: N=51.
S4: Please indicate the number of covered lives served by your organization in each line of business. The sum may not total the total number of covered lives you provided in the previous question due to some members having dual coverage.
Most Participants Are Pharmacy Directors

- **Primary Job Function**
  - Pharmacy Director: 61%
  - Medical Director: 33%
  - Contracting Director: 2%
  - Industry Relations Director: 2%
  - Other: Please specify

Payer: N=51.
S5: Please indicate your current primary job function.

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About Half Are Chair/Co-chair of P&T Committees

- **Chair/Co-chair of P&T**
  - Yes: 53%
  - No: 47%

Payer: N=51.
S7: Are you a chair or co-chair of your organization’s formulary (P&T) committee?
Most Are Responsible for Managing Lives on a Regional Level

National: 35%
Regional: 65%

Payer: N=51.
S8: Is your role overseeing or managing lives on a national or regional level?