The use of Comparative Effectiveness Research and Evidence Based Medicine in US Payor Decision Making

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Objective and Purpose

The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States and is a subsidiary of The Pharmacy Group.

The objective of this study was to assess how US medical directors and pharmacy directors are using Comparative Effectiveness Research (CER) in their formulary decision making processes. The study was conducted by surveying 214 medical and pharmacy directors currently employed by US health plans and insurers from the TPG-NPRT database in December 2014.

Results

A total of 54 persons responded to the survey invitation (26.1% response rate).

- Many advisors reported multiple degrees (Figure 1), and the most common degree was MD (55.6%).
- 86% of the advisors were involved in formulary decisions.

- Open-ended responses were nearly equal: 82% of respondents selected change to their plan’s/PBM’s P&T process (34% of respondents selected formulary changes, including close down our formulary; limited formulary; specialty tiers with closed formulary; restrict products like Express Scripps and CVS are doing; more control on formularies based on value; restricting products like Express Scripps and CVS are doing; more control on the manufacturer’s side where the costs are going up).

- Most advisors expect to regularly utilize Comparative Effectiveness Research in formulary decision making by 2015 (96% and 94% respectively of respondents).

Conclusions

- Formulary changes and P&T committees are ongoing processes in the use of comparative effectiveness research.

- The environment for P&T Committee decision making in managed care is undergoing a series of changes.

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Disclosures: None

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