The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States. Most advisors were happy with their pharmacy benefit design, the most requested changes were more plan design and operations.

This study sought to survey medical directors and pharmacy directors of US payors representing health plans, pharmacy & therapeutics (P&T) committees, and technology assessment entities tasked with making formulary management policies. An online, interactive survey was developed with 63 questions and included open-ended responses (i.e., desired changes in their relationships with health plan sponsors).

The most common desired P&T process change was no change; followed by more frequent meetings/time; and increased state; convince network doctors to embrace cost-effective medical practices; risk share contracts; defined benefit; increase patient cost of care; increased out of pocket maximum; formulary tiers; Move to a defined benefit; more data upon which to make decisions; better data; more EMR alerts; enhanced staff education; convince specialty pharmacies to provide drug delivery, purchasing, and reimbursement support; and increased participation in case management and clinical trials.

Conclusions:

- As the population ages and healthcare costs continue to grow, payors will change the use of automated medical management programs; efficient utilization management policies; more patient education; more data upon which to make decisions; better data; more EMR alerts; enhanced staff education; convince specialty pharmacies to provide drug delivery, purchasing, and reimbursement support; and increased participation in case management and clinical trials.

References: