The TPG-National Payor Roundtable (TPG-NPRT) focuses on market access programs within the United States. Invitations to participate were sent to 224 medical and pharmacy directors currently employed by US health insurers, employer groups and pharmacy benefit managers (PBMs). The respondents were mostly chief medical directors and chief pharmacy directors (Figure 2), the “Other” group included: Medical Director [5], Director [3], and Consultant [3].

The disease states most concerning to these plan directors from budgetary point of view:

First most concerning: Cancer/oncology (18); Diabetes (10); and Hepatitis C (7);

Second most concerning: Cancer/oncology (10); Diabetes (8); and Rheumatoid Arthritis (7);

Third most concerning: Cancer/oncology (9); Cardiovascular/heart disease (5); and Diabetes (4);

Other items included: Orphan diseases; Rheumatoid Arthritis; Biologics; and HIV.

The disease states most concerning to these plan directors from a medical care point of view:

First most concerning: Cancer/oncology (15); Diabetes (10); and Hepatitis C (7);

Second most concerning: Cancer/oncology (9); Rheumatoid Arthritis (5); and Diabetes (4);

Third most concerning: Cancer/oncology (7); Cardiovascular/heart disease (7); and Diabetes (6);

Other items included: Orphan diseases, Cholesterol, Biologics, Behavioral health, Alzheimer’s disease; and HIV.

The disease states most concerning to these plan directors from a clinical/administration point of view:

First most concerning: Cancer/oncology (15); Diabetes (10); and Hepatitis C (7);

Second most concerning: Cancer/oncology (10); Diabetes (8); and Rheumatoid Arthritis (7);

Third most concerning: Cancer/oncology (9); Cardiovascular/heart disease (5); and Diabetes (4);

Other items included: Orphan diseases; Rheumatoid Arthritis; Biologics; and HIV.

Management programs:

Better use of automated medical management programs; Reduced variation in management programs; Plan level within certain segments.

Results

Figure 1. Survey Respondent Degrees (multiple answers allowed)

Figure 2. Respondent’s Title within their Organization

Figure 3. Type of Plans Represented by Respondents (Respondents can cover multiple types)

Figure 4. Expected change in the management of clinician administered products

Figure 5. Policies for Mental Health Therapies

Figure 6. Request changes in their pharmacy benefit design

Responses to open-ended questions about the top causes for concern currently, and for the coming years.

The disease states most concerning to these plan directors from a clinical/administration point of view:

Most concerning: Cancer/oncology (15); Diabetes (10); and Hepatitis C (7);

Second most concerning: Cancer/oncology (10); Diabetes (8); and Rheumatoid Arthritis (7);

Third most concerning: Cancer/oncology (9); Cardiovascular/heart disease (5); and Diabetes (4);

Other items included: Orphan diseases; Rheumatoid Arthritis; Biologics; and HIV.

Most growth: Cancer/oncology (15); Diabetes (4); and Hepatitis C (3);

Other items included: Orphan diseases, Cholesterol, Biologics, Behavioral health, Alzheimer’s disease; and HIV.

Conclusions

As the population ages and healthcare costs continue to grow, plan sponsors will change the way they manage their formularies:

- The environment for P&T Committee decision making in managed care is undergoing a series of changes.
- Plan sponsors and pharmacy directors, who commonly serve on P&T Committee members, have a distinct understanding and opinion as to how to alter the process to adapt to these influences.

References


For additional information, please contact Richard Brook, rbrook@jestarx.com or visit www.jestarx.com/publications/

Download

Visit www.TPG-NPRT.com or www.jestarx.com/publications/

Complete this year’s survey

www.surveymonkey.com/r/NPRTSurvey2016