TKG MANAGED MARKETS ADVISORY PANEL

In April, The Kinetix Group (TKG) hosted a discussion panel in conjunction with the AMCP 2018 Managed Care & Specialty Pharmacy Annual Meeting. Healthcare leaders assembled in Boston, MA to participate in energetic discussions exploring such critical topics as the surge in focus on highly-specialized diseases and treatments, new business agreements, and incentives for collaboration.

ADDRESSING NASH

Nonalcoholic steatohepatitis (NASH) is a disease of emerging importance; the global burden of NASH and the likelihood of liver-related outcomes provides a strong motive for drug development and therapeutic trials.

- There is a sense of urgency among physicians for effective therapeutic treatments to help patients for whom lifestyle interventions are not achieving desired results
- Centers of excellence (COE) models are appropriate when a small patient population requires a highly-specialized, multi-disciplinary approach; the COE model could help standardize approaches to, and develop best practices around, NASH diagnosis and management
- To expand access to care, therapeutic treatment of highly-specialized diseases like NASH should be scaled beyond academic medical centers, and, if possible, involve primary care physicians

BIOSIMILAR PRODUCTS ARE ON THE RISE

Biosimilars might provide a "best shot at bending that specialty curve" to improve care and lower costs; despite resistance as to their potential role, it is not lowering care to make use of biosimilars.

- Increases in disease states targeted by biosimilar products, along with elevated cost concerns, will force questions around coverage policy before durable outcomes evidence becomes available
- Patients treated by 4 key provider groups – oncology, dermatology, rheumatology, and gastroenterology – could benefit from biosimilars
- Delays in accessing biosimilars will be costly; the price of other drugs continues to rise, which will make biosimilars more expensive when they come to market

BUSINESS CONSIDERATIONS AND AGREEMENTS

In the absence of robust long-term clinical data, questions about up-front costs versus long-term benefit pose key obstacles to implementing risk-sharing agreements.

- Getting necessary value-based pricing information to physicians at the point of prescribing has not been easy; there is incentive to build this information into EMRs
- Coverage decisions based on risk stratification will change the prior authorization structure. Coverage policies often require patients to meet criteria beyond diagnosis, but for some disease states the likelihood of achieving a good outcome is greater when treatment is initiated earlier
- Administrative costs may offset, or even exceed, savings incentives. Since the tendency is for new drugs to increase pathway complexity, contracts must be in place to curb costs and efficient data-sharing interfaces are needed more than ever

COLLABORATIONS ACROSS A SHIFTING TERRAIN

Incentives for providers, pharma, and payers must be aligned in order to build a foundation for trust and cooperation; well-defined messaging is a critical to achieving effective communications.

- A dearth of information exists with respect to cost offsets from drug therapy, but risk-based contracts nevertheless present collaborative opportunities
- Positive relationships have traditionally been built around disease-education resources, but there has been a recent shift towards building alignment around product-focused resources
- The payer role is changing as payers become increasingly responsible for demonstrating robust data and for helping systems of care via incentives, tools, insights, and strategic policy shifts

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