

January 17, 2018

The Honorable Michael C. Burgess Chairman, Subcommittee on Health Energy and Commerce Committee 2336 Rayburn House Office Building Washington, DC 20515 The Honorable Gene Green Ranking Member, Subcommittee on Health Energy and Commerce Committee 2470 Rayburn House Office Building Washington, DC 20515

Re: H.R. 2026 - The Pharmaceutical Information Exchange (PIE) Act of 2017

Dear Chairman Burgess and Ranking Member Green,

The Academy of Managed Care Pharmacy (AMCP) appreciates the opportunity to submit a letter of support for *H.R.* 2026 – *The Pharmaceutical Information Exchange (PIE)* Act of 2017 which will improve patient access to emerging medication therapies and devices by codifying a safe harbor for certain health care economic and scientific information communications between biopharmaceutical and medical device manufacturers and population health decision makers. AMCP supports the need for timelier and more proactive sharing of preapproval health care economic information (HCEI) between biopharmaceutical and medical device manufacturers and population health decision makers to enable the implementation of value-based contracts, aid in forecasting and budgeting, and expedite coverage decisions for emerging therapies, including those granted breakthrough designation. The need for this proactive communication is especially important now as the United States health care system evolves from a fee-for-service payment system to a modernized system rewarding quality, improved patient outcomes, and value.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence-and value-based strategies and practices, the Academy's 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

## AMCP supports H.R. 2026 because it:

• Was conceptualized by a diverse group of stakeholders representing population health decision makers (e.g. payers, provider sponsored health plans, pharmacy benefit managers, accountable care organizations, and integrated delivery networks), biopharmaceutical and medical device manufacturers, patient advocacy groups, health care providers, health economists, and others.

• Creates a legislative safe harbor to allow biopharmaceutical and medical device manufacturers to share proactively with population health decision makers truthful and not misleading clinical and economic information about medications and devices in the pipeline, as well as new uses of approved products, prior to FDA approval during the forecasting and rate setting process. A legislative safe harbor for PIE will confirm that the proactive dissemination of certain information does not violate the prohibitions against preapproval promotion and does not run afoul of the labeling, misbranding, and intended use provisions of the Federal Food, Drug, and Cosmetic Act and its implementing regulations.

- Facilitates communication from biopharmaceutical and medical device manufacturers to an appropriate audience of population health decision makers who need this information for financial forecasting and planning purposes only.
- Extends PIE to investigational products not approved/cleared for any use and investigational uses of approved/cleared products for which there is an intent to file a supplement. The rationale for PIE applies equally to both. Factors such as product information, indication sought, clinical data, anticipated approval timeline, pricing information, targeting/marketing strategies and product related programs or services are unique to each indication. Anticipating a new indication and properly planning for the impact on budget and expansion of patient populations eligible to receive such medication or device are vital for population health decision makers.
- Allows for bidirectional exchange of information and sharing of health care economic or scientific
  information. Such information would include data from pivotal clinical trials, pharmacoeconomic
  data, as well as data relating to patient centered outcomes (health related quality of life, treatment
  satisfaction, etc.), and could also include other material items, such as anticipated indications, place
  in therapy, and routes of administration.

AMCP also supports the amendment filed by Congressman Guthrie as it clarifies that information shared under PIE must be truthful and non-misleading, must meet an objective standard, and also clarifies that PIE does not conflict with other provisions governing manufacturer communications with other entities.

In summary, AMCP believes that furthering communications between biopharmaceutical and medical device manufacturers and population health decision makers prior to FDA approval/clearance will help to shift the United States health care system to a focus on value and promote good outcomes for patients. Thank you for championing this very important issue and please use AMCP as a resource as you continue to lead this initiative forward.

Sincerely,

Susan A. Cantrell. RPh, CAE Chief Executive Officer

Cauta

2