

Pre-approval Information: A 360-Degree View of Dossiers for Payers and Manufacturers

October 1, 2019

Speakers and Agenda

Speakers:

April M. Kunze, PharmD, Sr. Director, Formulary Development and Trend Management Strategy, Prime Therapeutics

Evelyn Sarnes, PharmD, MPH, VP, Medical Communications, Xcenda

Iris Tam, PharmD, FAMCP, Senior Director, HEOR, Patient Access & Value, Coeus Consulting Group; Chair AMCP

This webinar will include:

Diverse perspectives from stakeholders as well as insights collected via the [FormularyDecisions.com](https://www.formularydecisions.com) community – home of the AMCP eDossier System.

- Payer requests for preapproval information and current status of receiving the information
- Manufacturer challenges with providing preapproval information and recommendations for best practices
- Potential changes to the AMCP Format for Formulary Submissions to address FDA Final Guidance on communication of unapproved products and unapproved uses of approved products

Central platform connecting health care decision makers to the **evidence, resources,** and their **peer community,** so they can work more effectively and collaboratively.

Data collected on:

- 2100+ US PAYERS/HCDMs
 - 900+ organizations
 - 86% of covered lives (MCO)
 - Includes all top PBMs
- 250,000 + evidence links
 - 2300 + products



Active evidence review and assessment to make informed formulary and reimbursement decisions.

A closed payer only environment.

Relationships



Opportunities to Address Payer needs Pre-approval

- Pre-approval dossiers
- P&T Prep Kits – analyst-driven, pharmacist reviewed
- Product Pages – accessible as early as 12, 18, 24 months on the platform (updated daily)
- Manufacturer Resource Center – manufacturers with pre-approval subscriptions can place information that does not require an unsolicited request – disease information, published clinical trials etc.)
- PIE Webinars (together with AMCP)
- Global resources

The screenshot displays the FormularyDecisions.com platform interface. At the top, there's a search bar and navigation icons. The main content area is divided into several sections:

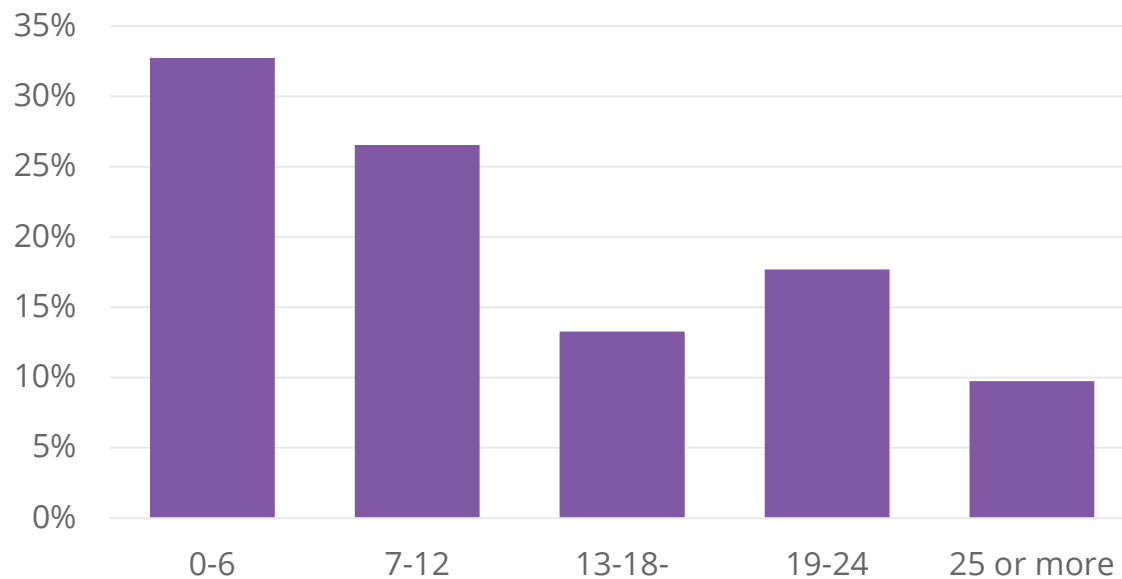
- Most Recent:** Features a search bar and a list of recent articles, including "Cost-effectiveness of Pharmaceutical Interventions to Prevent Osteoporotic Fractures in Postmenopausal Women with Osteopenia" and "Cost-effectiveness of amlodipine compared with valsartan in preventing stroke and myocardial infarction among hypertensive patients in Taiwan."
- eDossiers:** Displays a "Miracle Drug" dossier, including a "Mock Formulary Submission Dossier: Miracle Drug (generic) for the Treatment of Serious Disease" and an "EXECUTIVE SUMMARY: CLINICAL AND ECONOMIC VALUE OF MIRACLE DRUG".
- Manufacturer Resource Center:** Includes a section for "Medicare Part D" and "Benefits, Limitations, and Value of Abuse-Deterrent Opioids".
- Peer Opinions:** A section titled "Which are the top comparators that you would consider for this product? (Select all that apply)" with checkboxes for various drugs like Bimicryo, Gleevec, Kymriah, Sprycel, Tasigna, and None of the above.
- Additional Resources Links:** A section with links to various resources, including "Summary", "Reviews", "Value Frameworks", and "Global".
- Resource Spotlight:** A section titled "Fingertip Formulary® by DRG" showing a bar chart with a value of 25%.

Pre-Approval Needs of PAYERS

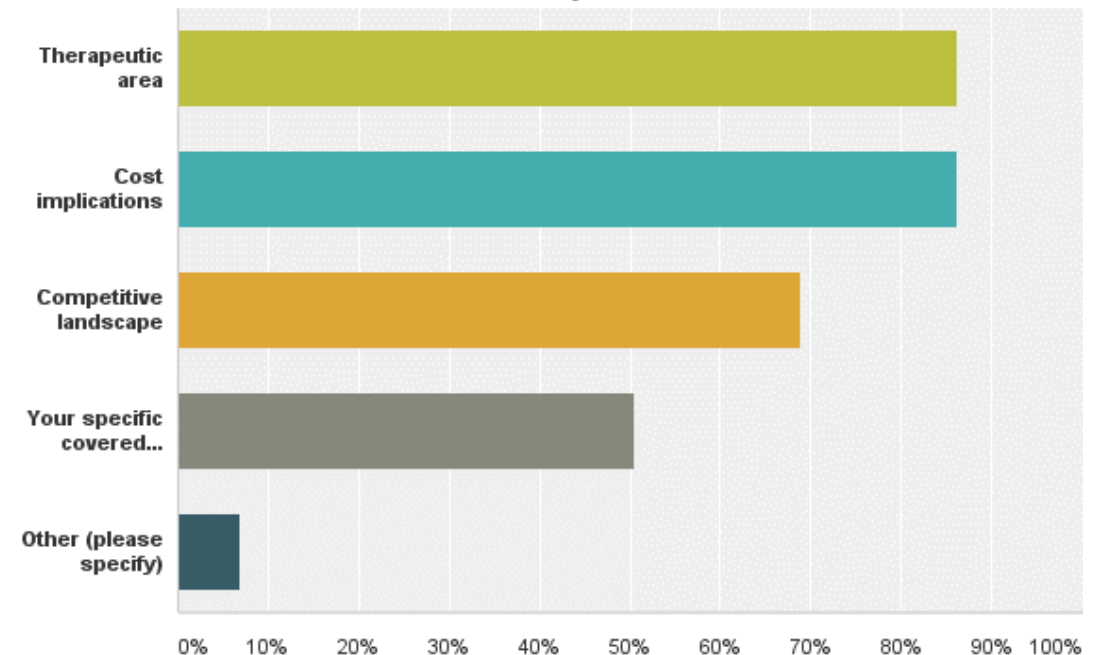
Facilitating Formulary and Benefit Decision Making

Payers are conducting product reviews earlier and require product information pre-approval to prepare for their budget and formulary requirements.

Payer Initiation of Pre-approval Product Research¹
n=113



Factors Affecting Timing of Pre-approval Research²
n=87



PBM Perspective

April M Kunze, Pharm D

Sr. Director, Formulary Development and Trend Management Strategy



What our Plans are asking of Prime:



- Plans want to understand the impact of new-to-market drugs
 - Which pipeline drugs will impact trend?
 - How much spend can they anticipate from these drugs (PMPM)? Individually and as a whole?
 - How will it impact the current category (new spend vs. switch in spend)?
 - How will the drug impact their specific population (medical/pharmacy integration) and in what line of business (Medicare, Medicaid, Commercial)?



- They want this information as early as possible to work within their plan to forecast the cost of benefits



- They want contracts that will protect their interests (e.g. Value-based agreements or UM allowances beyond FDA label to the studied population)

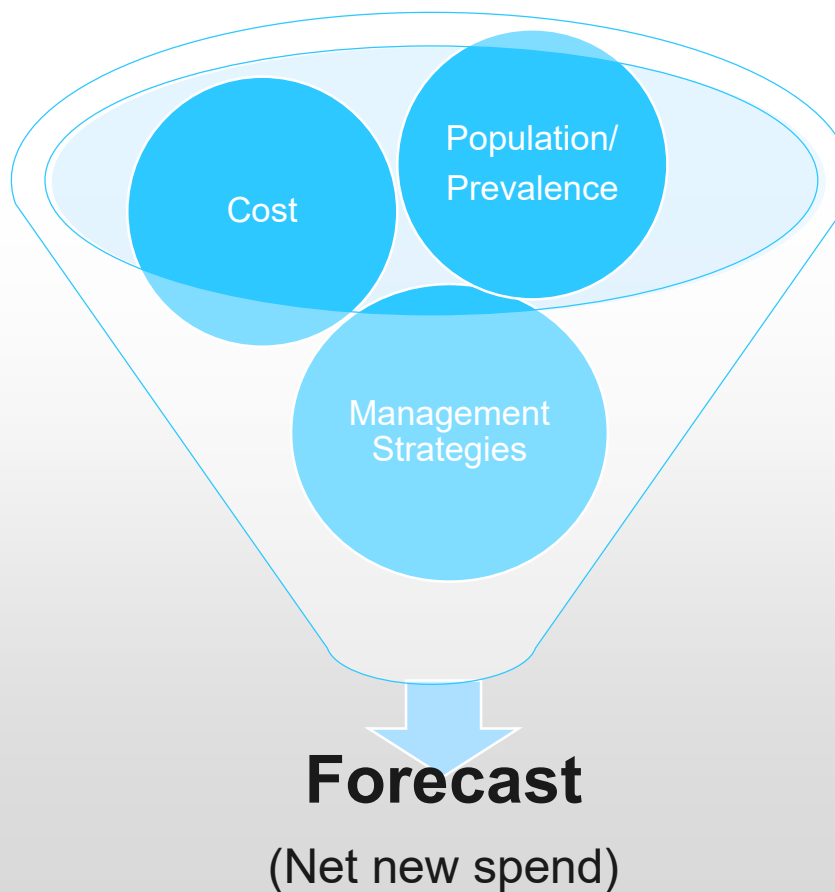


- They want management strategies developed and implemented upon drug approval

Inputs for drug forecasting

Initial clinical intake:

- Clinical data (safety, efficacy)
- FDA approved indication
- Anticipated patient population: ICD-10 codes
- Competing therapies; guidelines,
- ROA & Benefit (Medical vs. pharmacy)



Forecasting Needs from MFG:

- Anticipated cost of therapy
- Prevalence in U.S. and by line of business
 - Medicare
 - Medicaid
 - Commercial
- Anticipated market penetration year 1

Pipeline Drugs to Watch

Watchlist Criteria

Criteria for Inclusion

- Submitted to the FDA and/or expected to be high impact
- Material impact to at least one of the following:
 - Trend (>\$0.08 PMPM)
 - Preferred product strategies (medical or pharmacy)

Estimated Trend Impact

\$	< \$0.08 PMPM*
\$\$	\$0.08 - \$0.39 PMPM
\$\$\$	\$0.40 - \$2.00 PMPM
\$\$\$\$	> \$2.00 PMPM

*not added to watchlist

Forecasted for both Medical and Pharmacy administered drugs

Gene Therapy

Table 3. Forecast for New Gene Therapy onasemnogene abeparvovec* (Zolgensma) Based on Different Diagnosis Code Requirements and Age

Diagnosis code rules	Members	PMPM if 50% of eligible members receive \$4.5 million gene therapy
Members with at least one diagnosis code G12.0 in any field	121	\$1.50 (60 members treated)
Members with at least one diagnosis code G12.0 in the primary field	89	\$1.10 (44 members treated)
Members with G12.0 2 codes at least 30 days apart in primary position	55	\$0.68 (27 members treated)
Members with G12.0 2 codes at least 30 days apart in primary position and under 3 years of age	17	\$0.20 (8 members treated)

*onasemnogene abeparvovec was granted Orphan Drug Designation for the treatment of all types of spinal muscular atrophy (SMA) and Breakthrough Therapy Designation, as well as Fast Track Designation, for the treatment of SMA Type 1

PMPM = per member per month

Gaps

- Not all pharmaceutical companies are embracing the opportunity or are prepared to share pre-approval information
- Health outcomes & budget impact models are needed prior to launch
- Need in-depth clinical information and labeling considerations (e.g. self-administered vs. healthcare administered)
- Need the ability to negotiate contract terms prior to launch
- Need to understand access issues (pharmacies, medical providers, etc) prior to launch
- Need medical claims data (where applicable)
- Need pipeline presentations 12 months prior to FDA submission with deeper clinical data to help forecast anticipated drug costs

Pre-approval Information: A 360-degree View of Dossiers for Payers and Manufacturers

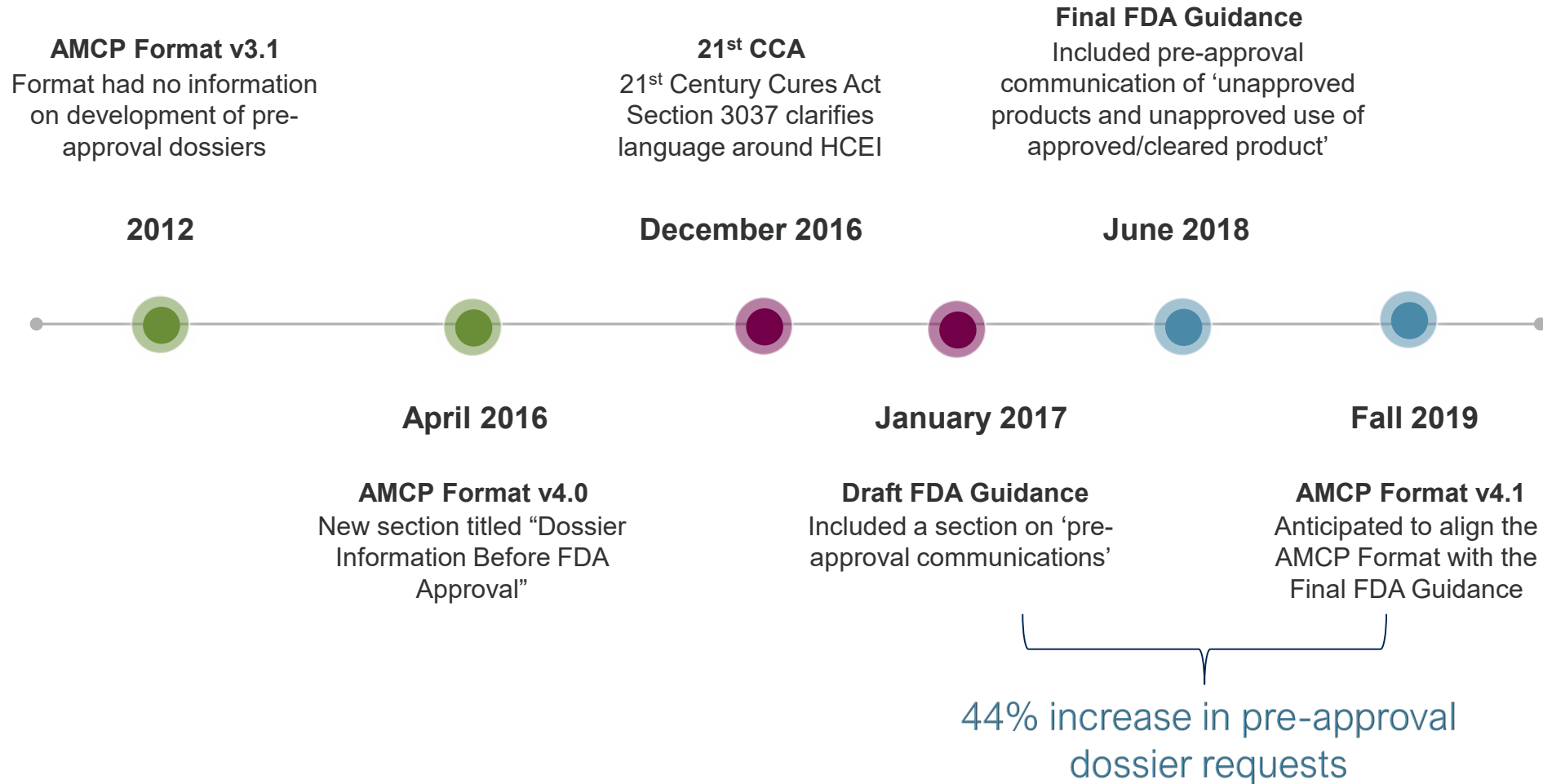
A Perspective on Manufacturer Challenges

Evelyn Sarnes, PharmD, MPH

Vice President Medical Communications, Xcenda



Milestones in the Pre-approval Dossier



Key: 21st CCA – 21st Century Cures Act; AMCP – Academy of Managed Care Pharmacy; FDA – Food and Drug Administration.

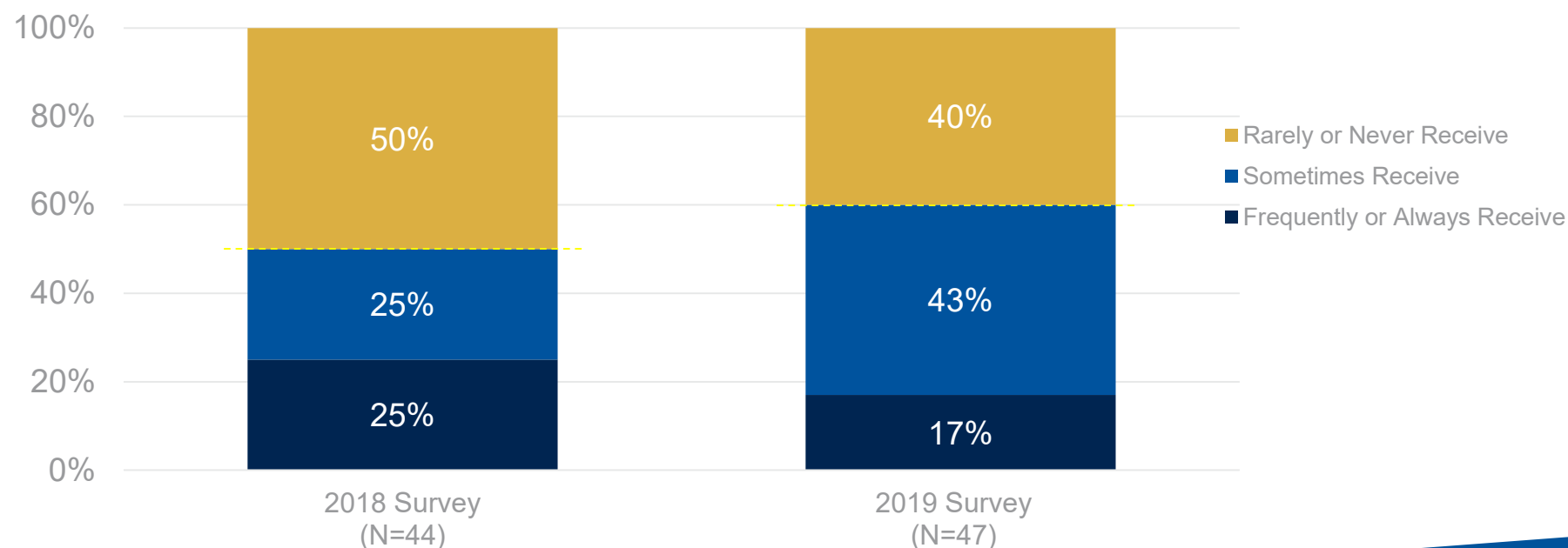
1.. Mody L, et al. Payer perspective on the AMCP *Format* v4.0 pre-approval dossier in a Managed Care Network [poster]. Presented at AMCP Annual Meeting; April 23-26, 2018; Boston, MA. 2. Xcenda Internal Data; 2019 Survey of Managed Care Network

Requests for the Pre-approval Dossier

Manufacturer Development of Pre-approval Dossiers

- Manufacturers have the choice of whether or not to develop a pre-approval dossier
 - Factors may include anticipated regulatory approval timing, therapeutic area, product attributes, limited guidance, and resource constraints

Frequency of Receipt of a Pre-approval Dossier after Unsolicited Request



1. Mody L, et al. Payer perspective on the AMCP *Format* v4.0 pre-approval dossier in a Managed Care Network [poster]. Presented at AMCP Annual Meeting; April 23-26, 2018; Boston, MA. 2. Xcenda Internal Data; 2019 Survey of Managed Care Network.

Current Challenges with Developing Pre-approval Dossiers

- Resources to develop and update a pre-approval dossier are constrained
- Product information may not be available (eg, completion of clinical trials, product price, etc)
- Timing of when to develop a pre-approval dossier is uncertain
- Current pre-approval AMCP Format is not yet aligned directly with Final FDA Guidance
- Review and approval process of the pre-approval dossier within a company is highly variable

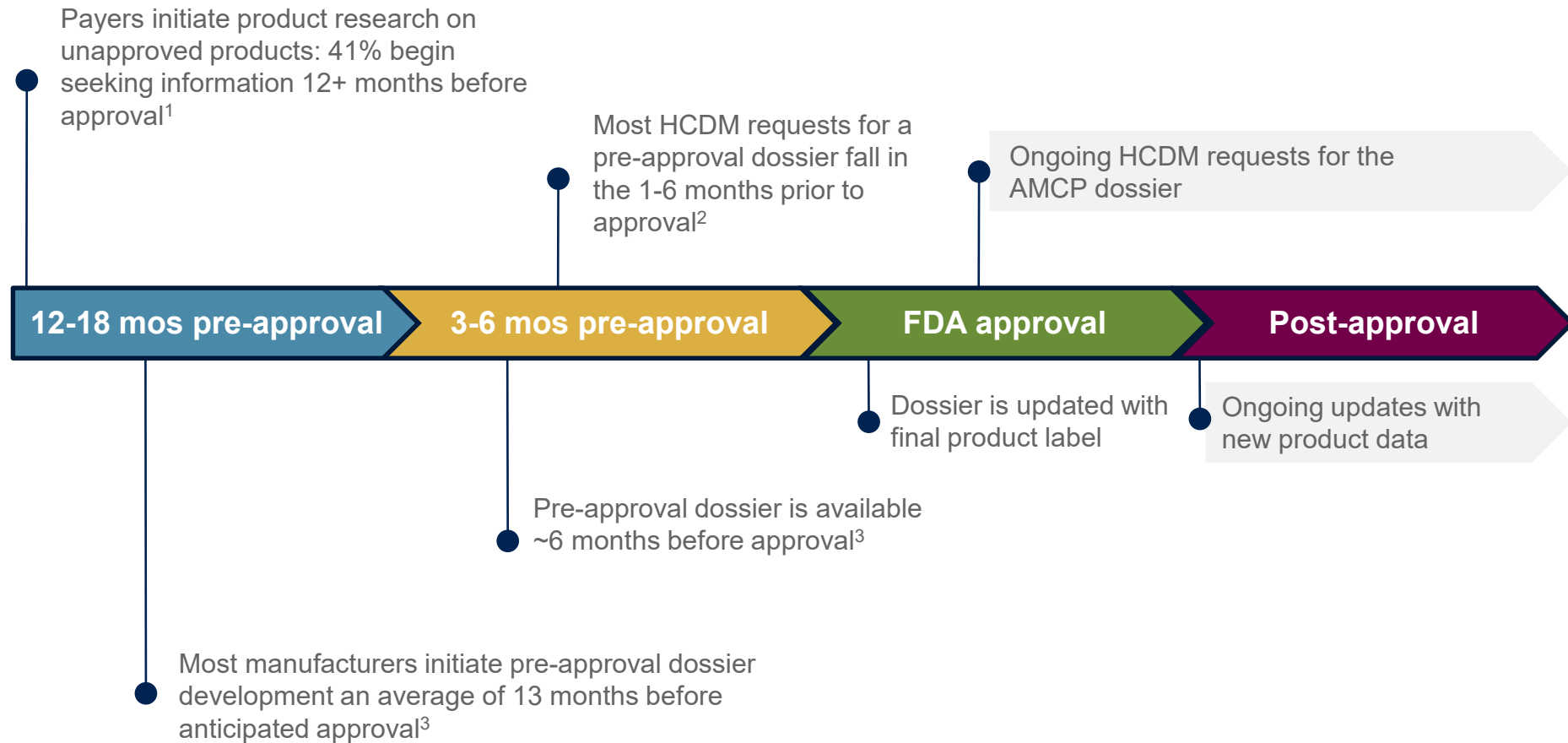
Determine Available Evidence for the Dossier: Best Practices

Suggested Elements to Include

AMCP v4.0 Section		Inclusion in Pre-approval Dossier	
1.0 Executive Summary	1.1 Clinical Benefits	✓	Limited
	1.2 Economic Benefits	✗	No HCEI prior to approval
	1.3 Conclusions	✓	Limited
2.0 Product Information & Disease Description	2.1 Product Description	✓	Limited; price desired, but often not available Based on draft USPI or PK/PD studies
	2.1.1 Product Comparison	✓	Except for unapproved product
	2.2 Place of the Product in Therapy	✓	
	2.2.1 Disease Description	✓	
	2.2.2 Approaches to Treatment	✓	Limited
3.0 Clinical Evidence	3.1 Study Summaries	✓	Often based on data on file or conference presentations
	3.2 Evidence Tables	✓	
4.0 Economic Value & Modeling Report	4.1 Economic Value and Modeling Report	✗	No HCEI prior to approval
5.0 Additional Supporting Evidence	5.1 Clinical Practice Guidelines	✓	
	5.2 HTA and Systematic Reviews	✗	Unless approved and reviewed by HTA bodies globally
	5.3 Compendia	✗	Generally not available
	5.4 Other Economic or Outcomes Evidence	✗	Generally not available
	5.5 Impact on Quality	✗	Generally not available
	5.6 Other Evidence or Information	✗	Generally not available
6.0 Appendices	6.1 References	✓	
	6.2 Product Prescribing Information	✗	Not yet available

Timing of Dossier Development: Best Practices

Continuum of the AMCP Dossier: Pre-approval through Post-approval



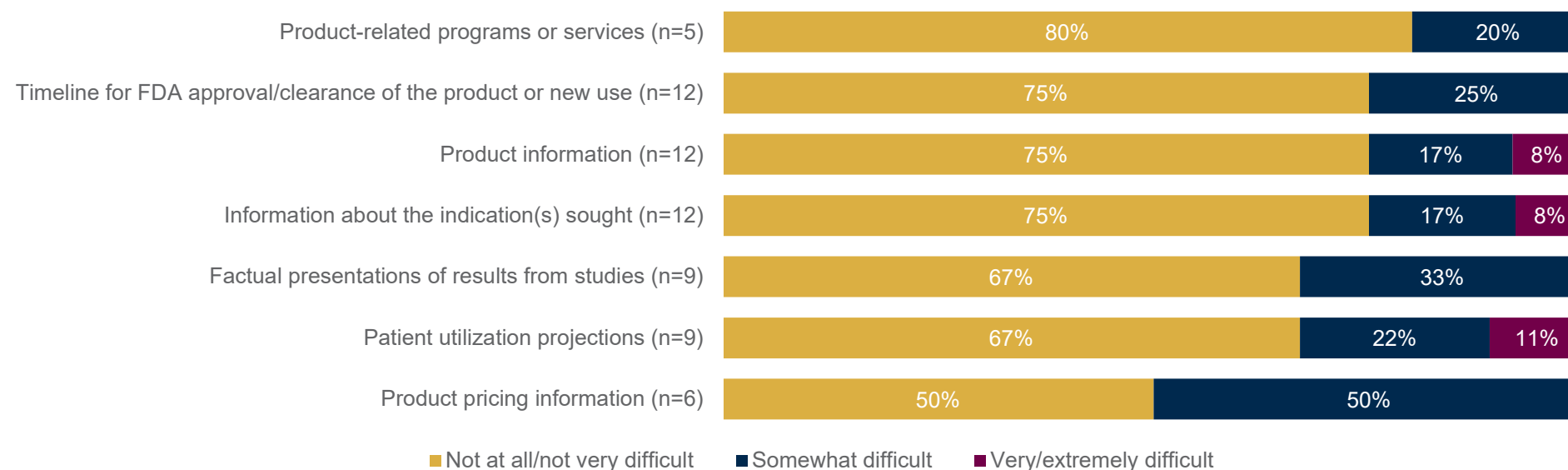
Key: AMCP – Academy of Managed Care Pharmacy; FDA – Food and Drug Administration; HCDM – health care decision maker; mos – months

1. Dymaxium Internal Data: Survey; Average of 2016 and 2018 response. 2. Mody L, et al. Payer perspective on the AMCP *Format* v4.0 pre-approval dossier in a Managed Care Network [poster]. Presented at AMCP Annual Meeting; April 23-26, 2018: Boston, MA. 3. Xcenda internal data.

Determine a Review & Approval Process: Best Practices

- Determining the manufacturer review process prior to starting dossier development may improve likelihood of a more efficient review and approval process
- **Key questions:** Will the dossier be reactive (AMCP Format v4.0) or proactive (FDA Guidance)? Is there a process in place already to approve PIE materials?

Manufacturer Survey: Difficulty in Gaining Approval for Types of PIE



Notes: Ratings based on types of PIE used within respondent organizations; manufacturer data from 2018. Base: Manufacturers who gave a rating (see chart).
 Q21a [Manufacturers]: For each type of PIE listed, please rate the level of difficulty experienced in gaining approval.
 Xcenda Data on File. Manufacturer Survey on PIE.
 Key: AMCP – Academy of Managed Care Pharmacy; FDA – Food and Drug Administration; PIE – pre-approval information exchange

Ongoing and Anticipated Future Challenges

- The pre-approval dossier in the AMCP Format v4.0 not yet aligned directly with the Final FDA Guidance
 - Proactive vs reactive unsolicited request? That is the question!
 - Will a new review and approval process be needed for proactive use pre-approval dossier?
- Extent and tone of clinical evidence may differ between a pre-approval dossier and a post-approval dossier
- Need to ensure PIE communication is provided to the appropriate HCDM audience
- Lack of legislative safe harbor for PIE

Summary

- The dossier is an evolving document from pre-approval through post-approval
- To be impactful for HCDMs, pre-approval dossiers should be available as early as 6 months before approval
- Review and approval hurdles can be overcome with establishing appropriate review processes
- Alignment between the Final FDA Guidance and the AMCP Format will resolve many challenges



Where knowledge,
reach and partnership
shape healthcare delivery.

AMCP *Format for Formulary Submissions* Version 4.0 to Version 4.1

Iris Tam, PharmD, FAMCP

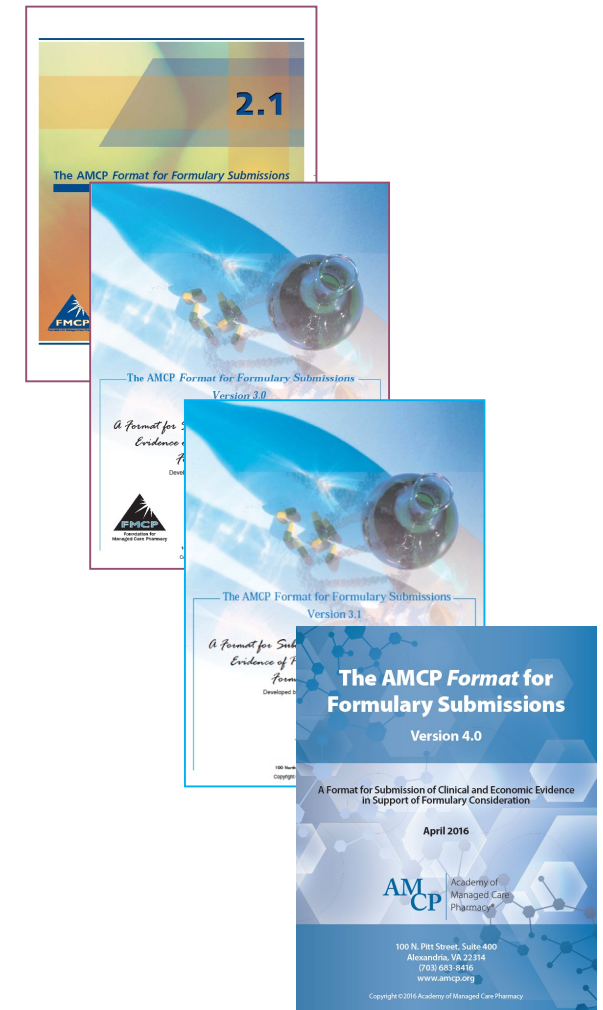
Chair, AMCP *Format* Executive Committee (FEC)

Senior Director, HEOR, Patient Access & Value
Coeus Consulting Group



Evolution of the *Format*

- 2000: AMCP *Format for Formulary Submissions* Version 1.0
- 2002: AMCP *Format for Formulary Submissions* Version 2.0
- 2005: AMCP *Format for Formulary Submissions* Version 2.1
- 2009: AMCP *Format for Formulary Submissions* Version 3.0
- 2013: AMCP *Format for Formulary Submissions* Version 3.1
- 2016: AMCP *Format for Formulary Submissions* Version 4.0



AMCP *Format* Executive Committee (FEC)

2019-2020 FEC Members

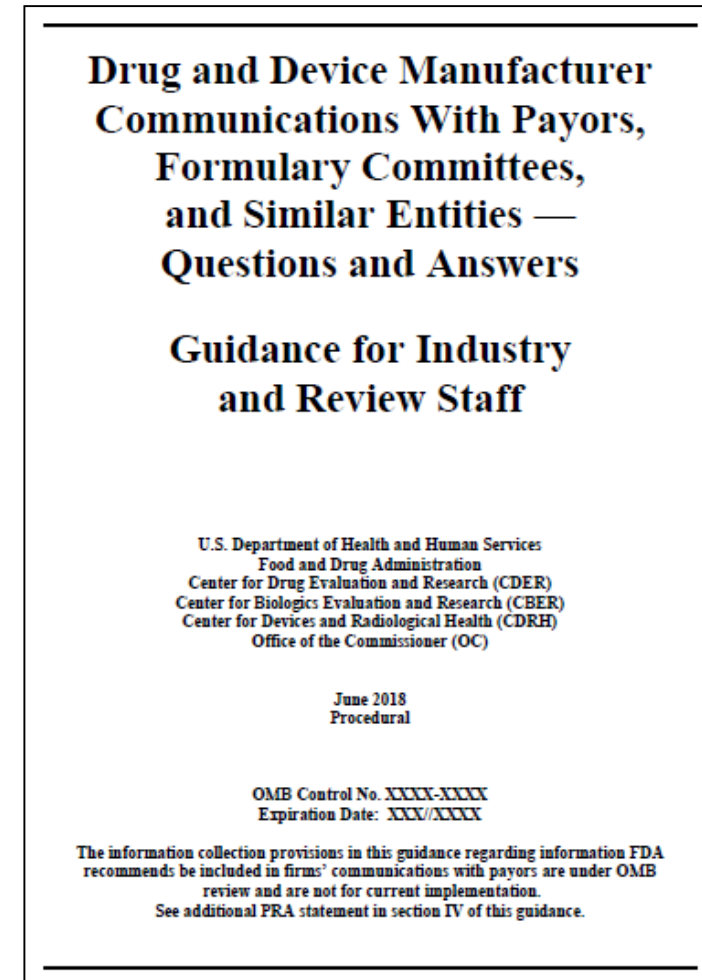
James Daniel “Dan” Allen, BSPharm, PharmD
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Lisa Cashman, PharmD
Kevin Chang, PharmD
Cindy Giambrone, PharmD
Jennifer Graff, PharmD
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Iris Tam, PharmD, FAMCP, *Chair*
Patricia Thornewell, PharmD
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Ellen Whipple, BSPharm, PharmD
T. Jeffrey White, PharmD
Stephanie Yu, PharmD

2018-2019 FEC Members

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Paul Jeffrey, PharmD, *Board Liaison*
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Alan D. Pannier, PharmD
Pete Penna, PharmD
Elizabeth Sampsel, PharmD, MBA, *Ex-Officio*
Kimberly Saverno, PhD, RPh
Iris Tam, PharmD, FAMCP, *Chair*
Patricia Thornewell, PharmD
John B. Watkins, BCPS
T. Jeffrey White, PharmD

Decision to Update Version 4.0 to 4.1

- The FEC continuously explores the need to update the *Format*
- In June 2018, FDA Final Guidance on manufacturer communications with payers, formulary, and similar entities was released¹
- In July 2018, the FEC considered the impact, if any, of the Guidance on the *Format*



1. Food & Drug Administration (FDA). Drug and device manufacturer communications with payors, formulary committees, and similar entities – questions and answers: guidance for industry and review staff. June 2018; Available at: <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537347.pdf>. Accessed 1/31/19.

Two Topics in FDA Final Guidance

- Firms' communication of health care economic information (HCEI) to payors regarding approved drugs and approved/cleared devices¹ (Sections A and B)
 - This pertains to and clarifies the statute found in the Food and Drug Administration Modernization Act [FDAMA] of 1997, Section 114²
- Firms' communication to payors, formulary committees, and other similar entities about unapproved products and unapproved uses of approved/cleared products¹ (Section C)

1. Food & Drug Administration (FDA). Drug and device manufacturer communications with payors, formulary committees, and similar entities – questions and answers: guidance for industry and review staff. June 2018; Available at: <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537347.pdf>. Accessed 1/31/19.

2. Food and Drug Administration Modernization Act (FDAMA) of 1997, Section 114. Public Law 105-115. November 21, 1997; Available at: <https://www.govinfo.gov/app/details/PLAW-105publ115>. Accessed 4/15/19.

Information that may be shared¹

- Product information (e.g., drug class, device description and features)
- Information about the indication(s) sought, such as information from the clinical study protocol(s) about endpoint(s) being studied and the patient population under investigation (e.g., number of subjects enrolled, subject enrollment criteria, subject demographics)
- Anticipated timeline for possible FDA approval of the product or of the new use
- Product pricing information
- Patient utilization projections (e.g., epidemiological data projection on incidence and prevalence)
- Product-related programs or services (e.g., patient support programs)
- Factual presentations of results from studies, including clinical studies of drugs or devices or bench tests that describe device performance (i.e., no characterizations or conclusions should be made regarding the safety or effectiveness of the unapproved product or the unapproved use)

1. Food & Drug Administration (FDA). Drug and device manufacturer communications with payors, formulary committees, and similar entities – questions and answers: guidance for industry and review staff. June 2018; Available at: <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537347.pdf>. Accessed 1/31/19.

Additional information to be provided¹

- A clear, conspicuous statement that the product has not been approved by FDA, and that the safety or effectiveness of the product or use has not been established
- Information related to the phase of product development, whether a marketing application has been submitted to the FDA
- For communications that include factual presentations of results from studies, manufacturers should describe material aspects of study design and methodology and also disclose material limitations related to the study design, methodology, and results. Both positive and negative or null findings should be presented.
- For communications about unapproved uses of approved products, manufacturers should include a prominent statement disclosing the indication(s) for which FDA has approved the product and a copy of the most current FDA-required labeling

1. Food & Drug Administration (FDA). Drug and device manufacturer communications with payors, formulary committees, and similar entities – questions and answers: guidance for industry and review staff. June 2018; Available at: <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537347.pdf>. Accessed 1/31/19.

AMCP *Format* Version 4.0: “Dossier Information Before FDA Approval”¹

- Clinical trial information from Phase 1, Phase 2, and Phase 3 studies
 - Peer-reviewed publications
 - Medical congress abstracts, posters, presentations
 - Medical information or medical communication departments’ response letters
- Information from clinicaltrials.gov
- Pre-clinical studies
- Data on file per manufacturer’s discretion
- Disease state information, e.g., disease description, epidemiology, clinical presentation, currently available therapies, clinical practice guidelines, etc.
- Pipeline product information, e.g., proposed mechanism of action
- Any other information that a manufacturer deems relevant to the request and allowable according to the manufacturer’s policies and procedures
- Some manufacturers may consider providing certain information under a confidentiality agreement

Unapproved Product Information

FDA Final Guidance (2018)¹

- Product information (e.g., drug class, device description and features)
- Information about the indication(s) sought, such as information from the clinical study protocol(s) about endpoint(s) being studied and the patient population under investigation (e.g., number of subjects enrolled, subject enrollment criteria, subject demographics)
- Anticipated timeline for possible FDA approval/clearance/licensure of the product or of the new use
- Product pricing information
- Patient utilization projections (e.g., epidemiological data projection on incidence and prevalence)
- Product-related programs or services (e.g., patient support programs)
- Factual presentations of results from studies, including clinical studies....

AMCP Format Version 4.0 (2016)²

- Clinical trial information from Phase 1, 2, and 3 studies
 - Peer-reviewed publications
 - Medical congress abstracts, posters, presentations
 - Medical information or medical communication departments' response letters
- Information from clinicaltrials.gov
- Pre-clinical studies
- Data on file per manufacturer's discretion
- Disease state information, e.g., disease description, epidemiology, clinical presentation, currently available therapies, clinical practice guidelines, etc.
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1. Food & Drug Administration (FDA). Drug and device manufacturer communications with payors, formulary committees, and similar entities – questions and answers: guidance for industry and review staff. June 2018; Available at: <https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm537347.pdf>. Accessed 1/31/19.

2. Academy of Managed Care Pharmacy (AMCP) *Format for Formulary Submissions*, Version 4.0. April 2016. Available at: <http://www.amcp.org/sites/default/files/2019-03/AMCP-Format-V4.pdf>. Accessed 9/12/19.

Updating *Format* Version 4.0 to 4.1

- In Q3'18, the FEC decided to update the *Format's* recommendations regarding “Dossier Information Before FDA Approval”
- The goal of *Format* Version 4.1 is to provide practical guidance on the development and communication of information about unapproved products & unapproved uses of approved products to payers and formulary decision makers

Public Call for Comments: *Format* Version 4.1

- **Comment Period May 28- June 24, 2019**

- Draft document was posted on AMCP.org
- Open call for comments sent to AMCP membership
- Targeted outreach to 50+ key stakeholders and subject matter experts
- 25 stakeholders submitted written comments
 - FDA
 - Manufacturer
 - Payer
 - Consultant
 - Academia
 - Association



Final Review and Approval

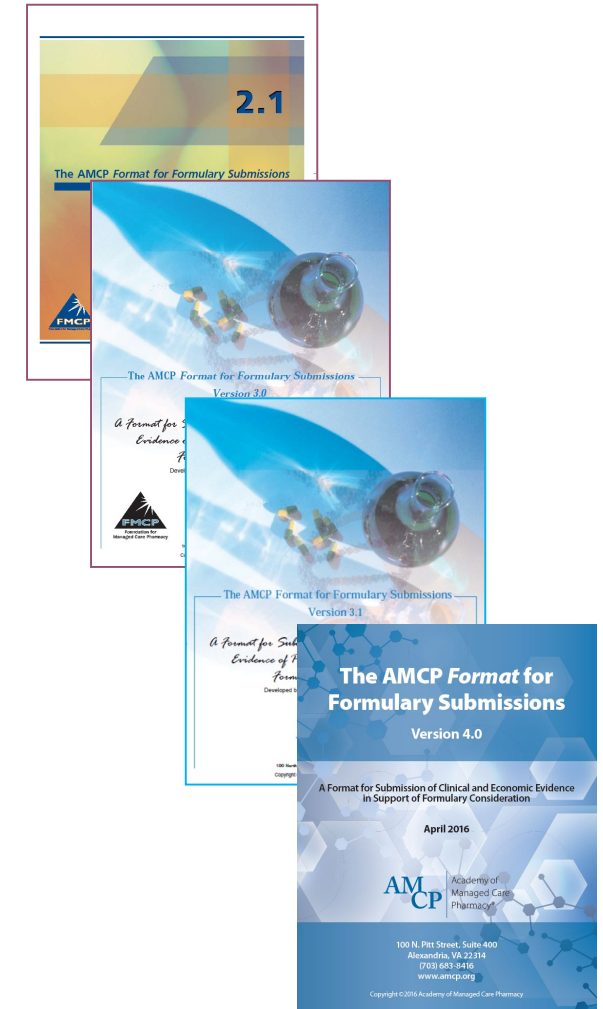
- FEC produced a final draft of the *Format* Version 4.1 (Sept 2019)
- Draft undergoing internal regulatory expert review and copy editing
- Final AMCP Board of Directors review and approval is pending
- Public release tentatively planned for AMCP Nexus Meeting

New Version of the *Format*

- 2000: AMCP *Format for Formulary Submissions* Version 1.0
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- 2013: AMCP *Format for Formulary Submissions* Version 3.1
- 2016: AMCP *Format for Formulary Submissions* Version 4.0
- 2019: **AMCP *Format for Formulary Submissions* Version 4.1**

Coming Soon!!!

Attend Session at AMCP Nexus Meeting



Pre-approval Information: A 360-Degree View of Dossiers for Payers and Manufacturers

For more information contact:

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