

PARTNERSHIP **FORUM** No.1 — 2022



High-Investment Medications

APRIL 26-27, 2022 | RENAISSANCE ARLINGTON CAPITAL VIEW HOTEL

Moderator Welcome





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AMCP Partnership Forums **Collaboration for Optimization**

AMCP Partnership Forums bring key decision makers in managed care, integrated care, the pharmaceutical industry, and others together to discuss and collaborate on tactics and strategies to drive efficiencies and outcomes in integrated care and managed care.



Partnership Forums



- Provide a voice for stakeholders
- Find common ground and gain consensus
- Identify actionable results
- Amplify to raise visibility

Goals of this Partnership Forum



- Identify stakeholder challenges associated with high-investment medications
- Explore opportunities and financial tools to address those challenges
- Discuss potential policy solutions to improve the predictability, affordability, and accessibility of high-investment treatments

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Our Faculty





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Anne Jackson, FSA, MAAA Principal Milliman, Inc

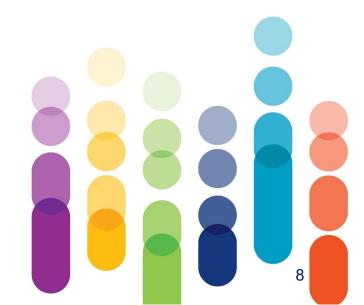
Erin Lopata, PharmD, MPH Vice President, Access Experience Team PRECISIONvalue





Agenda

- Key Background
- Forum findings
 - Stakeholder Challenges
 - Existing and Emerging Financial Tools
 - Q&A
- What's next?



Key Background



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High-Investment Medications Encompass Many New Drugs

Cell and Gene Therapy (Durable Therapies)

Oncology

Gene and Cell Therapies

- Hemophilia A & B
- Duchenne muscular dystrophy
- Sickle cell disease
- Beta thalassemia
- Choroideremia
- Mucopolysaccharidosis type IIIA
- Leber's hereditary optic neuropathy •
- Severe combined immunodeficiency
- Wiskott Aldrich syndrome
- Von Gierke disease
- Wilson's disease
- Retinitis pigmentosa
- Metachromatic leukodystrophy

- Urea cycle disorders
- Bladder cancer
- Angina pectoris
- Osteoarthritis
- Macular degeneration
- Diabetic foot ulcers
 - Aromatic l-amino acid decarboxylase deficiency
- Ichthyosis
- GM1 gangliosidosis
- GM2 gangliosidosis (Tay-Sachs & Sandhoff disease)
- Achromatopsia
- Congenital adrenal hyperplasia
- Huntington's disease

- Canavan disease
- Primary immunodeficiency
- Fanconi anemia
- Mucopolysaccharidosis I
- Mucopolysaccharidosis II
- Fabry disease
- Gaucher disease
- Cystinosis
- Phenylketonuria
- Pompe disease
- Parkinson's disease
- Melanoma
- HIV-1 infection
- Overactive bladder



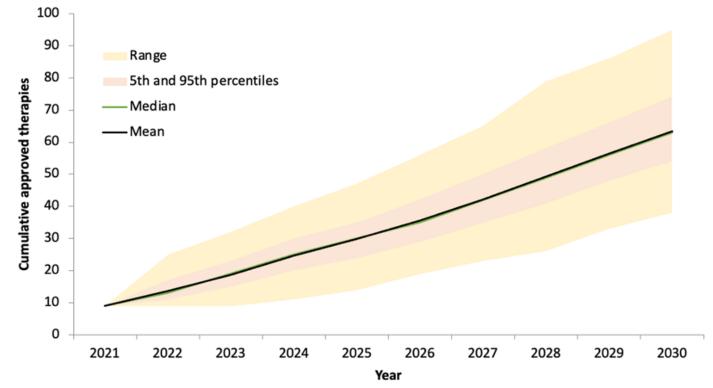
- B-Cell lymphoma
- Mantle cell lymphoma
- Non-small cell lung cancer





Avalanche of Indication Approvals Expected

 54-74 projected US cumulative product-indication approvals by end of 2030





Most Expensive Drugs in the US

Elivaldogene autotemcel	\$3,000,000	Tebentafusp-tebn	\$975,520
Betibeglogene autotemcel	\$2,700,000	Metreleptin	\$929,951
Onasemnogene abeparvove	\$2,125,000	Voretigene neparvovec- rzyl	\$850,000
Lonafarnib	\$1,073,760	Pralatrexate	\$842,585
Naxitamab-gqgk	\$1,011,882	Cerliponase alfa	\$755,898

Source: Navitus Health Solutions



Significant Affordability and Access Concerns Anticipated

- Medicaid/Children's Health Insurance Program Budget Impact Expected ~\$1-4B
 - Ultra-orphan pediatric conditions
 - Genetic disorders

Medicare Anticipated Budget Impact \$9-16B

- Oncology Medications
- Musculoskeletal
- Ophthalmological (wet AMD)

Key Challenges

Predictability

• Treatment benefits

• Costs



Accessibility

- Patient Utilization
- Equity considerations/ Centers of Excellence

Affordability

- High up-front costs
- Sustainability



Audience Polling: Which of the following is of greatest concern to your organization?

- 1. Predictability (Treatment benefits)
- 2. Predictability (Costs)
- 3. Affordability (High-up front costs)
- 4. Affordability (Timing of treatment benefits vs. costs)
- 5. Accessibility (Patient Access)

Stakeholder Prioritize Predictability, Affordability, and Accessibility in Different Ways

Stakeholders Prioritize Challenges Differently

	Predictability	Affordability	Accessibility
Patients			
Employers and Unions			
Health Systems			
Medicaid			
Medicare			
Regional commercial plans			
National commercial plans			
Pharmacy benefit managers			

Legend: Low Medium High Priority



No Single Financial Tool Will Meet All Stakeholder Needs



Multiple Tools Were Considered

Risk management approaches	Stop-loss/ Reinsurance	Orphan Reinsurer Benefit Manager	Risk-carve out
Performance- based	Outcomes- based Contracts	Warranty	Annuity-based Contract with/without outcomes
Contract negotiations	Contract Negotiation	Provider Contract Negotiation (e.g., Centers of Excellence)	Subscription

No One Model Meets All Purposes; Details Matter



	P	otential To Impact	
	Predictability	Affordability	Accessibility
Stop-loss			
Orphan reinsurer			
Risk-carve out			
Outcomes-based contracts			
Annuity with outcomes annuity			
Annuity			
Warranty			
Subscription			
Contract negotiation			
Provider contract negotiation			

Participant Rating: Low Potential to Impact, Medium Potential to Impact, High Potential to Impact *Terms/Details Matter

No One Model Meets All Purposes; Details Matter



	Strengths	Challenges
Stop-loss	 Known, Works with random high-costs events (care accidents) 	 Recurring events not covered Diminishes other value- contracting
Orphan reinsurer	 Pools risk Ability to learn about Product value Reduced administrative Burden 	Adds cost to systemLose ability to learn
Risk-carve out	 Requires carving out full condition Reduced plan/employer burden Improved cost predictability 	Potential network challengesLose ability to learn
Outcomes-based contracts	 Shared risk between manufacturer Ability to collect real-world evidence 	 Administrative burden Agreement on and ability to collect outcomes Ability to achieve outcomes may be dependent on care Patient portability challenges

Participant Rating: *Terms/Details Matter

No One Model Meets All Purposes; Details Matter Cont.



	Strengths	Challenges
Annuity	 Improved predictability Addresses high up-front costs Works when have good disease understanding 	 Nor relevant for Medicaid Patient portability challenges
Warranty	 Manages Medicaid Best Price challenges Potential for patient out-of-pocket relief 	 Requires third-party Would need a treatments with large enough population Ability to achieve outcomes may be dependent on care
Subscription	PredictablePotential for a portfolio of products	 No impact on outcomes Need sufficient understanding of condition
Contract negotiation and data management	Reduced staff time for analysis	Requires finding the right third-partyReduced analytic learning
Provider contract negotiation	 Provider differentiation Potential for improved care for rare conditions through 	Breadth of centers of excellence or networks



Uptake of New and Innovative Payment Models is Modest But Growing

Methodology and respondent demographics



- PRECISIONvalue recruited 40 respondents from a proprietary network of market access decision-makers
- Respondents had responsibility or influence for decisions related to the financing of high-investment medications. The survey consisted of 15 questions and was fielded via the Qualtrics platform between April 1 and September 12, 2022



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Stop-loss Insurance is the Favored Model for High-investment Medications among both Payers and Employers



Payers have more likely to implement financial models, and to have plans in place to implement financial models in the future

Financial models for high-investment medications (payer)

Stop-loss/reinsurance Provider contract negotiation Risk carve-out Outcomes-based rebates Contract negotiation/management Performance/outcomes-based payments Milestone-based contracts Outcomes-based annuity Annuity/amortization/installment ORBM Subscription model Warranty

65% 25% 10% 10% 10% 25% 55% 50% 10% 25% 45% 25% 15% 45% 25% 30% 40% 25% 20% 15% 35% 20% 20% 25% 30% 20% 40% 25% 20% 20% 25% 10% 45% 10% 20% 60% 30% 40% 5% 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Respondents, %

Currently use

- Plan to implement beyond 18 months
- No plans to implement

ORBM, Orphan Reinsurer and Benefit Manager n=20 payers; n=20 employers Sorted by "currently use"

Q: Does your organization currently utilize or plan to utilize any of the following financial models to support plan affordability for high-investment medications?

Plan to implement within 18 months

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Financial models for high-investment medications (employer)

Stop-loss/reinsurance500Provider contract negotiation30%Contract negotiation/management25%Outcomes-based rebates20%Risk carve-out20%Milestone-based contracts10%Annuity/amortization/installment10%Subscription model5%10%Performance/outcomes-based payments5%5%Warranty10%Outcomes-based annuity10%Outcomes-based annuity10%

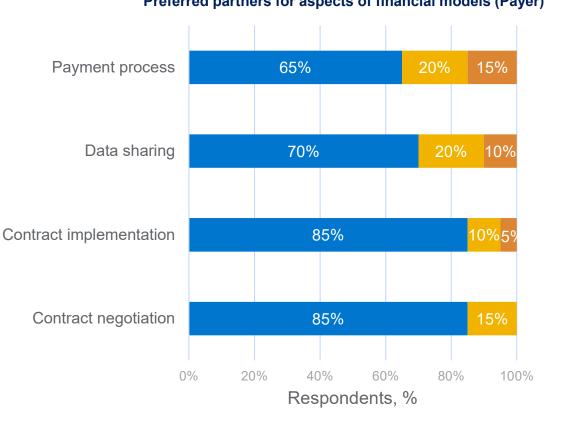
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2	5%	1	5%	15%	6		45%	6
20	%	10%	10%			60	%	
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10%	15%	6 10	%			65%	/ 0	
10%	2	.5%				65%	/ 0	
10%	10%	20	%			60	%	
<mark>5%</mark> 10	%				85	5%		
5% <mark>5</mark> %	6	35%	6			5	5%	
10%	10%				8	80%		
10%	20	%				70%		

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Respondents, %

Both Payers and Employers Primarily Rely on Existing Partnerships to Execute Financial Models, but Employers are More Likely to Bring in a Third-party



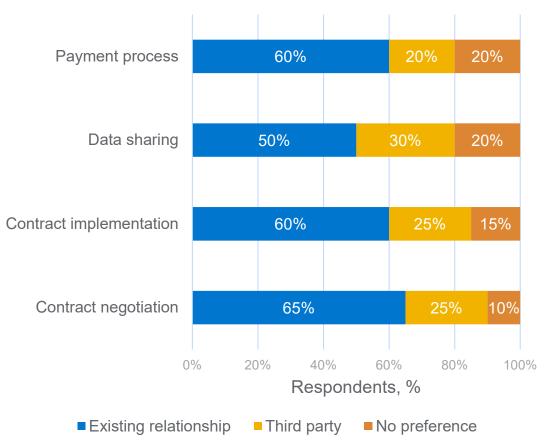


Third party

Existing relationship

Preferred partners for aspects of financial models (Payer)

Preferred partners for aspects of financial models (Employer)



n=20 payers; n=20 employers Q: As it relates to arrangements for financial models for high-investment medications, do you have a preference related to the entity you engage with for contract negotiation?

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No preference



Multiple Policy Levers Were Considered

DATA, Enhancement, Streamlining and Exchange

Patient incentives for disease registries Regulations to enable state pilots

High-investment medication reinsurance after catastrophic

National Highinvestment medication benefit

Highinvestment medication risk pools Patient portability credits Mandatory valuebased contracts for drugs above a \$ threshold

Additional Takeaways



Incremental changes needed now to prepare for the future impact

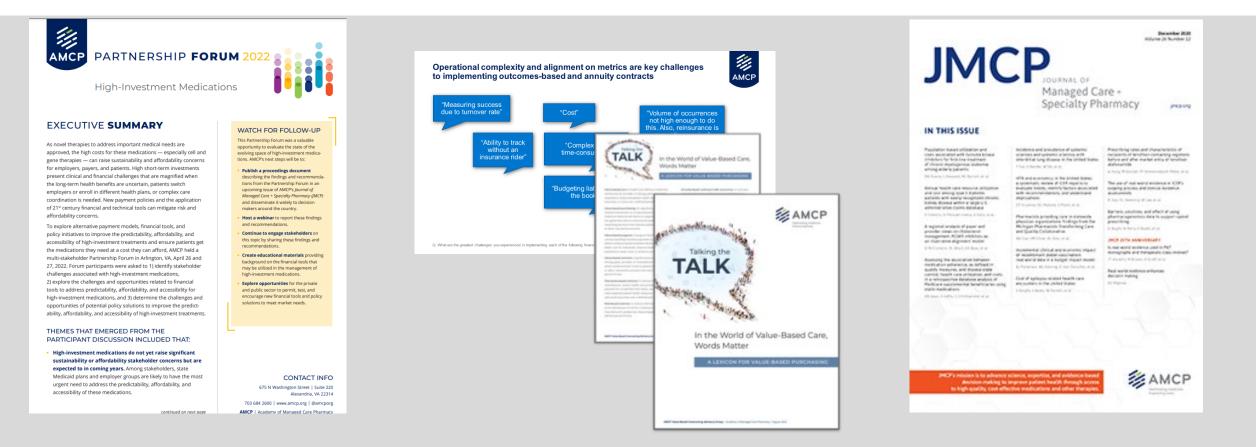
- Standardize terminology and education to provide awareness of new financial models and potential policy solutions
- Facilitate partnering and innovation across stakeholders

What's Next?



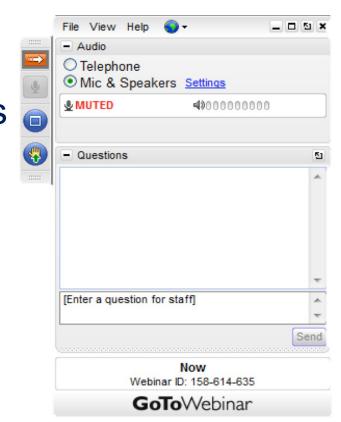
Next Steps





Key forum takeaways

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- High-investment medications will raise sustainability and affordability concerns
- Stakeholders prioritize needs differently
- Uptake of new and innovative payment models is modest but growing
- No one tool meets all needs
- Incremental changes needed now
- Enhance the collection, sharing and use of data
- Standardize terminology and education
- Partnership and innovation across stakeholders is needed



Mission To improve patient health by ensuring access to high-quality, cost-effective medications and other therapies.