



**2019 HEALTH**  
MEETING

JUNE 24-26 | PHOENIX, AZ



## **Session 126, Measuring the Impact of Emerging Health Technologies**

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## SOA Health Meeting June 2019

# In the News: Drug Headlines

“  
**The average prices**  
 of the **top 12 selling drugs**  
 in the U.S. have increased  
**by 68% since 2012.**”

[I-MAK, 08/2018]



Total annual drug spend is projected to be \$640B in 2020, almost doubling since 2010.



Source: IMS Institute for Healthcare Informatics, Medicines Use and Spending in the U.S. Report, May 2017.

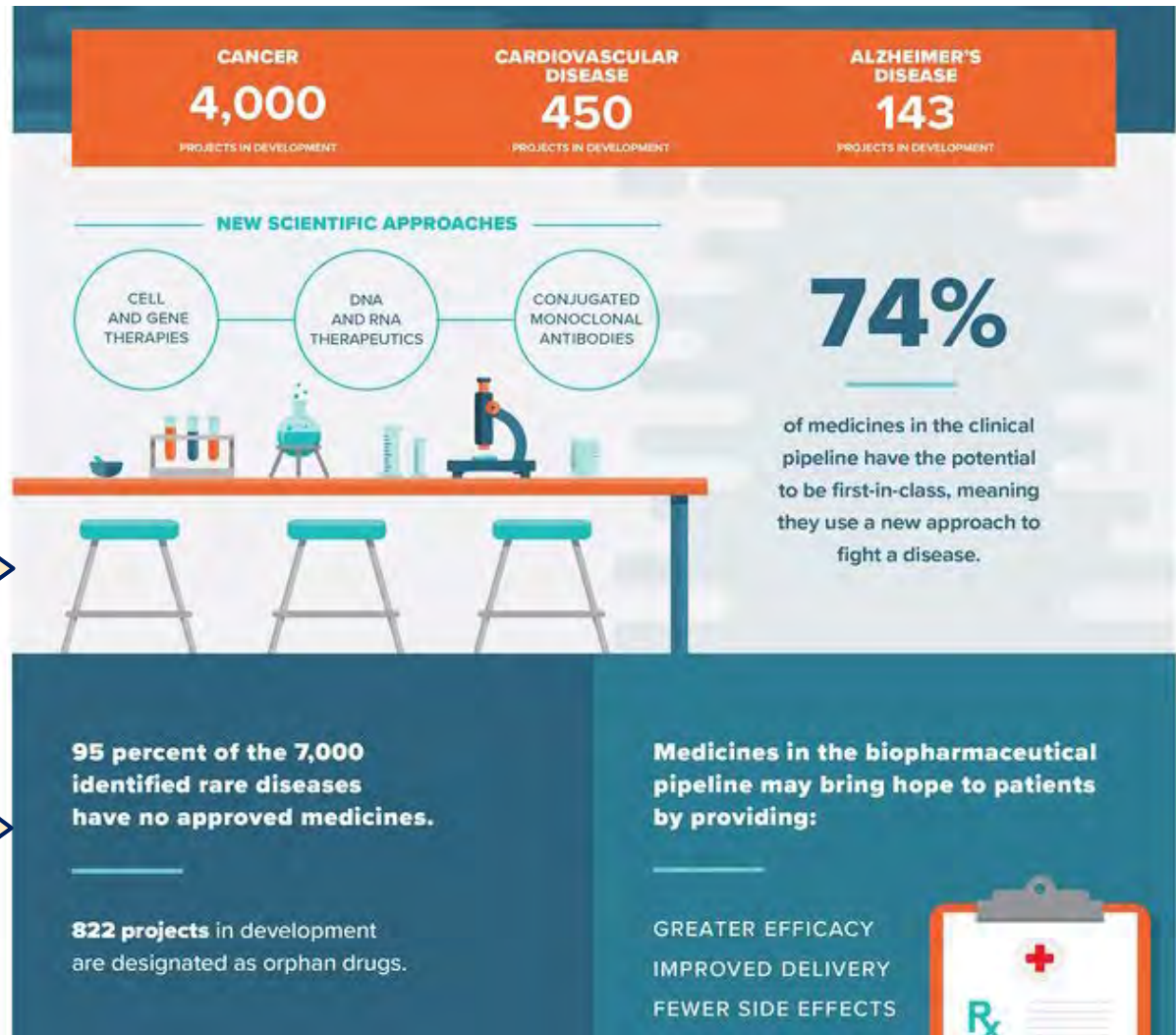
SOURCES: <https://www.scoopnest.com/user/RepCohen/1093551210647425026-1-3-of-the-top-12-selling-drugs-had-price-spikes-of-over-100-since-2012-163-lyrica-155-enbrel-114-humira-144-lantus-its-time-to-stand-up-to-and-put-patients-over-profits/>, <https://www.barrons.com/articles/gene-therapy-is-nearing-a-major-breakthrough-1506140340>, <https://bcbstnews.com/insights/rising-drug-costs-are-taking-more-of-every-health-care-dollar/>

# Health Technology Landscape

Over 7,000 health technologies are in development

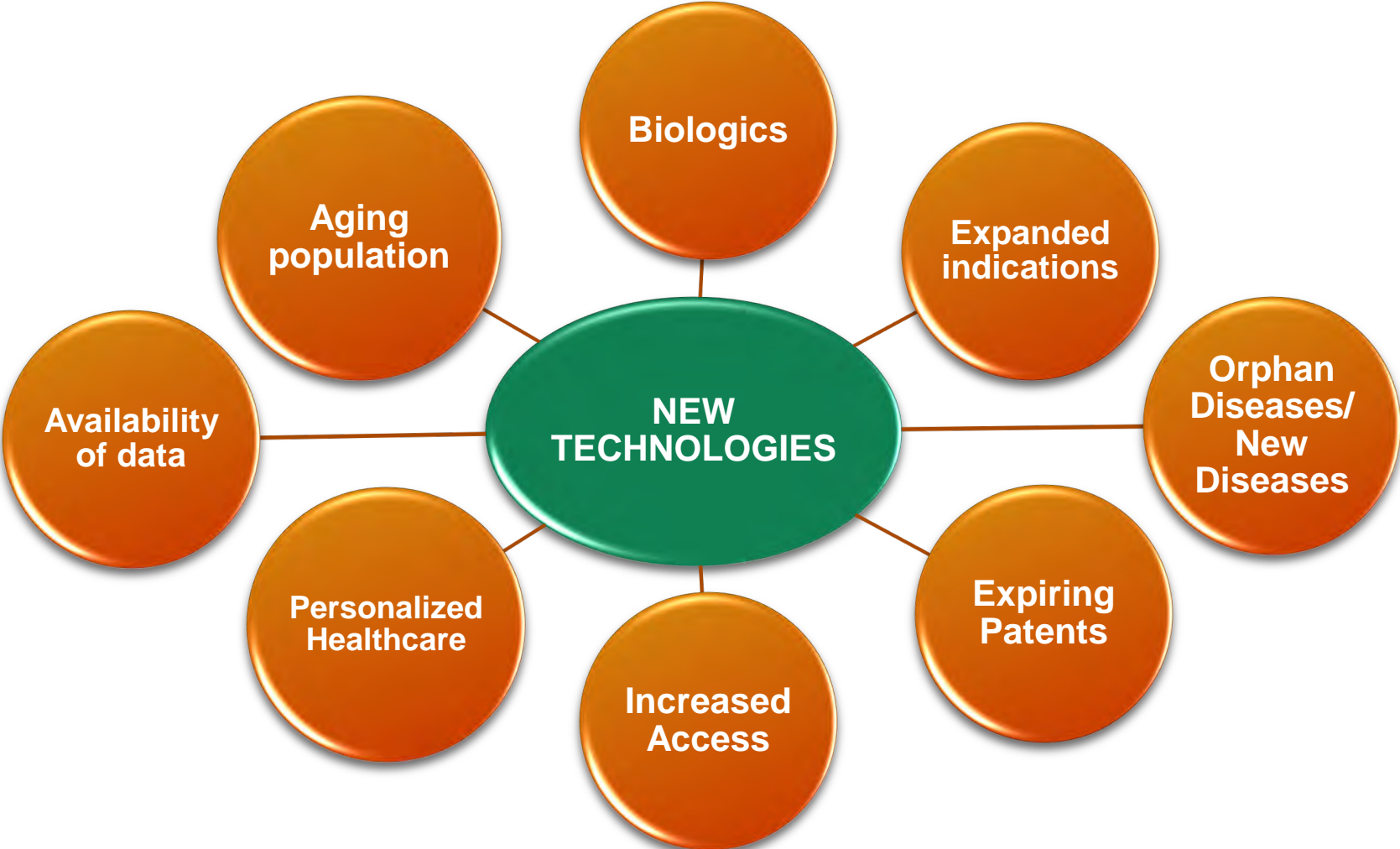
U.S.-based biopharmaceutical companies invested nearly \$90 billion in R&D in 2016.

By 2020, 9 of the 10 top-selling drugs will be specialty drugs and account for 50% of drug spend.



SOURCES: <https://www.phrma.org/graphic/what-is-in-the-biopharmaceutical-pipeline>, <https://www.phrma.org/industryprofile/2018/>, <https://www.covermyeds.com/main/insights/scorecard/specialty>

# What Drives the Development of New Therapies?



# New Therapies Result In...

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## **Increases in Utilization**

- Result of new technologies
- Overutilization
- Need for additional drugs due to non-adherence



## **Increases in the Cost of Drugs**

- New brand drugs are often introduced at prices higher than the current drugs they aim to replace
- Specialty drugs comprise the fastest growing category
- Exclusivity periods



## **Changes in Drug Mix**

- Shift to more costly drugs



**Proactive pipeline monitoring is the key to anticipating the impact of new drugs**

# Optum Health Technology Pipeline (HTP): Overview

Created in 2003 to track potential “blockbuster” technologies expected to receive FDA approval within 18-24 months

Used by major healthcare payers and pharmaceutical manufacturers in the U.S. to support various activities

- Trend forecasting, pricing
- Medical technology assessment, medical policy, reimbursement policy
- Management strategy, tier placement

One of the few available tools that provide estimated, unbiased per-member-per-month (PMPM) financial analyses of new technologies **before** they enter to market

Categories of Selected Technologies include:

- New Medications
- New Medical Devices
- New Drug/Device Combinations
- New Cell, Gene, and Stem Cell Therapies
- New Screening, Diagnostic, and Pharmacogenomic Tests
- New and Revised Clinical and Treatment Guidelines
- Brand-to-Generic, Brand-to-OTC, and Brand-to-Biosimilar Switches

# The HTP Team

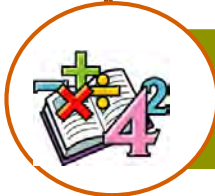
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**Writing and editing:** Clinically-trained writers, peer reviewers



**Modeling:** Health economists, biostatisticians, actuaries, MPHs, clinical staff



**Actuarial:** Certified ASA and FSA modelers, peer reviewers



**Clinical:** Medical and pharmacy directors



**Certified Coding:** Health information management specialists



# The HTP Process

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## Technology Identification

Horizon Scanning: FDA resources, journal subscriptions, meetings with Rx companies, newsletters, press releases, professional association websites, manufacturer websites, government websites (eg, CDC, NIH, clinicaltrials.gov)

## Research and Clinical Information

- Extensive use of primary references
- Peer review by clinical experts

## Data Analysis and Research for Modeling Assumptions

Reconciliation between external and internal data sources  
Assumption-setting by clinical and actuarial staff

## Projection Modeling and Customization

- View from both Private Payer and Medicare perspectives
- Peer review by actuarial staff

# What is Horizon Scanning?

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- **Horizon scanning aims to identify emerging medical technologies that are expected to have a significant clinical and economic impact**

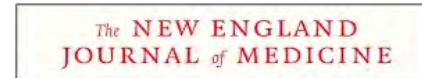
# Factors Influencing Clinical and Economic Impact

- **Size of the target population**
- **Availability of current treatments for a given condition**
- **Safety and efficacy compared to current treatments**
- **Mechanism of action**
- **Formulation and route of administration**
- **Cost of drug, administration, and testing**
- **Number of indications**
- **Site-of-service**
- **Buzz/hype - Media/public interest**



# Horizon Scanning Sources

- FDA resources
- Manufacturer websites
- Clinical trial websites
- Government websites
- Newsletters
- Meetings with Rx manufacturers
- Professional association websites
- Clinical experts
- Press releases
- National Center for Biotechnology Information



# Challenges in Horizon Scanning

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**Conflicting Information**

**Identifying Eligible Population**

**Unknown Costs**



**Regulatory Delays**

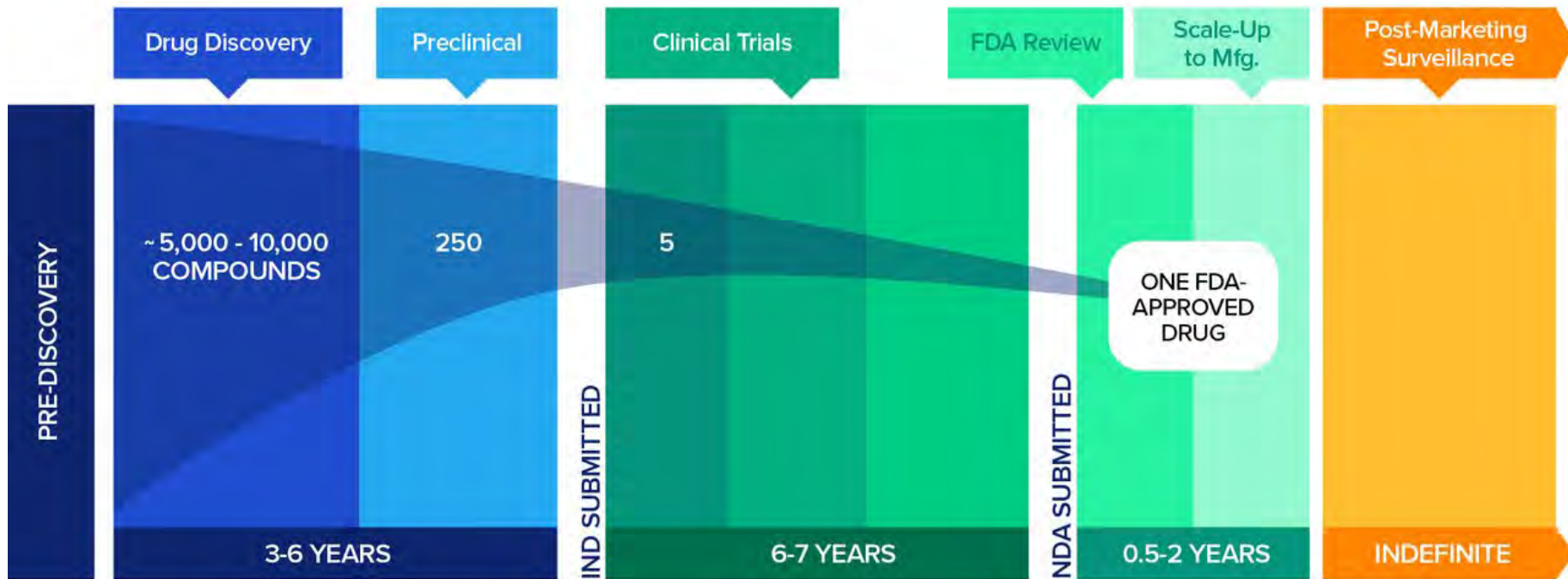
**Different approved Indication**

**Confidentiality issues**

**Uptake/Grade-In**

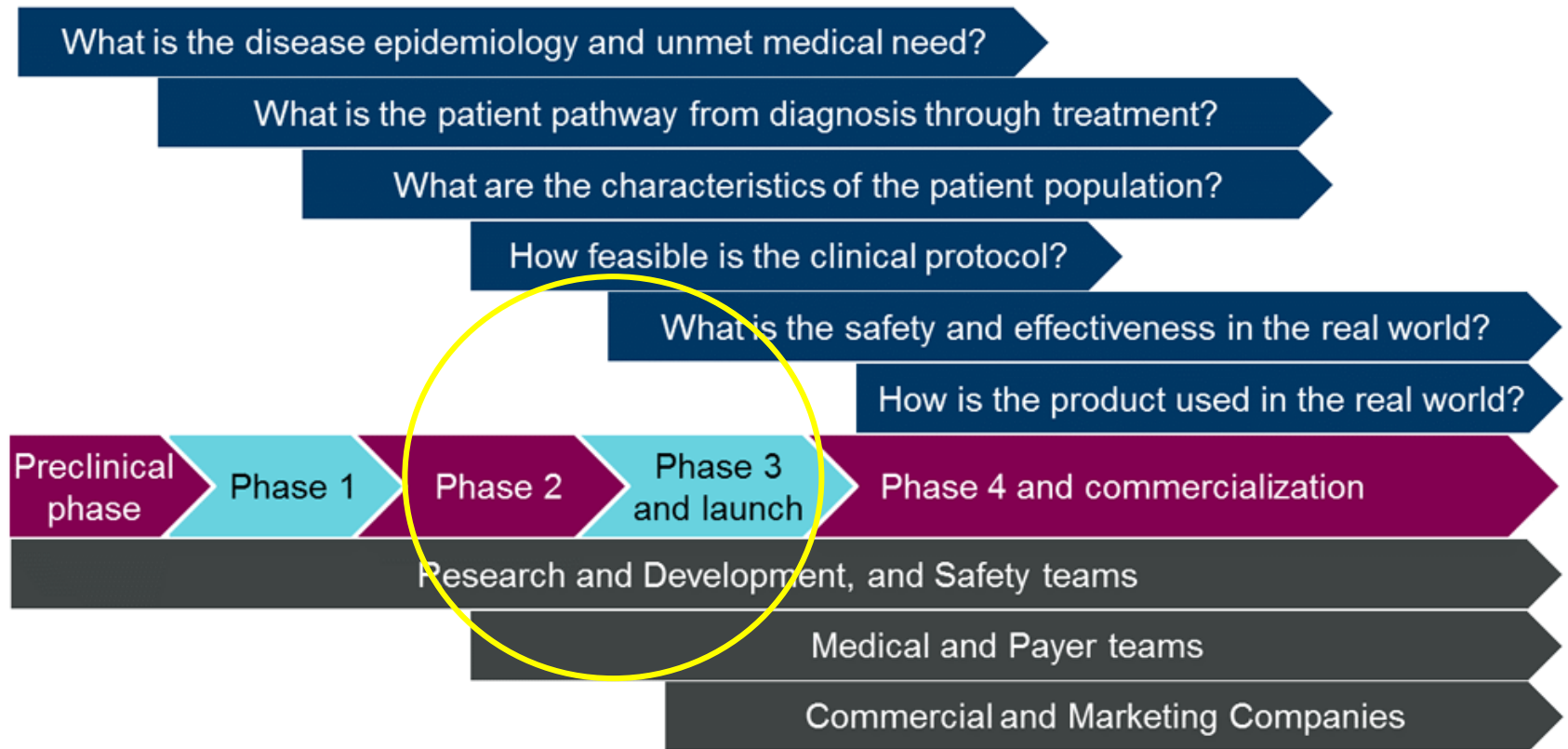
# Drug Development and FDA Approval

Developing a New Medicine Takes 10-15 Years



SOURCE: Pharmaceutical Research and Manufacturers of America, Drug Discovery and Development: Understanding the R&D Process, [www.innovation.org](http://www.innovation.org).

# Modeling Considerations



# Technologies Included in HTP



## Inclusion Criteria

- Novel mechanism of action/first-in-class technology
- Game-changing technology for diseases with few, if any, effective interventions
- New treatment for a large patient population
- Improvement over standard-of-care or available therapies
- High expected cost
- New/potentially-new indication(s) for an existing medication
- New or expanded screening or treatment guidelines for a given condition
- Potential to reduce costs
- Recognized by the FDA as constituting an important therapeutic advance





# Technologies Excluded from HTP

## Exclusion Criteria

- Agents with a very small affected population that would not appreciably impact PMPMs
- Technologies which would have a minimal PMPM impact due to having a price/expected price similar to that of currently-available devices and drugs
- Marketplace entry of a technology in a class that is no longer considered disruptive
- Complete conversion from one technology to another (no significant PMPM change)
- Technologies unlikely to receive health plan coverage



# Clinical Content

## Snapshot Articles

- Include epidemiological statistics, clinical information, trial results, and references
- Discuss pipeline technologies' competitive environments
- Updated frequently with information on regulatory developments, indications, prescribing information, and launch dates



## Operational Impact Articles

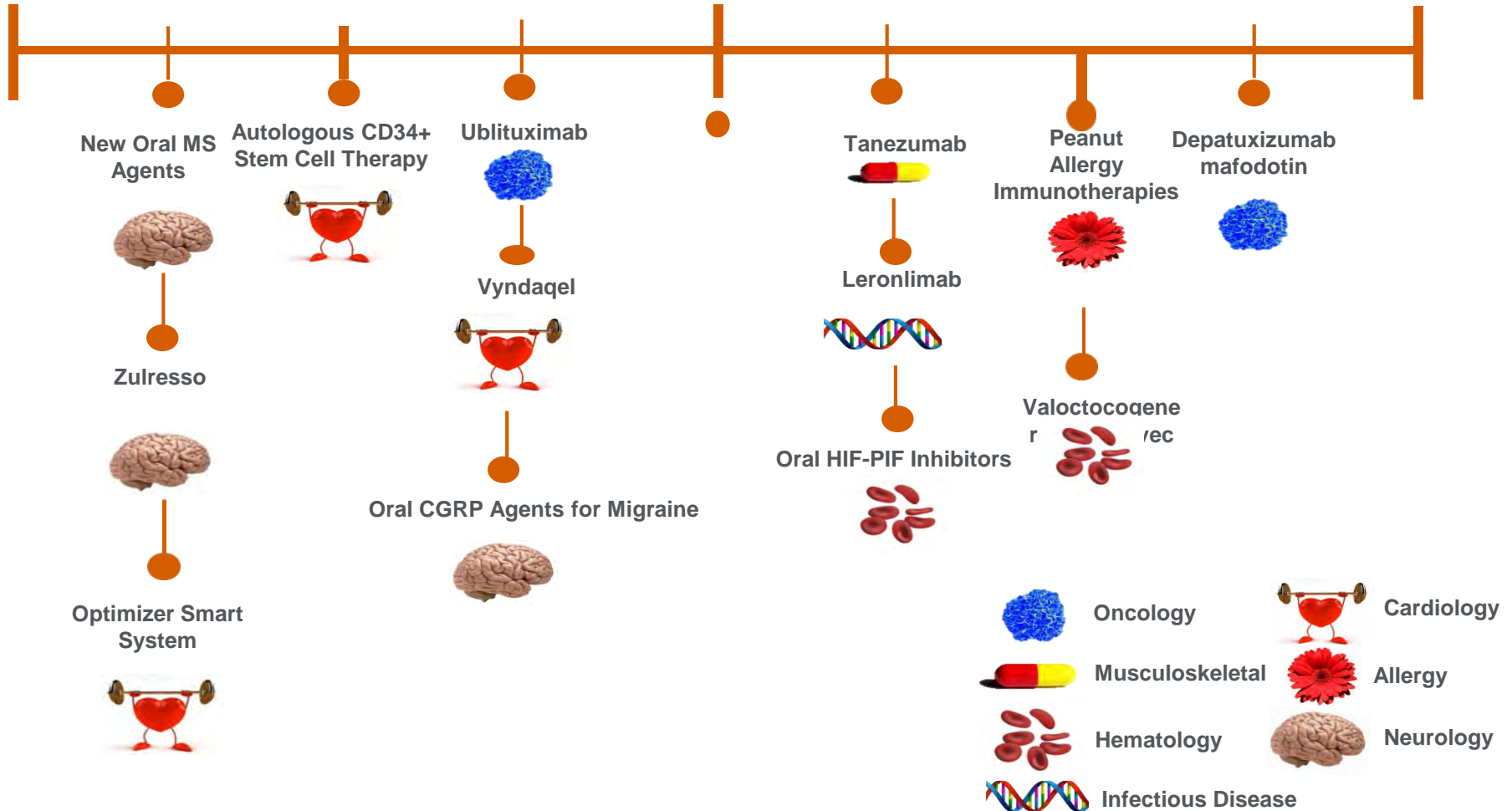
- Provide coding and administration guidance for complex HTP technologies
- Intended for use during the uncertain period between product approval and the assignment of permanent codes
- Contain best practices, expected practice descriptions, and coding scenarios

# What is on the horizon?

2019

2020

2021



# Actuarial Models



## Quarterly PMPM Forecasts

- By line-of-business (LOB), technology type, therapeutic class, and disease category
- Based on economic assumptions

## New Models

- Approved by independent peer reviewers

## Revised Models

- Updated with new information on approvals, regulatory changes, clinical trial results, cost information, and patent litigation

PHOTO: <https://www.pexels.com/@breakingpic>

# Modeling Assumptions

## Model Questions

Informed by Medical Director and Clinical Pharmacist expertise

1. Medical vs. Pharmacy Impact
2. Population Assumptions
3. Direct Costs
4. Offsetting Costs
5. Launch Date
6. Grade-In
7. Adoption Rate



## Data

- Medical and Pharmacy administrative claims and membership data
- Over 18 million covered lives
- Externally-published statistics

# Modeling Assumptions: Medical vs. Rx Impact

## Model Type

- Drug, Device, Test, Biosimilar, Generic
- IP/OP/PHY/Rx



## Medical vs. Pharmacy Impact

- Medical Impact
  - Intravenous or intramuscular injections
  - Subcutaneous injections administered in a health setting
  - Devices, procedures, and screening tests
  - Gene, cell, and stem cell therapies
- Pharmacy Impact
  - Pharmacy-provided prescriptions
  - Subcutaneous injections that can be self-administered
- Combination of Medical and Pharmacy inputs

# Modeling Assumptions: Population

## Eligible Population

Pull one year of “annual prevalence” data using:

- LOB
- Diagnosis Codes
- HCPCS, J codes
- NDCs, AHFS class
- Exclusions

Expand to national level

## Utilization

### Election Rate

- Range of 20-30% - crowded market or less acute condition
- Middle range: 40-60% - other treatment options, expensive treatment
- High range: 70-80% - no other options, low survival rate or devastating disease

### Adherence Rates



# Modeling Assumptions: Costs

## Direct Costs

- Factors that impact direct costs
  - Competition
  - First-to-market advantage
  - Professional and facility fees
  - Length of treatment course
  - Route of administration
  - Treatment efficacy
- Cost estimates use:
  - Currently-approved treatments with similar mechanisms of action (if available)
  - Dosing information
  - Sales projections



## Offsetting Costs

- Foregone costs of currently-available treatments
- Factors that impact offsetting costs
  - Add-on therapy vs. replacement therapy
  - Professional and facility fees



# Modeling Assumptions: Timeline

## Expected Date of First Impact

- FDA approval date
  - Standard FDA review
  - Breakthrough Designation
  - Fast-Track Status
  - Priority Review = ~ 6 months
- Guideline implementation date
- Patent litigation/Generic market entry

## Grade-In Period

- Varies for Rx vs. Medical vs. Devices; Brand vs. Generic or Biosimilar
  - Device/Test = ~4-5 years
  - Drug = ~2-4 years
- Linear grade-in vs. Normal grade-in



# Value of Pipeline Analysis

Enables U.S. payers and pharmaceutical manufacturers to proactively manage various activities:

Trend  
Forecasting

Medical  
Technology  
Assessment

Management  
Strategy

Medical Policy  
Development



# Related Applications of the HTP Process

Some employers offer supplemental medical benefits to employees for care that is not covered by traditional medical benefits. These benefits help retain existing talent and attract new talent in competitive markets.



We are currently partnered with one client to identify new benefit recommendations for their supplemental medical to make sure they can offer the latest and greatest medical innovations. In order to accomplish this, we perform horizon scanning and develop cost and utilization projections based on their employee population.

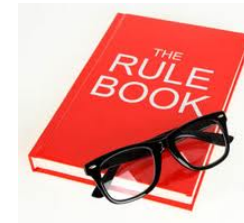
New benefits can be things just hitting the market that the traditional medical policy is not likely to cover or may be items added after benefit managers have noted interest by the plan members. Frequently, we are asked to provide quick turnaround opinions on items that are making headlines.



# Additional Considerations For Benefits

The fundamentals of the HTP process are leveraged and additional considerations are made when modeling the expected benefit costs for many new supplemental benefits. For example, coverage for a promising but not yet fully proven surgery that is not covered by traditional medical benefits is likely to have:

- Strict eligibility rules that prevent patients from receiving the procedure



- Limited rates of election because other treatments will likely be selected first and patients may be more weary of new treatments



- Low geographic dispersion because fewer providers that not everyone will have access to it because it's new



- Low utilization driven by limited benefit awareness

