

# **Toolkit:** Monitor Payer Messaging Perception

# Why it matters to you

Understanding the full payer landscape is crucial to developing your brand strategy and improving patient access. You need actionable insights that you can trust to guide your decision-making and optimize your resources. What if you could monitor and elevate your message strategy with direct insight from the payers you care about most? What if you could be the first to know key competitor contracting changes?

> LOOK INSIDE TO SEE HOW TO MONITOR PAYER MESSAGING

# 5 ways to optimize your message strategy and drive sales

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#### Understand messaging themes across your therapeutic area and uncover differentiation

### **Formulary Management**

"Discussion regarding the use of Biosimilars in the treatment paradigm for febrile neutropenia in oncology patients, specifically the role of Fulphila. Discussion regarding **formulary management** and **potential exception process**."

**Payer Thoughts:** "Overall, messaging is supportive of the biosimilar landscape and the transition away from higher cost originator products, however, **formulary coverage is exclusive** in terms of current product lines until the next P&T review." **STEP 1**: Determine how you will

**capture** the content of the meetings your reps and competitors' reps are having with payers





STEP 2: Bucket messaging

**themes** (such as cost and dosing) to understand the factors that your competitors are focusing on.

**STEP 3: Review opportunities** to provide unique, tailored solutions to payers.



STEP 4: Prioritize areas of differentiation and develop strategy based on what

resonates with payers most.

Evaluate payer perceptions of your messaging and value proposition

**STEP 1: Obtain honest feedback** from payers to understand overall message deliverability, message credibility and message relevancy for the themes that matter most for your brand.

**STEP 2: Optimize for timely capture** and fresh message data to learn and react as close to real-time as possible.

**STEP 3: Bolster inline messaging strategy and tailor messaging** to maximize payer reception.

**STEP 4: Adjust messaging** based on direct feedback. Monitor frequently.

**STEP 5: Enhance brand messaging** through aided messaging and follow up interactions with key payer decision makers.

## Reimbursement

"We discussed our utilization for Herceptin and our **eagerness to convert to their biosimilar** once approved. They were trying to better understand our margin for Herceptin, which is currently negative at -0.6%. They also were interested in our average utilization of Herceptin which is around 60 claims per month."

**Payer Thoughts:** "Our organization would be **extremely eager** to prefer the Sandoz biosimilar. Currently payors are **reimbursing at extremely low rates** which causes a loss to our specialty pharmacy. Our average biosimilar margin ranges from 14-17%, depending on class of the medication."

#### Be the first to know when your competitor may begin to contract with key payers

**STEP 1: Track** competitive messaging **and counter accordingly**.

**STEP 2: Realize key areas of opportunity** when it comes to competitive contracting with your target payers.

**STEP 3: Develop and alter call lists** based on competitor activity.

**STEP 4: Exploit competitor mishaps** and allocate resources based on specific payer needs and requests.

## **Cost Savings**

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"Zarxio is currently **preferred on a specialty pharmacy dispensing level** and our medical benefit. Sandoz was interested to see our **utilization** on the specialty pharmacy level (10 prescriptions per month). They were also interested to see our yearly spend on the medical benefit (\$37,000)."

**Payer Thoughts:** "We would like to **continue to dispense and prefer** Zarxio from a specialty pharmacy and medical benefit perspective. Our **margins are high** when we dispense the product (16%). Our **cost savings are substantial** when Zarxio is utilized on the medical benefit compared to Neupogen."

### Rebates

"Account Manager showed **new terms** and rates for Ziextenzo and Zarxio as the current contract is expiring. These **new** rates will be lower for Ziextenzo. AM explained that due to the significant ASP drop over the past year and more, the total cost of Ziextenzo continues to drop making the current rebate unsustainable for Sandoz. AM sent the new document over after this meeting for our review and redlines."

**Payer Thoughts:** "This contract is expiring soon and we knew there would be new rates, especially on Ziextenzo where we believe we had excellent rates. So this lowering of rates for the long acting **was not unexpected**. We will need to review if this will lead to any changes in the class where Zlextenzo is currently the sole long acting filgrastim."

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AVOID Making assumptions. Avoid decision-making without unbiased payer messages

**AVOID** Missing opportunities to ask questions to better understand payer perceptions



# About MMIT

MMIT is a product, solutions and advisory company that brings transparency to pharmacy and medical benefit information. MMIT partners with PBMs, payers and pharmaceutical manufacturers from P&T to point of care. We analyze market access trends and market readiness issues, while providing brand and market access solutions to navigate today's rapidly changing healthcare market.

Our team of experts focuses on pharmaceuticals, business drivers, market intelligence and promotional behavior. Our products and services support brands approaching launch, commercialization efforts, pre-P&T market planning, launch strategy and readiness. We partner with hundreds of payers and manufacturers ensuring that our products continually capture and analyze formulary coverage and restriction criteria for more than 98% of all covered lives.

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