The questions were geared to the preparation methods, time investments, and concerns of creating a dossier or preparation methods of AMCP dossier submissions in 2010. The surveys were available for two weeks from January 17, 2011 through January 31, 2011. Previous studies focused on formulary inclusion, dossier quality, organizational burden, and impact of formulary decisions. Since 2006, the Academy of Managed Care Pharmacy (AMCP) has updated the format for submission of formulary dossiers to health plans. The latest version of the AMCP Format was released in 2007. Due to the anonymous nature of these surveys, it was possible for more than one respondent to be included from the same payers.

The majority of payers found the clinical evidence more valuable than the economic evidence, which makes sense in light of the recent literature on the importance of clinical evidence in payer formulary decisions. A recent article in J Manag Care Pharm states that more than 60% of payers ranked clinical information as being “valuable” or “important” for their formulary listing decisions, while economic information was ranked only “somewhat valuable” or “valuable,” but those studies were only “sometimes included” or “not usually included” by manufacturers. Half of the payers (n=6) considered unpublished trials for labeled indications as only “somewhat valuable” or “valuable,” but those studies were only “sometimes included” or “not usually included” by manufacturers. 2.25 and were “always included” in dossiers by all 13 manufacturers.

Half of all respondents ranked the economic evidence as being valuable, but the economic evidence was not always included in dossiers. Markov (cohort) models were considered the most valued technique among manufacturers (67%, 4/6). Eight payers valued decision trees the most, as opposed to only 33% (2/6) of manufacturers. The implementation of models in spreadsheet software is used to enhance transparency and support an evidence-based decision-making process. Economic value and model reports can be manipulated by different considerations and assumptions given. Clinical evidence does not change. Economic value and model reports can be manipulated by different considerations and assumptions given. This study was the first of its kind and took an in-depth approach to assess decision value, though a much-needed area was overlooked.

The results from both the payer and manufacturer survey provided valuable insights. In particular, these data can be used to identify whether current dossier preparation methods meet the needs of payers. Payers may benefit by working closely with individual payers to develop customized dossiers that are in line with the specific areas of value to each payer. Manufacturers may benefit by working closely with individual payers to develop customized dossiers that are in line with the specific areas of value to each payer. Medical Information, Medical Affairs, and Outcomes Research departments can use this data to develop a better understanding of what information is valued by payers, and how manufacturers can best present their data to support formulary listing in US health plans and pharmacy benefit management plans.

The results from this survey are an important step towards understanding how payers and manufacturers can best work together to develop dossiers that are in line with the specific areas of value to each payer. This study will be an important resource for manufacturers, payers, and clinical and economic researchers to develop dossiers that are in line with the specific areas of value to each payer. Medical Information, Medical Affairs, and Outcomes Research departments can use this data to develop a better understanding of what information is valued by payers, and how manufacturers can best present their data to support formulary listing in US health plans and pharmacy benefit management plans.