

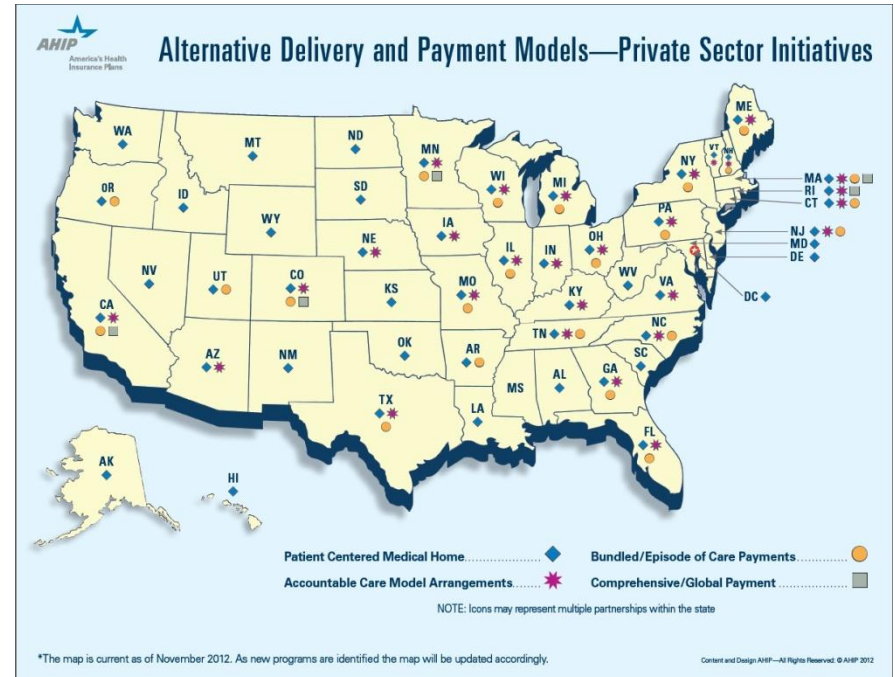
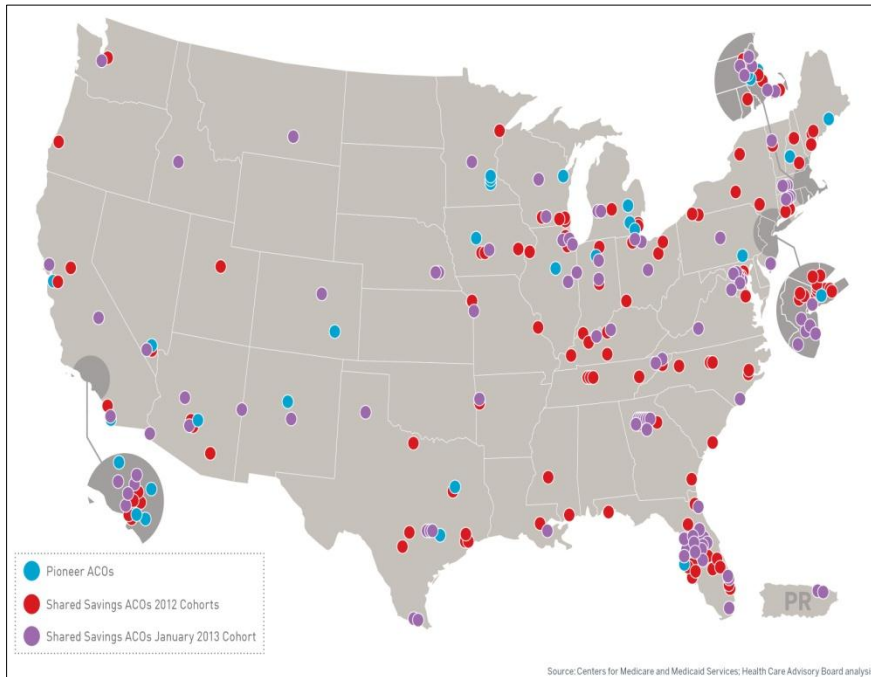
Establishing Medical Policies for Drugs and Biologics: What Will ACOs Do Differently and How Will Manufacturers Respond?

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Pharma's Dilemma....



Transformative change is already underway



- Start-up ACOs are investing on average \$500M in IT Infrastructure
 - Clinical decision support, revenue cycle management, health information exchange, electronic, health record systems, e-prescribing, data center solutions, business intelligence, and care coordination management.

In a very short time, these organizations will know more about how our products perform in the real world than we will

What will be the impact to Pharma?

The glass of water is half empty

- Products administered in the physician's office that have an oral competitor
- Drugs without H2H data
- Branded products with generic competitors
- Products without an economic value story

The glass of water is half full

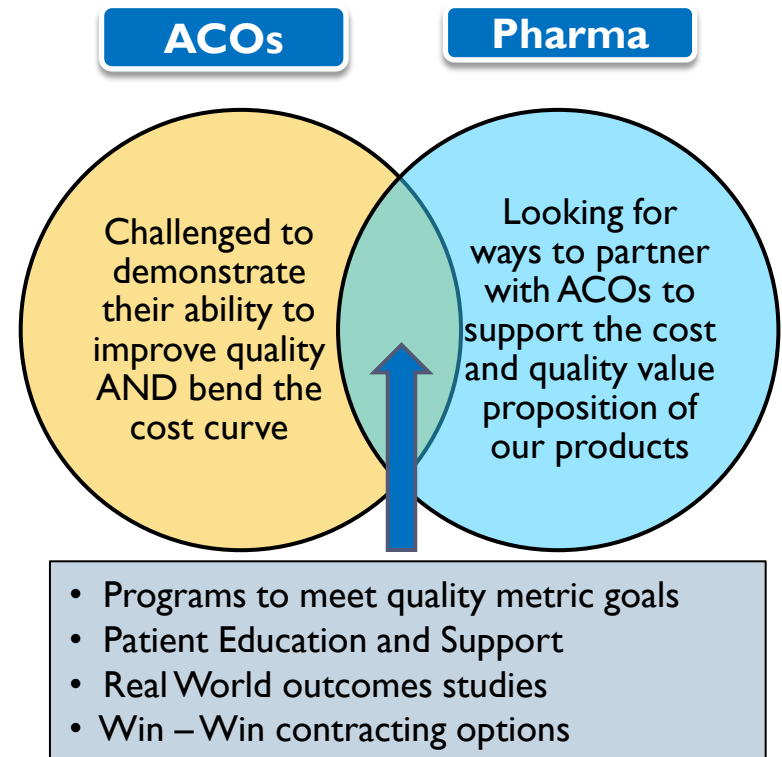
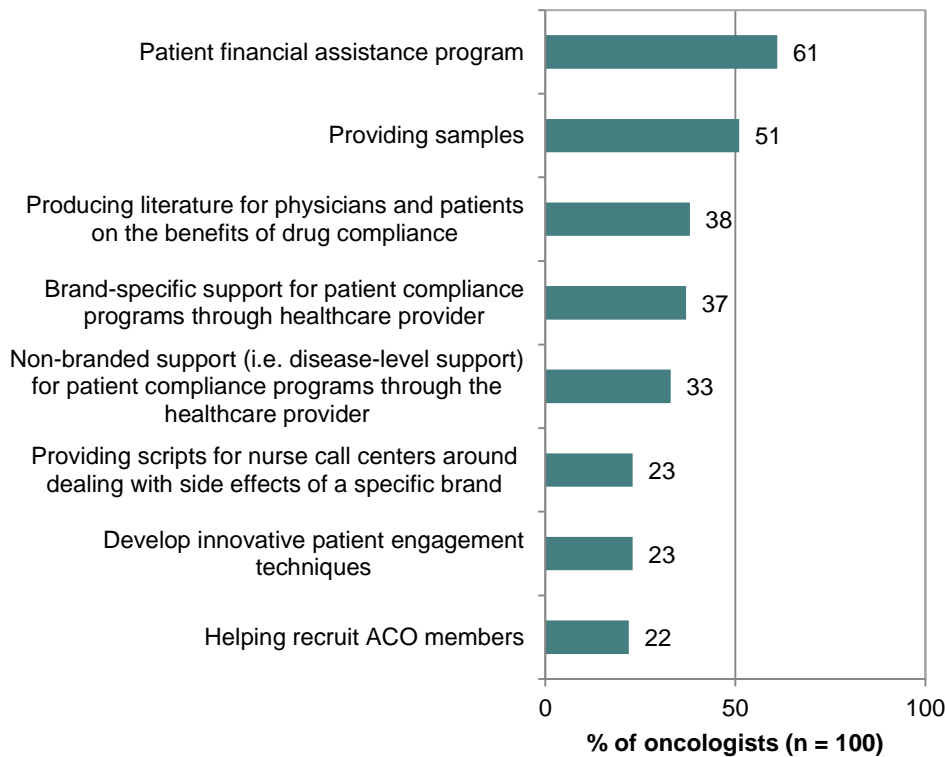
- Drugs that reduce ER visits, hospitalizations
- Part D drugs that compete with Part A/B options
- Vaccines and other drugs with preventative benefit
- Personalized Medicine therapies

Drug Development will be impacted as well

- Subpopulation data will become more critical
- Trial endpoints will need to be aligned with financial and quality metrics
- CER no longer a "nice-to-have"
- Real World data (i.e., 'outcomes') will drive decision making

Alignment Opportunities

As physician groups begin creating ACO-type organizations, how can the pharmaceutical industry partner with clinician groups to make ACOs work?



Follow the Money....



- ▶ Will Payers still need to have PAs, step edits?
- ▶ Why would Pharma offer the payer a rebate anymore?
- ▶ Who are the decision makers at ACOs?
- ▶ Will Coverage with Evidence Development be the new norm?

Pricing and Contracting will become increasingly fragmented, requiring new roles, skills and ways in which we think about our business