# Payer Decision Making

## *Community Congress DUR and P&T Wishlist*

|  **Transparency/Timeliness** |  **Patient/Advocate/Expert Participation** |  **Policy/Access** |
|---|---|---|
| • Public notice of meeting at least 30-days or consistent with State Open Meetings law, whichever is greater.<br>• Agenda including name of drugs being reviewed and speaking sign-up posted at least 14 days prior to scheduled meeting.<br>• Allow applications for speakers once agenda is posted.<br>• If coverage policy/criteria changes are proposed, those proposed changes are also posted.<br>• All methodologies for value assessments or other pricing determinations including those of the "underlying health economics considerations" should rely on multiple sources and become public within at least 30-days prior to the meeting or consistent with the State Open Meetings law.<br>• States require their Managed Care Organizations to publish their DUR/P&T meeting information and public coverage policies. | • Acceptance of written and oral testimony from patients and caregivers.<br>• Accessible meeting format for everyone.<br>• Virtual meeting attendance options continue to be available post-pandemic.<br>• Uniform processes across Medicaid agencies (i.e., meeting announcements, speaker policies).<br>• In states where there is an RDAC or a specialized utilization board, make use of that expertise in clinical reviews of rare disease or condition products. Alternatively, rare patient and specialist empaneled in committee.<br>• State programs perform outreach to advocacy organizations to identify rare disease expertise in each state.<br>• Committee consultation with specialist experienced in the treatment of applicable rare disease.<br>• Testimony is given prior to vote. | • Prior authorization policy criteria/proposed criteria available publicly and easily accessible.<br>• Require all newly approved drugs for rare disease to be reviewed at the next medical coverage review meeting unless FDA approval becomes public less than 30 days prior to the meeting; require medical coverage review meetings to be conducted at least quarterly.<br>• Prohibit the sole use of QALYs to inform Medicaid coverage decisions or the use of such data points as part of coverage review discussions.<br>• Products approved under the Accelerated Approval Pathway are no longer considered experimental.<br>• Address coverage gaps upon FDA approval and any significant delays. |