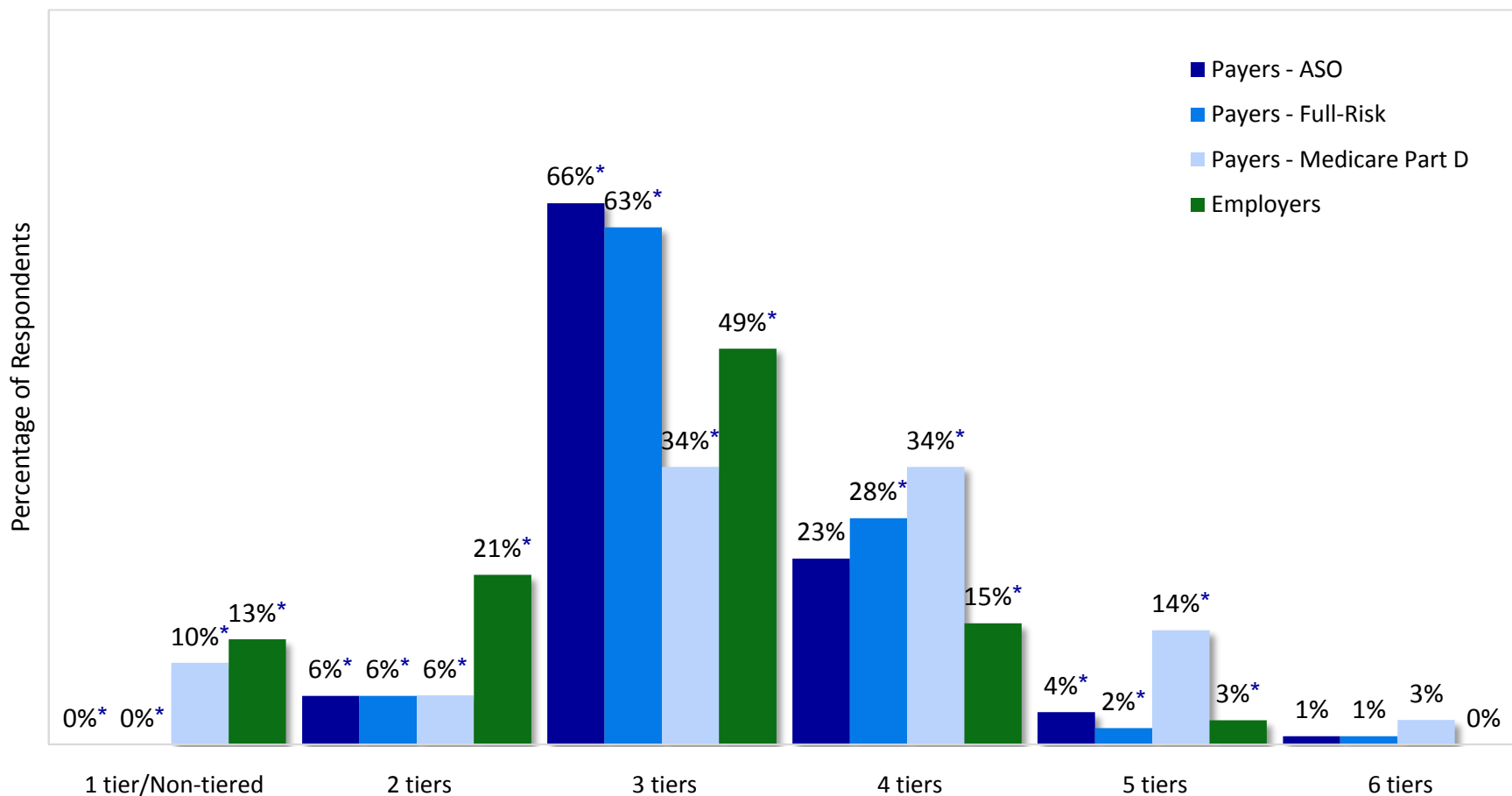


Key Findings

- A majority of payers and a plurality of employers utilizes 3-tier formulary designs; however, Medicare Part D plans are equally likely to have a 3-tier or 4-tier structure

Formulary Adoption: Stakeholder Comparison

How many tiers are there in your most representative formulary design?



Payers n = 101
Employers n = 101

No significant changes from Fall 2010 report
*Significant difference between stakeholders

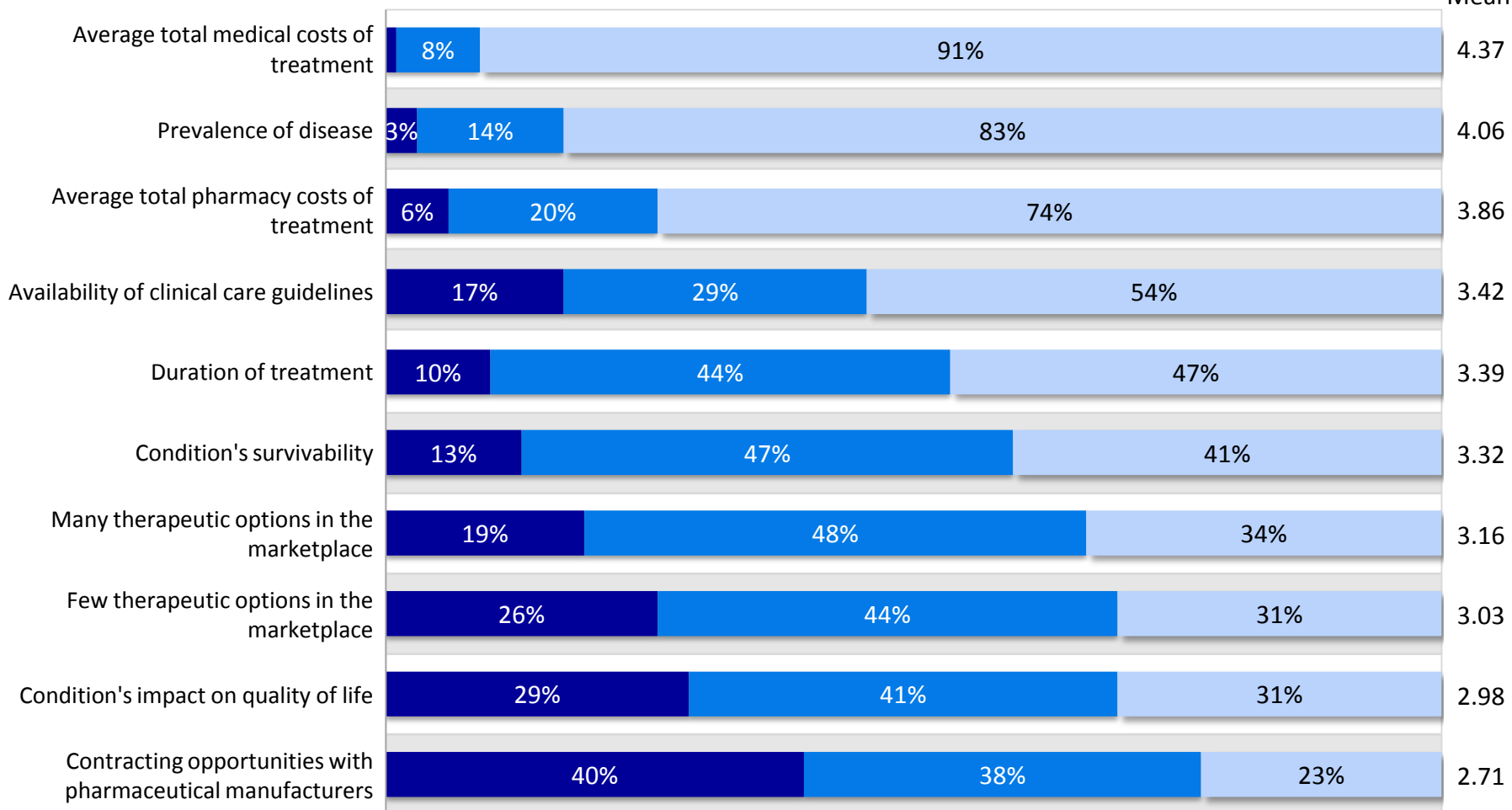
Key Findings

- Payers are most influenced by average total treatment cost, both medical and pharmacy, as well as the prevalence of a disease, when defining overarching management priorities

Factors Influencing Management Priority: Payers

To what degree does each of the following factors influence whether or not a given disease is an overarching management priority for your organization?

■ Not influential at all (1) or Below average influence (2) ■ Average influence (3) ■ Above average influence (4) or Extremely influential (5) Mean



Payers n = 101

Percentage of Payers

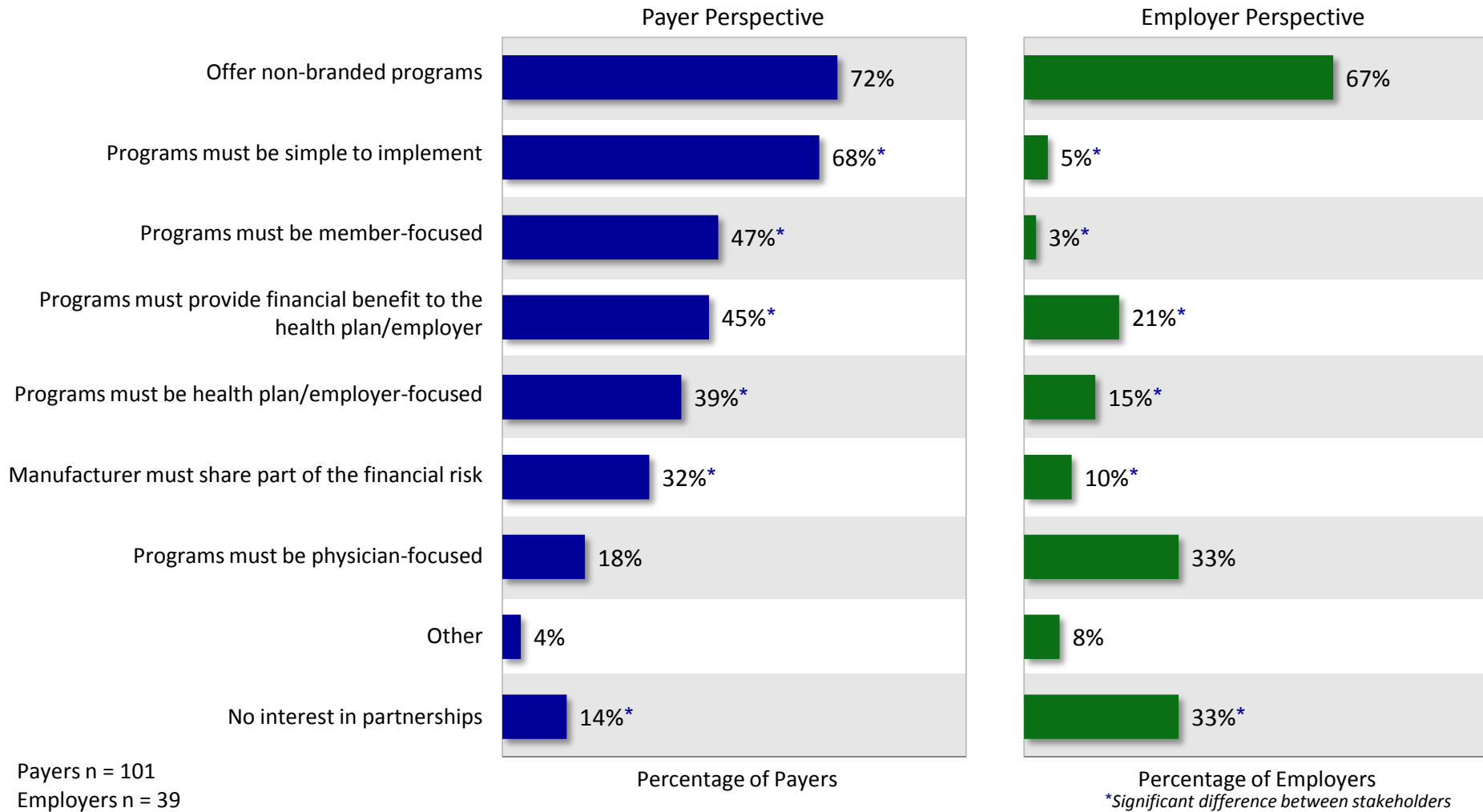
Key Findings

- Payers and employers are both most interested in non-branded value-added programs; payers are significantly more concerned with simple implementation, member focus, and manufacturer financial risk-sharing

Designing Value-Added Programs: Stakeholder Comparison

What specific advice would you have for pharmaceutical manufacturers looking to partner with payers in the design and implementation of value-added programs?

Asked of all Payers and only Employers who have been approached about partnerships with manufacturers.



Key Findings

- A majority of payers and employers expects enrollees' out-of-pocket expenses to increase less than 6% as a result of health care reform, but over 10% of both expect an increase over 10%

Impact of Health Care Reform on Patients' Out-of-Pocket Costs

Considering the specific, line-item changes in patient out-of-pocket costs you indicated, what do you anticipate will be the total increase in out-of-pocket expenses contributed by enrollees this year as a direct result of adjustments made because of the health care reform provisions?

