

# Using **ACCESSEXPRESS®** by EVERSANA to Assess Payer Coverage and Reimbursement of an Upcoming Indication Expansion

## Challenge

Our client, a biopharmaceutical company, was looking to understand the payer reimbursement landscape for a new indication and wanted to know how claims would be reviewed at launch and six months from launch, if it would be treated as a line extension, and what would be required from healthcare providers to obtain reimbursement approval.

Due to the timing restrictions and budgetary restraints, the client was exploring insights options outside of traditional custom research and **ACCESSEXPRESS®** by EVERSANA was the right solution for them.

## Approach

**ACCESSEXPRESS** allowed our client to have full control of the survey process getting answers to their questions within hours. Through our easy-to-use and mobile-friendly survey builder, the client's market access team was able to:



### STEP 1

Pick the expert panel that was most appropriate to clarify their market access business questions.



### STEP 2

Develop a 10-question survey by choosing from our library of smart templates and creating some of their own questions.



### STEP 3

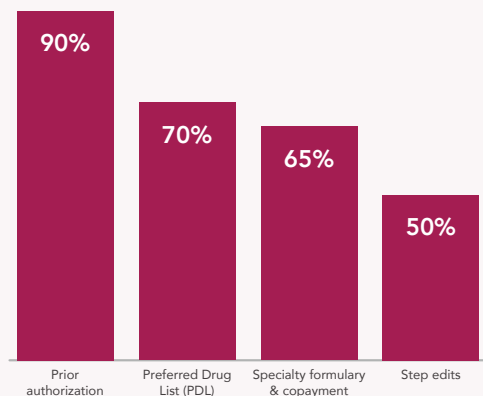
Get insights directly to their **ACCESSEXPRESS** dashboard in real time – within hours – as panel experts submit their answers.

To learn more about **ACCESSEXPRESS®** by EVERSANA, visit [EVERSANA.com/accessexpress](https://EVERSANA.com/accessexpress).

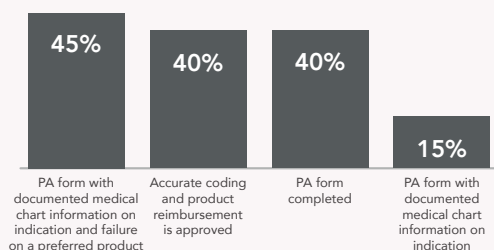
## Results

Once all payer responses were received through **ACCESSEXPRESS**, the client was able to review the insights and draw an actionable plan based on the information. It was determined that about half of payers would conduct a formal product review prior to covering the new indication and, at six months from approval, payers would review each PA request for medical necessity prior to reimbursement.

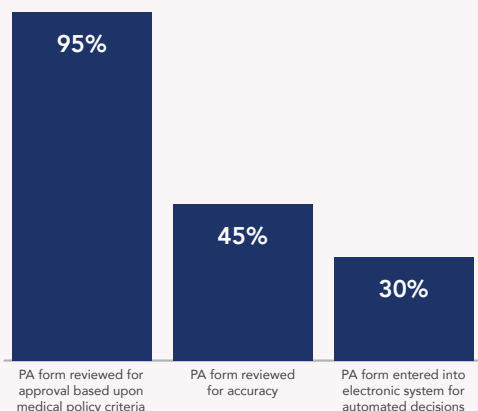
HOW DOES YOUR ORGANIZATION CURRENTLY MANAGE THIS THERAPEUTIC AREA?



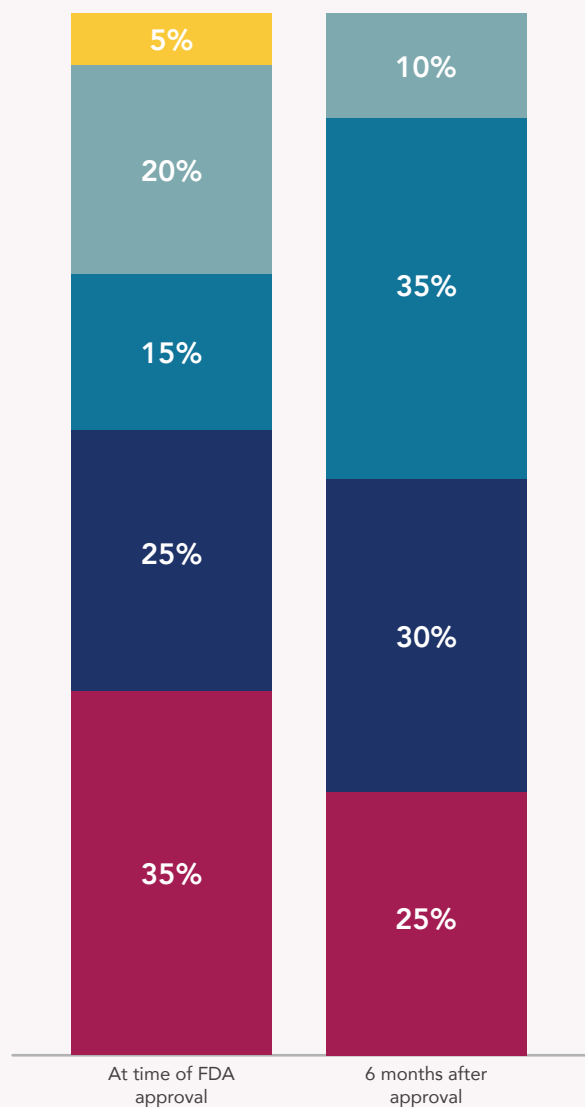
WHAT INFORMATION WILL YOU REQUIRE FROM PHYSICIAN OFFICES FOR REIMBURSEMENT APPROVAL?



WHICH OF THE FOLLOWING STEPS ARE TYPICALLY INCLUDED IN YOUR PRIOR AUTHORIZATION PROCESS FOR THIS THERAPEUTIC AREA?



HOW WILL YOU HANDLE REIMBURSEMENT DECISIONS AT THE TIME OF FDA APPROVAL AND SIX MONTHS AFTER APPROVAL?



- Review each PA request for medical necessity with additional clinical and medical record data required for the new indication
- Review each PA request and match to medical policy
- Conduct a formal product/indication committee review prior to approving any new indications
- Treat it as a line extension and approve based upon indication
- Other: use an existing administrative guideline via PA pending full review

Source: **ACCESSEXPRESS**® by EVERSANA, 2020

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