Supplementary Material

SURVEY INSTRUMENTS

16-Question Survey

1. In your opinion, how has the role of PLAs evolved over the last five years in the Canadian reimbursement environment?
2. In Canada and internationally, what proportion of PLAs would you estimate are financial (e.g., price-volume agreements, per-patient or total expenditure spending) versus innovative or outcomes-based (e.g., coverage as part of a clinical study, coverage linked to outcomes guarantees)?
3. Several types of innovative PLAs have been described in the literature, including coverage as part of a clinical study and cover based on health outcomes guarantees. Examples:
    i. Payers provide the drug for a defined period of time, with manufacturers reducing the costs of the drug in patients who did not achieve the targeted health outcome (e.g., Velcade Response Scheme in the United Kingdom)
    ii. Payers purchase the drug at a reduced price for the first treatment cycle, then pay for the drug at full price for patients who continue on treatment (e.g., sorafenib as second-line treatment for renal cell carcinoma in Italy)
    iii. Payers purchase the drug at full price for a defined period of time, while manufacturers agree to lower the price by the amount needed to maintain a ore-agreed level of cost effectiveness (e.g., multiple sclerosis risk-sharing scheme in the United Kingdom)
    iv. Manufacturers provide the drug at no cost for the first treatment cycle, with payers purchasing the drug for patients who achieve the targeted outcome and continue on treatment (e.g., sunitinib in the United Kingdom)

    a) Are you aware of the use of these types of agreements in your province and/or Canada for pharmaceutical products? Can you provide any specific examples?
    b) Are you aware of any other types of IPLAs that are used within your province, Canada, and/or internationally?

4. a) Without disclosing any confidential information, can you provide any examples of PLAs for pharmaceuticals that were particularly innovative within your province, Canada, and/or internationally?

   b) Can you comment on what contributed to the success of these IPLAs?

5. a) Can you provide examples of the types of uncertainty that PLAs are typically attempting to address?

   b) Which types of uncertainty are most versus least common?

6. Are there any therapeutic areas or situations for which the use of IPLAs is likely to be most valuable?
7. In your province, Canada, and/or internationally, who is currently or should be consulted regarding the design and implementation of IPLAs for pharmaceutical products, particularly in terms of defining key outcomes that are important for addressing uncertainty?
8. In your province, Canada, and/or internationally, who are the key stakeholders that are currently or should be responsible for the design of IPLAs for pharmaceuticals?
9. a) In your province, Canada, and/or internationally, who are the key stakeholders that are currently or should be responsible for the implementation and management (e.g., administration, monitoring) of IPLAs for pharmaceutical products?

   b) Assuming that IPLAs were contracted at the provincial level, what role could national agencies (e.g., CADTH [CDR, pCODR], PCPA) have in the development, implementation, monitoring, and evaluation of these schemes, if any?

   c) What opportunities could be leveraged specifically through PCPA, if any, to improved IPLAs at the national level?

10. In your province, Canada, and/or internationally, who is currently or should be responsible for the funding of IPLAs for pharmaceutical products? That is, who is or should be responsible for financing the design process, implementation, documentation, follow-up, and reporting?
11. Should IPLAs only apply to newly launched pharmaceutical products? If so, how long should the agreement last and why?

12. a) A number of challenges have been described in the international literature in terms of implementing IPLAs (e.g. high administration requirements/costs, price disparities, uncertain quality of patient care). What do you consider to be the key obstacles in the implementation of IPLAs in your province and/or Canada? Please rank these obstacles according to their order of importance and/or prevalence.

    b) How can industry partner with payers and HTA bodies to overcome these obstacles?

    c) What other key lessons can be learned from the implementation of IPLAs internationally that may be important for Canada?

13. a) How desirable or necessary is transparency in the use and/or success of IPLAs?
    b) What elements should be transparent?
    c) What do you consider to be legitimate barriers to making PLAs more transparent?
    d) Does or should the level of transparency vary for public payers versus private payers?
14. For IPLAs to be viable and sustainable, they presumably have to provide a win-win-win scenario for industry, payers, and patients alike. What are the principal advantages for each of these three parties?
15. In general, what initiatives could industry undertake to make the use of IPLAs for pharmaceutical products more acceptable to reimbursement agencies and payers?
16. What do you expect the future of pharmaceutical PLAs to look like in your province and/or Canada?

Five-Question Survey

1. Should financial our outcomes-based (innovative) PLAs be an integral part of the procurement process?
2. Are there particular situations in which the use of PLAs is preferred by manufacturers?
3. What are the main benefits to manufacturers in moving from rebate-based to more innovative, health outcomes-based PLAs?
4. What role should manufacturers play in the design, implementation, monitoring, funding, and/or reporting of PLAs?
5. What role could national agencies such as CADTH and the PCPA have in the design, implementation, monitoring, and/or evaluation of IPLAs?