Increasingly, biopharmaceutical companies are entering into risk-based payment arrangements with payers for medicines. Under these arrangements, payers often pay a variable rate depending on how well a medicine works for the intended patient.

For patients, these arrangements can offer important benefits – medicines that work best for them and, often, reduced patient costs.

For Patients...

**Personalization**
Medicines are assessed and made available based on how well they work in specific patient sub-populations.

**Results**
Patients get access to medicines that deliver the best outcomes for their specific health needs and considerations.

**Affordability**
Patients may pay less out-of-pocket for their medicines.

**Continued Innovation**
Better data-sharing can inform R&D for future treatments and cures.

**Payer**
- Predictability for business planning
- Greater information- and data-sharing

**Patient**
- Makes changes to benefit design by potentially putting medicines on lower-tier formularies and/or removing prior authorization status.
- Accepts greater risk by agreeing to lower or no reimbursement for medicines that do not work as intended for patients or when medicines are used in combination with others.
- Offers data and measurement to track how patients are responding to medicines.
- Invests in patient support programs such as medication adherence programs to help ensure patients take their medicines as intended to achieve optimal results.

Learn more at: phrma.org/value-collaborative