

THE

VECTOR

Strategic Intelligence for Life Science Executives

These exclusive reports leverage proprietary RPR stakeholder engagement to deliver unique primary research specifically designed for senior life science executives. Each report provides insights on the most commercially relevant issues of our time.

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“We expect AI adoption to expand across nearly all core pharmacy and medical benefit operations due to rising specialty drug spend, increasing administrative burden, and the need for more data-driven decision-making.”

PBM

Is AI Beginning to Shape Coverage Decision Workflows?

We surveyed 14 US payers to understand how quickly they are adopting AI, current and future use cases, and how manufacturers can prepare for success.

Executive Insight

US payers are moving generative and predictive AI out of pilots and into operations, first in administrative/utilization management, then into policy drafting and value measurement.

Within three years, from our survey respondents:

- **93% expect to reach at least partial implementation**
- **64% anticipate wide or full implementation**

Why it matters?

AI will compress coverage decision cycles, raise the bar on evidence quality/format, and reshape pricing and contracting (e.g., faster, data-driven challenges to value claims; more targeted prior authorization; sharper site-of-care management).

KEY TAKEAWAYS

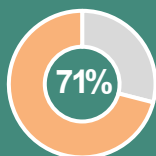
- ❖ Within the next three years, AI is expected to be embedded in several decision-support processes that influence coverage, utilization management, and evidence review.
- ❖ Manufacturer evidence that can be structured, analyzed, and validated within payer analytical systems will become increasingly influential in coverage discussions.
- ❖ As payer organizations expand analytical capabilities, evidence architecture, real-world outcomes data, and transparent economic models will become more important components of market access strategy.
- ❖ Payer perspectives on AI remain uneven, creating variability in how evidence may be evaluated across organizations.

RESULTS

Most common current uses for AI

(shown as proportion of surveyed payers)

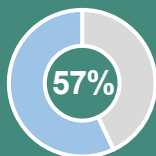
Prior authorization and utilization management



Population health analytics



Claims processing & fraud/waste detection



Member engagement (chat/virtual assistants)



Almost **two-thirds of payers** anticipate AI use will be broadened beyond current areas of application.

Which payer processes expected to benefit most from AI that leverages manufacturer sourced data?

1. Formulary decision-making and prior authorization
2. Utilization and care management
3. Clinical trial assessment
4. Enhanced decision-making using AI/ML with formulary data
5. Patient adherence and support programs
6. Value-based contracting and outcomes tracking

What are the types of manufacturer data expected to add greatest value?

1. Clinical Trial Data: Published studies, structured trial data, efficacy/safety data
2. Real-World Evidence (RWE): Long-term safety, adherence patterns, discontinuation rates
3. Comparative Data: Head-to-head comparisons
4. Patient-Level Data: Biomarkers and diagnostic criteria, Patient identification and eligibility criteria
5. Outcomes Data: Longitudinal outcomes across diverse populations, rare adverse events, resource utilization and total cost of care

Where are payers not yet leveraging AI? In value-based contracting

Most respondents (**93%**) are not currently using AI in their value-based contracting (VBC) program. However, this is an area to prepare for as many see the potential for AI use in several areas:

"The results from the survey align with our experience of the adoption of AI and LLMs across the sector. There is a growing level of enthusiasm and interest, but few decision makers are yet at the stage of implementation."



Tim Wright, EVP, A&P (Genesis Research)

Risk Stratification & Patient Identification

- Identifying which patients would benefit most from VBC arrangements
- Patient selection for outcomes-based contracts

Data Analysis & Performance Monitoring

- Analyzing claims data to evaluate VBC effectiveness
- Contract performance monitoring
- Tracking outcomes across multiple sites of care

Predictive Analytics

- Predictive financial modeling
- Developing outcomes-based analytic models for better alignment with manufacturers

Outcome Measurement

- Improving outcome measurement methodologies
- Making larger VBC feasible for broader populations (beyond rare diseases)

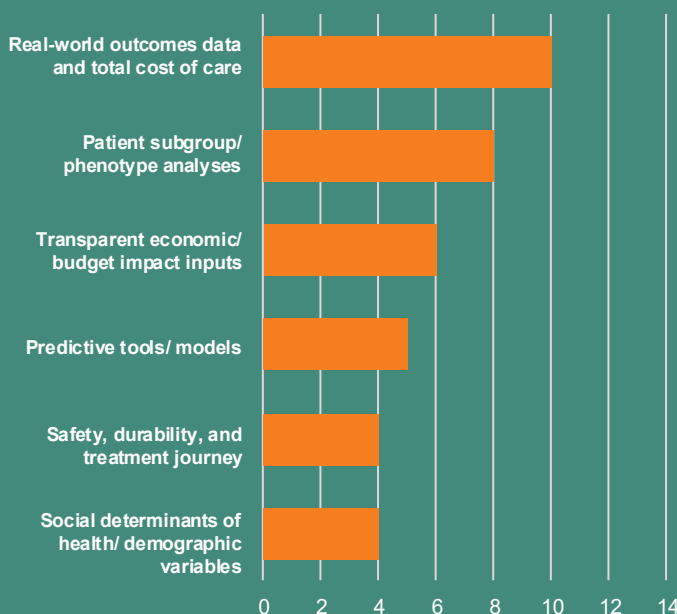
Overall payer sentiment

Across 14 US payers, sentiment on AI is strongly positive but pragmatic: **100%** believe AI should be used as an assistive, rules-driven layer with clinical oversight – not as an autonomous decision-maker on coverage, denials, appeals, or formulary tiering.

Adoption is growing but early (**72%** in exploration or partial implementation). US payers see potential for additional data from drug manufacturers to inform their AI-driven decision-making processes.

Payers are open to manufacturer AI that strengthens evidence quality, makes dossiers machine-readable, and delivers explainable, condition-specific analytics they can validate and calibrate - so long as humans remain accountable and privacy is protected.

Types of evidence or data payers want to see more from drug manufacturers



THE BOTTOM LINE

- Artificial intelligence will not replace clinical judgment in payer decision-making in the near term. However, it will increasingly shape how evidence is evaluated, synthesized, and operationalized within payer organizations.**
- Manufacturers that prepare for this environment by generating transparent, structured, and analytically usable evidence will be better positioned in future coverage and contracting discussions.**



About this analysis

The insights in this issue were informed by an online RPR survey from November 2025. 14 US payers were surveyed about their current use of AI and their perspective on its future use within their organizations.

Want to learn more?

- Contact solutions@genesisrg.com
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