



Navigating Market Access with Magnolia

AI in Healthcare Research,
Emerging Trends, and Real-World
Applications

May 28, 2026



a medical knowledge group company

Navigating Market Access with Magnolia

Today's Panelists



Herman Chen
SVP, Market Access
& Analytics | MMA



Christie Mealo
Chief AI Officer | MKG



Amanda Forsys
Managing Partner | MMA



Anna Hundt Golden
Senior Director, Global Market
Access & Value Insights | MMA



Susan Abedi
Chief Strategy Officer | MKG & 81qd

Agenda

AI Overview and Trends

AI in Market Access

Roundtable Discussion: AI in Pharma

AI Overview and Trends

AI in healthcare is no longer “whether.” It's “where, how, and with what guardrails.”

\$1.4B

in U.S. healthcare AI spend in 2025 — roughly 3× the prior year. Providers drove 75%; payers under 4%.

Menlo Ventures, State of AI in Healthcare, Oct 2025

19 of 20

top global pharma companies have begun incorporating IQVIA AI agents into commercial workflows.

IQVIA platform launch, Mar 2026

69%

of market researchers report using synthetic AI responses in research in the last year.

Qualtrics Market Research Trends Report, 2025

The money is real, the deployment is real, and the methodology debates are real. What's not yet uniform: the discipline around where AI is and isn't appropriate for high-stakes decisions.

REGULATORY SNAPSHOT

Three forces shaping AI in healthcare — and what they mean for access

FDA · EMA

Guiding principles for AI in drug development

On Jan 14, 2026, the FDA (U.S. Food and Drug Administration) and EMA (European Medicines Agency) jointly released 10 principles for AI use in drug development — building on the 2025 FDA draft guidance and its 7-step credibility framework. Final FDA guidance expected Q2 2026.

WHY IT MATTERS FOR ACCESS

Regulators expect AI used in submissions to be documented and validated. Show your work, not just your output.

CMS

AI in prior authorization, live in Medicare

CMS (Centers for Medicare & Medicaid Services) launched the WISeR Model — Wasteful and Inappropriate Service Reduction — on Jan 1, 2026 in NJ, OH, OK, TX, AZ, and WA. Six-year pilot using AI to review prior authorization across 13 service categories. Every denial requires licensed-clinician review.

WHY IT MATTERS FOR ACCESS

AI is now part of how Medicare says yes or no to coverage. The unresolved tension with the UnitedHealth Lokken case makes the rules of the road still in flux.

CMS · IRA

IPAY 2028 announced — Part B is in play

On Jan 27, 2026, CMS announced IPAY 2028 (Initial Price Applicability Year) under the IRA (Inflation Reduction Act): 15 drugs, ~\$27B in Medicare spend, 1.8M beneficiaries. First-ever Part B negotiations include Botox, Orencia, Entyvio, Cimzia. First-ever renegotiation: Tradjenta. Prices effective Jan 1, 2028.

WHY IT MATTERS FOR ACCESS

Pharma teams have to rebuild financial and access models — more scenarios, tighter timelines, higher stakes.

Three forces, one pattern: the work is getting more complex and more time-sensitive at exactly the moment AI is becoming defensible enough to do it.

REAL vs. HYPE

What's actually working in market access AI — and what isn't (yet)

REAL

Working in production today

HEOR & RWE acceleration

EMR (Electronic Medical Record) data turned into RWE (Real-World Evidence) — cycle times compressed by months.

Dossier & value-story drafting

AMCP (Academy of Managed Care Pharmacy) dossier drafting is production work at every major value-demonstration vendor.

IRA negotiation scenario modeling

Top-20 pharma running proprietary models under the IRA (Inflation Reduction Act) against the IPAY 2027 and 2028 drug lists.

Agentic content production

Multi-step brand content workflows in field with credible time-to-deliverable gains.

HYPE — OR NOT YET

Claims running ahead of evidence

“AI replaces primary research”

Industry-wide red flag — even leading vendors are careful not to claim this.

“Most accurate AI persona” without benchmarks

Stanford's 1,052-person study set a public bar (~85% accuracy). Few vendor claims hold up against it.

Automated coverage decisions

Lokken v. UnitedHealth is reshaping what's defensible. AI-driven denials without clinician review have serious legal exposure.

End-to-end “AI marketing agencies”

Real platforms shipping, but the “80% automated” framing is far ahead of what actually runs without human-in-the-loop.

The line between the two columns is moving fast. What matters is the discipline to know which side you're standing on for any given use case.

AI in Market Access

Access Decisions Reflect Complex and Variable Payer Decision Frameworks

Coverage decisions are shaped by multiple clinical, economic, operational, and policy considerations that are weighted differently across payer types

Payer coverage decisions are guided by a multidimensional evaluative framework:

- Unmet need relative to current standards of care
- Comparative clinical value and durability of evidence
- Budget impact and utilization implication
- Operational feasibility and utilization management considerations
- Policy, precedent, and regulatory context

Importantly, these considerations are interpreted differently across payer segments and decision-makers:

- Similar products may receive materially different coverage outcomes depending on payer type, organizational priorities, and internal risk tolerance



Implication: Variability in payer decision-making creates significant complexity for access strategy, evidence planning, and value communication

Supporting Strategic Decisions Within Accelerated and / or Resource-Constrained Environments

AI-enabled approaches can provide structured, directional payer insight when traditional payer research approaches are not feasible

Many strategic decisions occur before primary payer research can reasonably be completed, including:

- Launch planning and access strategy development
- Evidence generation prioritization
- Pricing and contracting discussions
- Early pipeline and indication planning

Organizations are often operating within:

- Accelerated business timelines (primary qualitative payer research typically requires 12–15+ weeks)
- Limited research budgets and internal resources
- The need to evaluate multiple strategic scenarios concurrently

AI-enabled approaches can help organizations:

- Simulate how different payer types may evaluate the same product profile
- Assess potential coverage considerations and access barriers
- Evaluate how evidence, pricing, or positioning changes may influence payer response



Result: Structured, directional payer perspective to support evidence and access-related decision-making within constrained timelines and resource environments

Applications in Payer Marketing and Evidence Strategy

AI-enabled approaches can help structure and apply payer intelligence to support evidence and access-related decision-making



Evidence strategy and prioritization

- Assessing which forms of evidence are most likely to influence payer decision-making
- Prioritizing clinical, HEOR, and real-world evidence investments



Payer communication and positioning

- Evaluating how different payer segments may interpret value narratives
- Identifying likely areas of evidentiary scrutiny or resistance



Coverage and access scenario assessment

- Anticipating variation in coverage approaches across payer types
- Evaluating potential utilization management requirements and access barriers



Portfolio and investment planning

- Informing prioritization decisions across assets or indications
- Informing early evaluation of payer-related opportunity and risk

An AI-driven Platform Designed to Reflect Payer Decision-Making

A primary research-driven framework designed to reflect how payers evaluate clinical, economic, and utilization considerations

Derived from structured analysis of payer interview transcripts, industry and policy reports, and observed decision patterns



Reflects how payers assess:

- Clinical value
- Evidentiary strength
- Economic impact
- Utilization risk



Each persona represents a defined decision context:

- Payer segment (e.g., Commercial, Medicare Advantage, Medicaid, PBM)
- Functional role (e.g., Medical Director, Pharmacy Director)
- Decision orientation (e.g., cost containment, evidence rigor, utilization control, administrative burden)



Outputs are designed to approximate likely payer decision patterns:

- Expected coverage posture
- Likely utilization management approaches
- Key factors that drive or limit access

Distinct Payer Decision Frameworks Drive Different Coverage Outcomes

AI-enabled payer personas can be used to model how different payer decision frameworks interpret the same product profile, depending on payer priorities and organizational constraints

Payer evaluation approaches vary in predictable ways:

These differences lead to variation in:

The personas shown here reflect these underlying frameworks:

- Budget and affordability-driven
- Evidence and rigor-focused
- Utilization and operational control-oriented
- Policy- and precedent-constrained

- Coverage decisions
- Access restrictions
- Evidence expectations

- Each represents a distinct way of interpreting the same product
- Together, they illustrate how access may vary across payer types

PHARMACY DIRECTOR / VP FORMULARY STRATEGY WITH STRONG FINANCE...

Budget Guardrail Formulary Strategist



LARGE COMMERCIAL AND/OR MA PLAN; OFTEN PBM-ALIGNED; CENTRALIZED GOVERNANCE.
Coverage decisions are driven by budget impact and financial predictability.

SENIOR MEDICAL DIRECTOR (CLINICAL STRATEGY), DIRECTOR OF EVIDENCE &...


Adaptive Evidence Steward



COMMERCIAL PLAN, MA PLAN, OR INTEGRATED DELIVERY NETWORK WITH STRONG ANALYTICS CAPABILITIES
Clinical trials establish baseline credibility, but coverage is an evolving decision.

MEDICAL DIRECTOR, CLINICAL POLICY LEAD, OR PHARMACY DIRECTOR...


Guardrails-First Utilization Architect



REGIONAL OR MID-TO-LARGE COMMERCIAL HEALTH PLAN, MA PLAN, OR MEDICAID MCO WITH STRUCTURED UM INFRASTRUCTURE
Coverage is generally achievable if clinical credibility is met; the real decision is whether utilization can be precisely defined, enforced, and monitored.

MEDICAL DIRECTOR OR P&T CHAIR WITH DEEP EVIDENCE-REVIEW ORIENTATION;...

Evidence-Gated Risk Steward



COMMERCIAL AND/OR MA PLAN WITH FORMAL P&T GOVERNANCE.
This payer treats early clinical claims cautiously and defaults to conditional access until evidence shows clinically meaningful, durable, and generalizable...

Examples (4 of 10 payer personas)

Example Persona: Budget Guardrail Formulary Strategist

PHARMACY DIRECTOR / VP FORMULARY STRATEGY WITH STRONG FINANCE...

Budget Guardrail Formulary Strategist



LARGE COMMERCIAL AND/OR MA PLAN; OFTEN PBM-ALIGNED; CENTRALIZED GOVERNANCE.

Coverage decisions are driven by budget impact and financial predictability.

LARGE COMMERCIAL AND/OR MA PLAN; OFTEN PBM-ALIGNED; CENTRALIZED GOVERNANCE.

Pharmacy Director / VP Formulary Strategy with strong finance accountability (specialty trend governance).

Budget Guardrail Formulary Strategist

Coverage decisions are driven by budget impact and financial predictability. Absent credible mechanisms to bound downside exposure, this payer defaults to restrictive policies emphasizing control and sustainability.



Input materials the selected persona will evaluate (e.g., product profiles, publications, trend reports, payer coverage policies) and provide research objective

STEP 2

Upload project materials

Core source materials are required. Project supporting docs are optional and stay scoped to this project, so you can come back, add more evidence, and rerun the assessment without mixing it into other analyses.

Core source materials

Add up to 6 primary files across PDF, image, text, Word, and PowerPoint formats. These are the main documents the analysis should judge.

CHOOSE SOURCE FILES

Project supporting documents

Optional. Add up to 4 project-only supporting documents that can fill evidence gaps, validate claims, or improve confidence on a rerun.

CHOOSE SUPPORTING DOCS

STEP 3

Add special instructions

Use this only when you want the review to emphasize a specific risk, evidence point, or access question.

OPTIONAL CONTEXT

Example: Prioritize pricing risk, label-aligned access criteria, and the evidence needed to support narrower launch positioning.

Keep this brief. The main analysis should still be grounded in the uploaded materials.

Leveraging the Output Across Access, Evidence, and Launch Planning

Magnolia Market Access' pAler persona supports more informed decisions across the product lifecycle

Launch strategy:

anticipate coverage variation and likely restrictions

Value communication:

identify what is likely to resonate vs draw scrutiny

Evidence strategy:

focus on evidence most likely to influence coverage

Pricing & contracting:

assess where price will and will not drive decisions

Pipeline planning:

align early with payer expectations

Outputs include:



% confidence score (/100) on provided materials leading to coverage and reimbursement



Suggested areas for refinement or improvement to materials, including identified risks and evidence gaps



Anticipated utilization management approaches or access barriers



Anticipated objections according to specific payer decision lenses

Key Considerations for Application

AI-enabled approaches may improve scalability and efficiency, but thoughtful application is essential

AI appears most useful when applied to:

- Structuring and synthesizing existing intelligence
- Identifying recurring payer decision patterns
- Supporting evaluation across multiple strategic scenarios

Critically, human interpretation remains is needed for:

- Contextualizing outputs and limitations
- Assessing strategic implications
- Validating assumptions and nuanced coverage and reimbursement scenarios



AI-enabled approaches are best viewed as complementary to and not replacements for primary payer engagement and expert judgment

Longer-Term Implications

The broader opportunity may be improved alignment between evidence generation, access strategy, and real-world payer decision-making

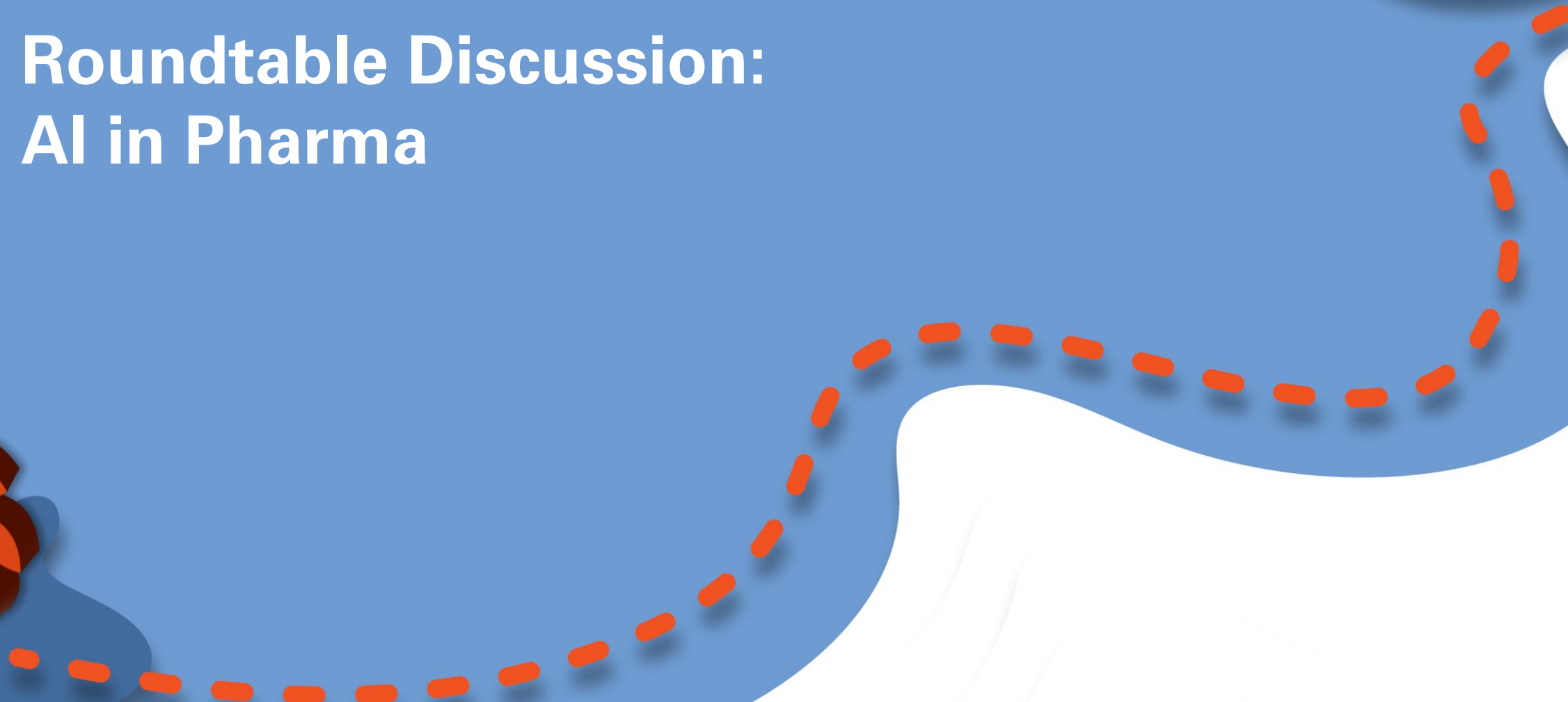
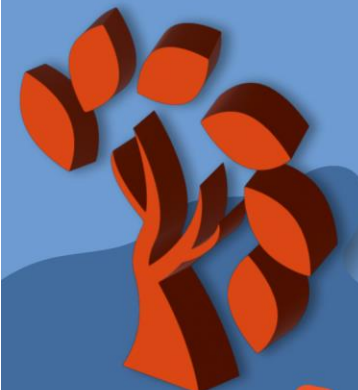
Over time, these approaches may help organizations:

- Evaluate payer implications earlier in development
- Improve alignment between evidence strategy and anticipated access requirements
- Identify potential access risks before launch
- Support more iterative and scenario-based strategic planning



Implication: AI-enabled approaches may contribute to a more scalable and structured framework for applying payer insight across the product lifecycle

Roundtable Discussion: AI in Pharma



Join us for our next

Navigating Market Access with Magnolia

Topic: A Blueprint for Patient Support: Tailored Approaches That Deliver Precision

Thursday, June 25th, 2026

12:00 - 1:00 PM Eastern

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