Market Access Evidence Roadmaps: Maximizing Asset Value Through Evidence Generation Planning
Presenters

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Strategy

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Economics

Alan Hutton,
Director, Business
Development
Learning Objectives

When should you develop a Roadmap and why?

What is an evidence planning Roadmap?

What can the Roadmap do for your asset?
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
<th>Slide Number(s)</th>
</tr>
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<tbody>
<tr>
<td>EMA</td>
<td>European Medicines Agency</td>
<td>6, 23</td>
</tr>
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<td>FDA</td>
<td>Food and Drug Administration</td>
<td>6, 23</td>
</tr>
<tr>
<td>HTA</td>
<td>Health Technology Assessment</td>
<td>6, 7, 13, 19, 23, 28, 29</td>
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<tr>
<td>QUALY</td>
<td>quality-adjusted life-years</td>
<td>8, 25, 27</td>
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<tr>
<td>EQ-5D</td>
<td>EuroQOL-5 Dimension Questionnaire</td>
<td>8, 14</td>
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<td>HEOR</td>
<td>health economics and outcomes research</td>
<td>10, 18</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
<td>14, 19</td>
</tr>
<tr>
<td>P</td>
<td>payer</td>
<td>14</td>
</tr>
<tr>
<td>S</td>
<td>societal</td>
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<td>CUA</td>
<td>cost-utility analysis</td>
<td>14</td>
</tr>
<tr>
<td>CEA</td>
<td>cost-effectiveness analysis</td>
<td>14</td>
</tr>
<tr>
<td>SF-36</td>
<td>36-Item Short Form Survey</td>
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</tr>
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<td>US</td>
<td>United States</td>
<td>19</td>
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<tr>
<td>SLR</td>
<td>systematic literature review</td>
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<tr>
<td>Tx</td>
<td>treatment</td>
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<td>TPP</td>
<td>total product price</td>
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<tr>
<td>CE</td>
<td>cost-effectiveness</td>
<td>25, 27, 28</td>
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<tr>
<td>HRQoL</td>
<td>health-related quality of life</td>
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</table>
Introduction to why you Need a Roadmap

Anne Heyes
Vice President, Head Market Access and Outcomes Strategy, Europe
Journey to Market Access Success

- EMA submission
- FDA submission
- Regulatory approval
- HTA submissions
- Reimbursement

Phases:
- Phase 2
- Phase 3
Maximising Value in the Market Place: Considerations for Reimbursement

CLINICAL EFFECTIVENESS

1. Effectiveness
2. Safety
3. Quality of life
4. Compelling evidence of benefit vs. relevant comparators

VALUE FOR MONEY

2. Cost-effectiveness vs. comparators
3. Value-based price

AFFORDABILITY

3. Budget impact
4. Size of patient population / budget impact can influence which HTA process applies
Quality-Adjusted Life-Years

Single, payer-relevant measure of patient health benefit, capturing differences in survival and quality of life, in all health conditions.

A QALY is the product of the length of time spent in a particular health state and the utility weight (1 = full health; 0 = dead).

Utility can be measured in a variety of ways, the most common is the EQ-5D instrument.
What is an Evidence Planning Roadmap?

Kati Copley-Merriman
Vice President,
Market Access and
Outcomes Strategy
HEOR Roadmap Timing

• For products that might be approved based on phase 2 data, the HEOR Roadmap should start prior to beginning phase 2 trials

• Ideally for all other products, the HEOR Roadmap would begin prior to phase 3, in time to influence the study design
Market Access Evidence Plan Creation Process Overview

- Conduct a literature review to understand the disease burden, unmet need, and disease data gaps (e.g. utility data)
- Product SWOT (Strengths / Weaknesses / Opportunities / Threats)
- Evaluate key country HTA requirements
- Identify and review evidence base for key comparators (current treatments)
- Create value story

Conduct a literature review to understand the disease burden, unmet need, and disease data gaps (e.g. utility data)
Market Access Evidence Plan Creation Process Overview

- **Review existing data to support value story**
- **Conduct payer research** to assess perceptions of unmet need, payer evidence needs, and price expectations
- **Conduct a gap analysis** for evidence to support the value story
- **Create market access evidence plan**
Elements of HTA / Pricing & Reimbursement Submission (Reflecting the Value Story)

- **Targeted & Systematic Reviews**: Burden of illness, clinical literature, utility, and economic literature
- **Network Meta-Analysis**: Bayesian & frequentist methods
- **Utility Research**: and resource use / cost estimates
- **HTA Submission Strategy & Dossier Development**
- **Cost-Effectiveness Analysis**
- **Budget-Impact Analysis**
- **Key Stakeholder Validation**
# Country-Specific HTA Requirements in Europe

<table>
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<tr>
<th>Assessment Criteria / Tools</th>
<th>Country</th>
<th>Germany</th>
<th>UK</th>
<th>France</th>
<th>Italy</th>
<th>Spain</th>
<th>Netherlands</th>
<th>Nordic Countries(^a)</th>
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<tr>
<td>Reference pricing required in dossier</td>
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<td>No</td>
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<td>Main criterion</td>
<td>Sweden: no Denmark, Finland, Norway: yes</td>
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<td>Time from submission to reimbursement</td>
<td>0 (12-month free pricing)</td>
<td>180-250 days</td>
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<td>180-400 days</td>
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\(^a\) The Nordic countries include Denmark, Finland, Norway, and Sweden.
SWOT Analysis: Example

**Strengths**
- PRODUCT X is durable and has relatively quick onset and high response rate.
- PRODUCT X has a good safety profile similar to placebo.
- Phase 3 randomized trial with long-term follow-up.

**Weaknesses**
- PRODUCT X is rare and not well understood by payers.
- Epidemiology is not well studied and is affected by misdiagnosis.
- Natural history is not well understood.
- Economic burden had been studied in a few studies, but data are limited.

**Opportunities**
- There is high unmet need.
- PRODUCT X will be the first approved treatment.
- Current treatment is a complex risky procedure.

**Threats**
- PRODUCT X competitor has started phase 3 trials.
- PRODUCT X competitor is a once-daily oral tablet; PRODUCT X is intravenous administration.
- European markets have tougher reimbursement environments.
### Value Messages: Example

#### Efficacy Messages
- The percentage of responders is higher after 2 weeks, 3 months, and 6 months of treatment with PRODUCT X, compared with placebo.
- Total body fat mass in overweight / obese patients is reduced after 3 and 6 months of treatment with PRODUCT X, compared with placebo, and is maintained for at least X months.

#### Economic Value Messages
- PRODUCT X is cost-effective compared with placebo (no treatment).
- PRODUCT X has a low budget impact because the disease is rare.

#### Safety Messages
- Treatment with PRODUCT X over 12 months shows no clinically significant findings in adverse events, compared with placebo.
- Treatment with PRODUCT X is well tolerated, and adverse events are mild.

#### HRQOL Improvement Messages
- Clinically meaningful improvement in quality of life has been shown after x weeks of treatment with PRODUCT X vs. a worsening with placebo.
- Time to deterioration is longer with PRODUCT X vs. placebo.
• Some epidemiology data are available but vary by study, possibly due to misdiagnosis; size of the population in different regions is uncertain

• Clinical burden is well established in the literature, but natural history and economic burden has not been well studied over time

• Longitudinal phase 2 / 3 trial design is robust, with several endpoints for reduction of primary disease and comorbidities, patient quality of life, and safety; utility values for economic models is unavailable

• Competitive trials designs are similar but have additional endpoints
Objectives of Payer / Stakeholder Research

• In parallel to the outputs of the HEOR evidence plan for Product X, assess evidence-generation tactics and price expectations for key markets

• Stakeholder research can address key topics:
  – Market access considerations for the disease in target markets
  – Perceptions of disease burden and unmet need in target disease
  – Importance of clinical trial design endpoints for Product X
  – Pricing expectations based on target product profile
  – Evidence weaknesses and information gaps

Example Scope

United States  United Kingdom  Germany  France  Netherlands
### HEOR Plan Recommended Projects: *Example*

<table>
<thead>
<tr>
<th>Statements / Evidence Needed</th>
<th>Data Source</th>
<th>Country</th>
<th>Start Date / Study Length / Price Estimate</th>
<th>Strategy Objective Addressed</th>
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<tbody>
<tr>
<td>Early HTA advice</td>
<td>Letter of intent 3 months prior to building economic models</td>
<td>Europe</td>
<td>Q3, 2020 6-8 months $XX,XXX</td>
<td>Gain strategic input from country HTAs</td>
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<tr>
<td>Real-world burden of disease and treatment patterns</td>
<td>Database study or disease registry / partner with disease associations</td>
<td>US, UK, and others</td>
<td>Q3, 2020 $XX,XXX</td>
<td>Understand the burden of disease and current treatments</td>
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<tr>
<td>Early economic model</td>
<td>Economic model</td>
<td>US</td>
<td>Q4, 2020 $XX,XXX</td>
<td>Understand model data gaps and pricing implications</td>
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<td>…</td>
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Timeline of Activities for the HEOR Plan: *Example*

<table>
<thead>
<tr>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tr>
<td></td>
<td>Q4</td>
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**Phase 2b**
- Noninterventional treatment costs
- SLR disease burden
- Early economic model
- Disease burden publication

**Phase 3**
- SLRs for clinical evidence and economic models
- Economic models
- Global value dossier
- Real-world disease burden and Tx patterns
- Reimbursement submissions
- Caregiver preference
Market Access Pitfalls and the Value of a Roadmap.

Sorrel Wolowacz
Head, European Health Economics
How can a Market Access Evidence Plan Support the Value of a Pipeline Product?

“If you fail to plan, you are planning to fail!”

BENJAMIN FRANKLIN
The Value of an Evidence Roadmap

- Phase 2
  - FDA submission
  - EMA submission
- Phase 3
  - HTA submissions
  - Regulatory approval
  - Reimbursement

- Asset acquisition negotiations
- Net present valuation for shareholder value
- Venture capital investor valuations
The Value of an Evidence Roadmap

- Asset acquisition negotiations
- Net present valuation for shareholder value
- Venture capital investor valuations
The Value of an Evidence Roadmap

Phase 3

• Added value (QALYs), value-based price, and market size differ by, e.g. indication, line of treatment, precise patient subgroup
• Pitfall example: phase 3 trial population currently treated with generic → Price restriction as very little data in target positioning (after generic) undermined credibility of clinical evidence
• With a Roadmap, will have identified optimum indication / positioning, and informed price expectation (from early CE model)

Target indication

Highest added patient benefit = best price & reimbursement
The Value of an Evidence Roadmap

Control treatment and study endpoints

- Convincing evidence of comparative effectiveness (direct or indirect) vs. all relevant comparators and HRQoL benefit
- Pitfall examples: single-arm trial, endpoints misaligned → Cost more in additional studies to create “synthetic” control arm; price restriction due to uncertainty in comparative effectiveness
- With a Roadmap, will understand comparator trials, have indirect comparisons planned and HRQoL measurement optimized

Clinical benefit vs. payer-relevant comparators
Utility measurement

- Opportunity to collect utility estimates for the CE model
- Pitfall example: trial didn't provide data for model health states → Cost more money for additional utility study; price restriction as payer-relevant value (QALY gain) was uncertain
- With a Roadmap, will have optimized trial and other studies to provide utility estimates required

Poor utility data can undermine price
The Value of an Evidence Roadmap

HTA research

- Systematic literature review, network meta-analysis, CE model, budget-impact model
- Pitfall example: utility and natural history data gap recognized too late
- With a Roadmap, will have research in good time for submissions
Key Take-Home Messages

What is a market access evidence Roadmap?

A plan for generation of **payer-relevant** evidence to support HTA, pricing, and reimbursement.
Key Take-Home Messages

How can a market access evidence plan support the value of a pipeline product?

- Ensures *payer-relevant* evidence is generated demonstrating clinical effectiveness, quality-of-life benefit, cost-effectiveness, and budget impact.
- Develops evidence package in parallel with and throughout product development process, so it is available to *support acquisitions, licensing, and/or asset valuations*.
- Identifies opportunities for *highest value-added patient benefit* = best price & reimbursement opportunity.
Key Take-Home Messages

When should a Roadmap be developed?

• Ideally start during phase 2 trials
• Still useful in early phase 3
• Update over time to adapt for any changes in the product profile / competitive landscape
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