PRMA Insights:

Pricing and Reimbursement Success in Metastatic Breast Cancer

PRMA Insights provide in-depth understanding of current and future market access realities, developed by industry-experienced experts with comprehensive cross-functional knowledge. Critical insight into the clinical and payor landscape is supported by actionable strategic insights, providing a cornerstone on which to build a successful market access strategy.
Achieving market success is becoming ever more challenging as payors seek to rationalize restricted budgets on increasingly numerous – and frequently expensive – products. Success requires a thorough understanding of the current P&R landscape, and how it is changing, and careful, strategic planning – from as early as Phase 2.

PRMA Insights are a key resource that provides the basis for your planning. We have analyzed the current treatment landscape in detail, and have identified the key issues that need to be addressed in developing the market access strategy.
A robust market access strategy is key to commercial success

Although requirements differ across the major markets, one trend is clear: the evidence requirements to achieve reimbursement and market access are increasing, requiring use of cost-effectiveness data, health technology assessments, risk-sharing agreements, real-world naturalistic data, and head-to-head comparative effectiveness data. In response, a manufacturer launching a new product into an increasingly competitive market will have to provide a compelling evidence-based payor value proposition in order to support price premiums, achieve reimbursement and gain market share.

The probability of commercial success will inevitably be compromised by failure to adequately plan the market access strategy and to systematically evaluate and deliver on evidence requirements — reduced price, reimbursement rejections, smaller-than-planned reimbursed population, and extensive market access delays are all commercially disastrous consequences of poor planning. Key decisions during the development process will affect the P&R opportunity, including the tumor subtype to be studied, patient subpopulation, choice of comparator, inclusion of patient-reported outcome data, and choice of endpoint (progression-free or overall survival). Generating an evidence package that is consistent with pricing and commercial aspirations requires early planning (Phase 2 or earlier) and broad cross-functional cooperation.

Oncology is now the leading therapy area by value, with global sales of US$48 bn in 2008. Compound annual growth rates are estimated to be over 10%, and the oncology market is expected to double in size by 2014. This is driven by a number of factors including the rising incidence of cancer, the increasingly high prices of new oncologics, and the absolute number of oncologics being developed. Of 861 oncologics currently in clinical development, 106 are for breast cancer. However, budgetary pressures are leading to increased scrutiny from payors around the world as reimbursement for products is sought.

PRMA Insights: The Roadmap to Pricing and Reimbursement Success in Metastatic Breast Cancer unravels the complexity around P&R in this market and delivers actionable strategic insights to apply to your global product development program, in order to ensure that you develop a robust evidence-based payor value proposition and achieve commercial success.
### 6 steps for pricing and reimbursement success

1. **Understanding the current treatment landscape**
   - Reviews of international, national, and local clinical guidelines
   - Changing approaches and attitudes to treatment
   - Regulatory indications for the scope products
   - Pivotal trial data for the scope products and overview of key elements of clinical trial design, such as subpopulations, comparators, and endpoints
   - Future treatment landscape – products in Phase 3 and the likely challenges these products will face

2. **Understanding the HTA and P&R environment**
   - Overview of the current P&R process in the scope countries (US, EU major 5, and Japan)
   - Focus on areas that are changing and how this could affect strategy development

3. **Comprehensive review and analysis of relevant HTAs and P&R decisions**
   - Critical analysis of reviews and decisions made by:
     - NICE > SMC > AWMSG > CEPS
     - TC > IQWiG > G-BA > DGFPS
     - CIPM > GENESIS > AIFA > MHLW
     - Regional and hospital evaluations in Spain and Italy
   - The value propositions and arguments that manufacturers submitted
   - What worked – and what didn’t
   - Payors’ criticisms and expectations
   - Ways to achieve differentiation

4. **Disease burden**
   - Epidemiology of the disease and relevant subpopulations
   - Analysis of cost burden and presentation of relevant key data
   - Measurement of utilities
   - Critique of cost-effectiveness analysis and budget impact models
   - Payors’ expectations relating to cost arguments, and how these are changing

5. **Understanding the role of PROs**
   - PROs as a potential differentiating factor
   - What needs to be measured
   - Suitable instruments
   - Expectations of the regulatory and HTA agencies
   - Strategies for inclusion of PRO claims on the product label

6. **Designing the clinical development program to support market access**
   - Expectations of regulatory bodies and payors
   - Choice of comparators in clinical trials to meet payors’ expectations
   - Appropriate endpoints
   - Importance of patient subpopulations and how these should be defined
   - Measurement of PROs – relevant tools and instruments

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**PRMA Strategic Insight**

Developed by our in-house experts, PRMA Strategic Insights provide critical advice to manufacturers in planning their market access strategy. They are listed together in each Chapter Summary and in the Executive Summary, as well as being located at relevant points in the text.
**Author profiles**

PRMA Insights are developed by consultants with wide-ranging experience of all aspects of market access, pricing, and reimbursement and are validated by national and international opinion leaders.

**David Sykes**
David is the founding partner of PRMA Consulting. He has more than 15 years’ experience in P&R, market access, and health outcomes and has held senior leadership roles at Lilly and J&J. David has developed European and global P&R and market access programs to quantify, capture, and communicate product value, including several products launched across multiple therapy areas. David has published extensively in the area of health economics.

**Professor Jacques Bonneterre**
Professor Bonneterre is Professor of Medical Oncology and Department Head of the Centre for Breast Cancer at Oscar Lambret, one of France’s leading cancer centers. Professor Bonneterre has published widely in the field of breast cancer and was an author on the CECOG third consensus on the medical treatment of breast cancer, published in the Annals of Oncology in 2009.

**Sotiria Papanicolaou**
Sotiria has more than 10 years’ experience in the pharmaceutical industry. She has worked in the corporate leadership team of Janssen-Cilag, Greece, and in a number of EMA and global strategic market access teams. Sotiria was also part of the European Health Outcomes Research group at Lilly, where she developed health economics and outcomes strategies to support local P&R negotiations for new products.

**Dr Marcus Healey MBA**
Marcus is the principal medical writer at PRMA Consulting and has more than 8 years’ experience in medical communications and 20 years’ experience across numerous therapeutic areas and markets. Marcus has co-authored and edited books and numerous journal articles.

**Dr Jan Geldmacher**
Dr Geldmacher has over 30 years’ experience in the German healthcare system. He is currently a member of the drug committee of the G-BA (Federal Joint Committee), the expert advisory committee on prescription-only products of the German Health Ministry, and the drug commission of the German Medical Association (AKDÄ). He also represents AKDÄ on the drug safety committee of the BfArM (Federal Institute for Drugs and Medical Devices).

**Shkun Chadda**
Shkun has more than 9 years’ experience in health outcomes, in both the pharmaceutical and consultancy sectors. She has worked in health outcomes groups at national, regional, and global levels in blue-chip pharmaceutical companies, and was the health outcomes lead on regional cross-functional teams for several oncology products. Shkun has also been responsible for multiple NICE and SMC submissions in oncology.

**Dr Mark Larkin**
Mark has over 10 years’ experience in strategy consulting and finance. He has been involved in strategy development across a broad range of therapeutic areas, at both European and global levels, and has extensive experience of advising North American and European developers on P&R and market access strategies, for both in-house launches and to support business development objectives.

**Vanessa Mirsky**
Our in-house US expert, Vanessa has more than 10 years’ consultancy experience in healthcare and life sciences commercialization strategy, with a strong background in managed markets, including reimbursement dynamics among public and private payors in the US. Vanessa has worked with multinational pharmaceutical companies and small boutique firms in the US, and has significant experience in oncology and biologics.

**Dr Luis Prieto**
Dr Prieto has held positions as Senior Health Economist at Serono in Spain and Portugal and Senior Health Outcomes Manager at Lilly, Spain. Luis has significant experience of leading P&R submissions in Spain and working with the Regions to achieve market access across a range of therapy areas.
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7.1.1 Key Facts

7.1.1.1 Germany offers potential rapid market access because products are reimbursed immediately using regulatory approved, with limited burdens for licensing costs products.

7.1.1.2 The rule of the EORTC is changing to be in line with competing cost-benefit analyses and will influence the therapeutic concept and be focused on cost-effectiveness, outcomes, adherence, and tolerability.

7.1.1.3 The new “special drug” list for antimalarial products has yet to be defined, so it is unclear what its cost to its operations. However, if it is assumed to represent another barrier to patient access.

7.1.1.4 In September 2009, the GBA recommended that a number of biologics indicated for advanced breast and colorectal cancer be included on the special drug list. Although this will facilitate access to the chemotherapy with similar drugs, it may limit the use of new expensive antineoplastic drugs.

7.1.1.5 Although hospital drug costs-funded through HPAO, there may be insufficient resources in seeking tariffs to fund expensive new products. Medicines should therefore understand the need of all product being funded through existing tariffs or as a new proposed price.

7.1.1.6 If a product is subsidying for a new drug, pharma can apply for the new drug to be included in a new drug list, with the result that some funding is made available. The application is based on clinical and necrosis data, so the manufacturer needs to show a balance relationship with other available products and provide necessary data and support to facilitate the application.

7.1.1.7 When data supporting an adverse drug events. These have shown benefits in the field of breast cancer, so a significant improvement in drug pricing is needed to fund the new drug.

7.2.1.1 Table 2.1: Health related quality of life of studies for patients undergoing metastatic breast cancer treatment

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<thead>
<tr>
<th>Study</th>
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7.3.1.1 Figures 3.1: Comparison of the decision made by NICE and the SMC for key agents in metastatic breast cancer

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<td>Recommended</td>
</tr>
<tr>
<td>Herceptin</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Armo</td>
<td>Recommended</td>
<td>Recommended</td>
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</table>

7.11.1.1 Figures 11.1: Comparison of the decision made by NICE and the SMC for key agents in metastatic breast cancer

Figure 11.1 illustrates the comparison of decisions made by NICE and the SMC for key agents in metastatic breast cancer.

<table>
<thead>
<tr>
<th>Product</th>
<th>NICE</th>
<th>SMC</th>
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</thead>
<tbody>
<tr>
<td>Nexavar</td>
<td>Not recommended</td>
<td>Not recommended</td>
</tr>
<tr>
<td>Cellcept</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
<tr>
<td>Tykerb</td>
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<td>Recommended</td>
</tr>
<tr>
<td>Herceptin</td>
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<td>Recommended</td>
</tr>
<tr>
<td>Armo</td>
<td>Recommended</td>
<td>Recommended</td>
</tr>
</tbody>
</table>
### Ways to use PRMA Insights

PRMA Insights provide a key resource for development of your P&R and market access strategy. This diagram illustrates just a few of the many ways that this can support your planning.

<table>
<thead>
<tr>
<th>Feature</th>
<th>Chapters/All chapters</th>
<th>Information</th>
</tr>
</thead>
</table>
| Development of an HEOR strategy and evidence-generation plan | All chapters | • Competitor data packages  
• Adverse-effect profiles  
• Indirect comparisons  
• Existing utility estimates  
• Registries in the scope countries (data captured and how these can be used)  
• Supporting development of economic models  
• Evidence gaps and future evidence generation |
| Development of a PRO strategy                | Chapter 3                                  | • Role of PROs in product differentiation  
• Impact of PROs on HTA and P&R submissions  
• Existing PRO data for marketed products and label claims  
• Evolution of a PRO strategy |
| Development of a preference-based utility strategy | Chapter 5 Chapter 7 (UK)                   | • Existing utility estimates in the literature and how these have been applied to cost-effectiveness models of competitor products  
• Mapping to EQ-5D to generate utilities  
• How such estimates map onto different symptoms that may be able to drive utility differences |
| Critical understanding of existing HE models | Chapter 4 Country-specific chapters (6–12; particularly 7 [UK]) | • Critically assess existing models, assumptions, and inputs (cost, utility, and clinical) |
| Competitor AE profiles                       | Chapter 4 and country-specific chapters    | • Impact of AEs in economic models  
• HTA feedback on relevant AEs to include in models |
| Inform clinical development program (endpoints, subgroups) Inform HTA strategy Inform cost-effectiveness model | All chapters | • Competitors’ HTA and clinical development strategies (existing products and products in development)  
• Benefits according to different subgroups and definitions used in trials  
• Feedback from payors and HTA agencies on submitted evidence and needs for future research |
| Develop and inform value propositions        | Chapters 3–5 Country-specific chapters     | • Understand the value propositions of competitors and their acceptance by payors  
• Provide the basis for the global value dossier of a new product |
| Internal education                           | All chapters                              | Use as educational materials to enable colleagues to rapidly become familiar with a new therapy area and the market challenges |
| Cross-functional collaboration               | All chapters                              | Ensure common understanding across the organization in order to develop a single coherent strategy that meets various stakeholders’ needs in:  
• Market access challenges and opportunities  
• HEOR strategy development  
• Clinical development strategy  
• Regulatory expectations in terms of indication, clinical trial design, and PROs  
• Accurate forecasting of the market opportunity  
• A consistent value proposition that supports both market access and marketing |
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1.2 UK
1.3 Germany
1.4 France
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3.1.1 Pivotal trial results: AVADO
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5.1 Accountable Care Organizations
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Appendix: summary of market access landscapes
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• Germany
• France
• Spain
• Italy

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