

# Market Access & Pricing Challenges & Considerations in Rare Diseases

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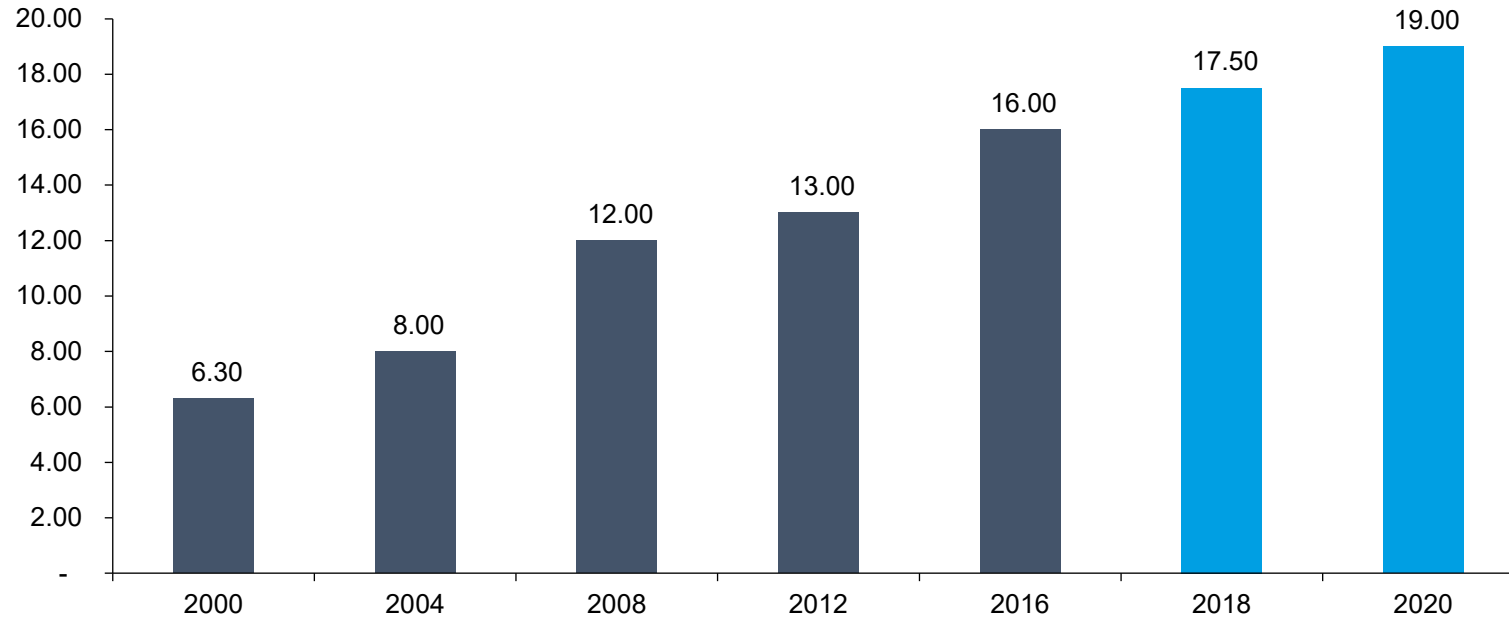


# RARE DISEASES – THE FACTS

|                    |  |
|--------------------|--|
| <b>7'500</b>       | Number of rare diseases  |
| <b>1 in 10</b>     | people are affected by a rare disease  |
| <b>1 out of 2</b>  | patients diagnosed with a rare disease is a child                            |
| <b>3 out of 10</b> | children with a rare disease will not see their 5 <sup>th</sup> birthday     |
| <b>8 in 10</b>     | rare diseases are caused by a faulty gene                                    |
| <b>6 – 8 years</b> | is the average time to get a confirmed diagnosis                             |
| <b>95%</b>         | of rare diseases lack an FDA approved treatment                              |
| <b>FDA</b>         | approvals for rare diseases lag considerably behind rare disease designation |

# THE ORPHAN DRUG MARKET IS GROWING

Sales as % of total prescription sales



# MARKET ACCESS - ISSUES

- Mostly, only sparse clinical data available.
  - Regulatory agencies and payers require more data, larger studies, “value for money”
- Patients are now more “therapy savvy” and global.
- Usually, companies enter relevant therapeutic area for the first time, so no previous experience or knowledge of disease.
- Competition - more Pharma companies are interested in developing rare disease drugs.
- Careful that the drug prices are not disproportionate to the clinical efficacy.

# CHALLENGES TO PRICING – MORE PAYER SCRUTINY

- Patient advocacy groups and patient support groups typically support R&D, legislations, bring patients together, etc. They do not negotiate price.
- Payers have up to now paid up, but there may be a breaking point as prices go up.
- Patient co-pay has gone up
- Use of prior authorization has increased
- Payers may determine value based on cost-effectiveness and unmet need

# MARKET ACCESS AND PRICING FORMULA FOR SUCCESS

- Companies often focus on just one orphan indication and one market. Should seek other indications and other territories
- Companies must provide drug's costs and benefits for the health system, caregiver and support systems, and providers and patients
- Identify patients quickly
- Provide strong patient advocacy and patient education
- Equally important is manufacturing and supply chain

# STRATEGIES FOR IMPROVING REVENUE POTENTIAL

| Pathways        | Primary Indication   | Subsequent indication | Examples            |
|-----------------|----------------------|-----------------------|---------------------|
| Early Access    | Orphan disease A     | Non-orphan disease B  | Avastin Bevacizumab |
| Multiple OD     | Orphan disease A1    | Orphan disease A2     | Glivec Imatinib     |
| Sub indications | Non-orphan disease A | Orphan disease B      | Erbitux Cetuximab   |

# SUMMARY

- In spite of new drugs to treat rare diseases, there are still many rare diseases for which there is no treatment
- Most countries provide incentives to develop drugs for rare diseases.
- The ROI in orphan drugs typically exceed that in non-orphan drugs
- Patient support and advocacy groups play an important role in development of drugs for orphan indications
- There are challenges to patient access as these drugs are very expensive
- In spite of more payer scrutiny these drugs are still made available to patients



# Thank you

## Please reach out for any questions

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