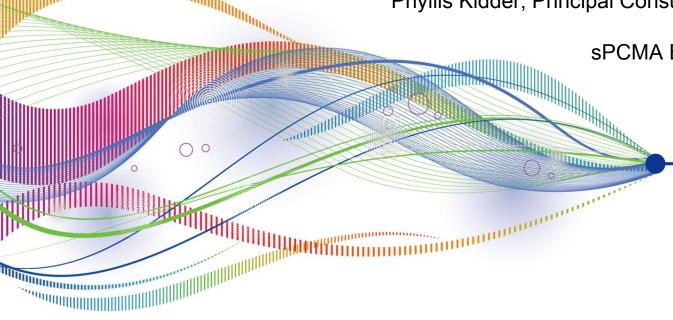
# Orphan and Rare Disease Products Exclusive Pharmacy Networks

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## Multiple Perspectives

#### **Pharmacies**

- \$75B opportunity by 2020
- How to win access
- Nuances along the way
- When and how to engage
- Importance of empathy and passion

#### Manufacturers

- It's your whole company
- It's the fate of your new company
- Detailed design matters
- Success or failure of a product
- Facing headwinds and telling many customers NO

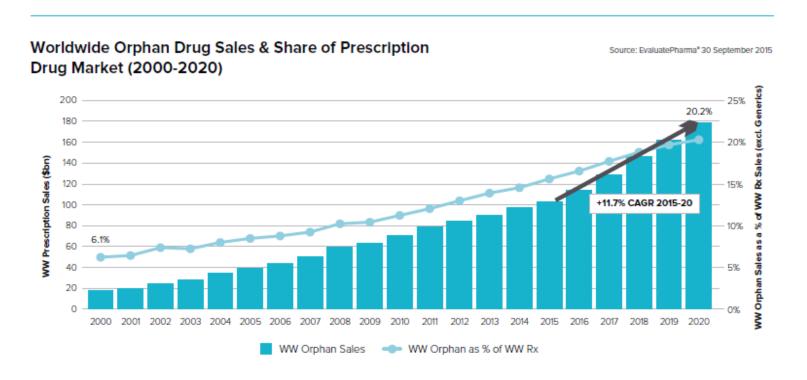
# **Topics for Discussion**

- Size of the orphan drug (ORD) market
- Network development
- Constituent frustrations
- Setting a multi-year vision indication & patient expansion



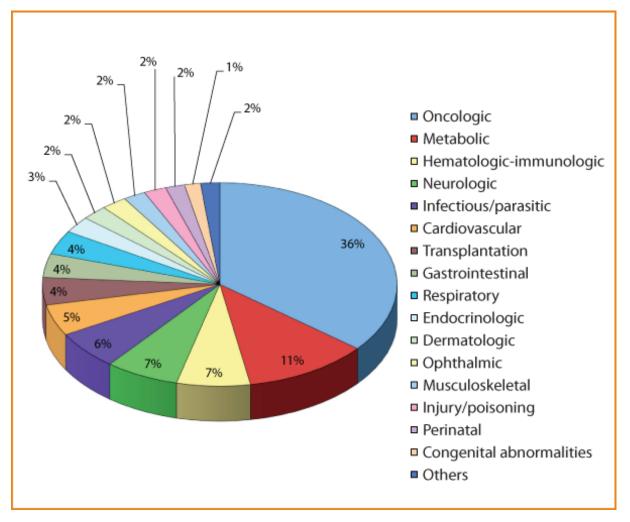
### Worldwide Orphan and Rare Disease Market

- Orphan drugs will be 20.2% of worldwide Rx sales by 2020\*
- Total of \$178B by 2020 (CAGR 2015 to 2020 +11.7%)
- Estimated that \$75-78 million will be the orphan drug market in the US



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## Overview of US Orphan and Rare Disease Market



- ~7000 rare diseases
- ~25 million people
- 25% of a product's sales have to be orphan indications to maintain designation
- As of January 2017...
  - 458 ORD products
  - 302 single indication ORD
  - 72 several mass market Indications
  - 84 multiple disease states
- Average therapy cost \$111,820/yr.

# (Emotional) Authorization and Step Process – Patient Journey

# Diagnosis & Understanding Therapy

- A new hope
- Providers
- Associations
- Drug development awareness
- Price tags between \$50k-\$1M

# Navigating Insurance

- Statement of Medical Necessity
- Authorization
- Testing
- Step edits
- Delays
- Coordination of Therapy
- Pieces fitting the whole

# Navigating Patient Journey

- Physical and financial access
- Training
- Navigating the Care Team
- Reauthorization
- Economic hardships

# Achieving Intended Outcomes

- Matching the commercial journey to the clinical journey
- Real World Evidence



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# Products – Understanding Differences in Commercial Models

	Brand	Generic	Specialty	Biosimilar	Orphan	Precision
		Conario			A Constant of the last of the	
Cost	Low	Very Low	High	High	Very High	Very High
Patient Base	Very large	Very large	Small to Medium	Small to Medium	Very Small	Very Small
Payer Barriers	Low	Very Low	High	High	Very High	Uber High
Complexities	Rare	Very rare	PA, Step Edit, Benefit Design, Reimbursement, Storage, Admin	PA, Step Edit, Benefit Design, Reimbursement, Storage, Admin	Find patient, PA, Step Edit, Benefit Design, Reimbursement, Storage, Admin	Qualify patient, PA, Step Edit, Benefit Design, Reimbursement, Storage, Admin

# Why Use Exclusive Networks? Answer: High Control/High Touch

Channel Access To	Level of Control		
Open	Preferred	Limited	Exclusive
<ul> <li>&gt; 100k patients</li> <li>Low control</li> <li>Low touch service</li> <li>No data visibility</li> <li>No limit on access</li> </ul>	<ul> <li>100k – 20k patients</li> <li>û control</li> <li>Low touch service</li> <li>û data visibility</li> <li>No limit on access; list of preferred partners</li> </ul>	<ul> <li>20k – 5k patients</li> <li>û control</li> <li>Medium touch service</li> <li>û data visibility</li> <li>1 SPP/1,000 patients/year</li> <li>1 SPP/100 new patients/month</li> </ul>	<ul> <li>&lt; 5k patients</li> <li>High control</li> <li>High touch service</li> <li>High data visibility</li> <li>1 SPP</li> </ul>

These networks can vary by drug AND by type of site of care



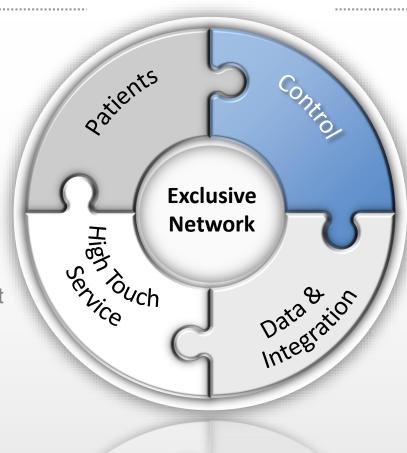
### Rationale for Exclusive Network for Orphan / Rare Drugs

#### **Patients**

- Small patient population
- With multiple SPPs each could get very few

### High Touch Service

- "White glove" –
   provide holistic patient
   medication
   management and
   assist with payer
   hurdles
- How to ensure same high touch across multiple SPPs



#### **Control**

- Every patient /
   caregiver counts –
   can't afford to lose
   even one
- Every therapeutic intervention matters

### Data & Integration

- Accurate and timely...
   data critical,
   especially for a 1<sup>st</sup>
   launch
- Data integration easier with fewer partners
- Integration with patient services

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# What do Manufacturers Need to Consider to Put the Puzzle Together?

#### **Bridging Silos**

# Channel **Market Access** Strategy **MSLs** Field Sales **Brand** Field Management Reimbursement **Patient** Team Services

#### **Patient Journey**



# You Are Going to Have Frustrated Constituents

Payers	Providers	Health Systems	Out of Network Pharmacies
Owned SPP not in manufacturer network	May not be able to use SPP of choice	Usually excluded from exclusive networks due to limited reach	Want in!
May have to contract with SPP outside of their preferred network at higher rates	Perception this is a more complicated process	Have responsibility for patient – how do they have visibility to the entire journey	May have the other medications for these patients and can't fill this one



## Winning an Exclusive Network Contract

#### What **NOT** To Do

- Primarily focus on total revenues and growth
- Accreditations

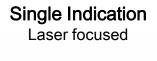
#### What To Do

- Deep disease state knowledge
- Empathy with patient
- Empathy with providers
- Payer relations and nuances
- Care coordination
- Willingness to share data
- Willingness to integrate with patient services



# **Expanding Indications and Network Implications**

Networks are morphing to accommodate multiple indications with tailored care



Follow-on Indications
Manage complexity of
disease state specialty

**Expanded Indications** 

Networks tailored by disease state, patient, caregiver and provider types



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## **Key Takeaways**

#### **Specialty Pharmacy**

- Substantial market opportunity
- Winning an exclusive network contract is difficult
- Solid business model
- Key is
  - Empathy
  - Willingness to integrate with manufacturer for care coordination

#### Manufacturer

- Can't miss a single patient or therapeutic intervention
- Imagine every patient (and their caregiver) is like an egg
- Many channels will want access but they have to prove they are the best at it
- Be VERY careful not to be laissez faire or cavalier with your approach to channel strategy or configuration

You Never Get A 2<sup>nd</sup> chance to make a 1<sup>st</sup> impression





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