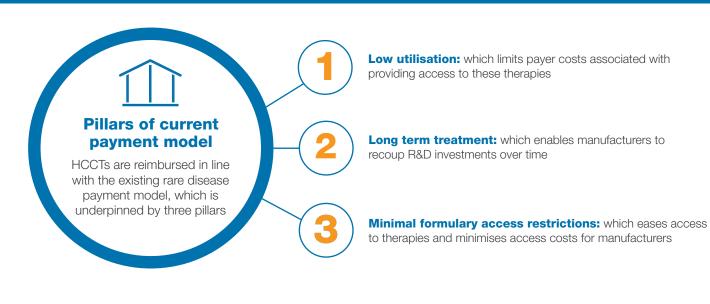
Impact of High-Cost Curative Therapies (HCCTs)

on Existing Business Models



Unlike traditional rare disease therapies,

HCCTs pose a different set of challenges to the existing payment models



Ultra High Upfront Costs

Costs associated with HCCTs are typically high (e.g., CAR-T therapies – Kymriah and Yescarta cost in excess of \$300,000 / patient)

Immediate / upfront budget impact; HCCTs tend to have 'front-loaded' budget impact (first year) that fades over time



Increased Utilization

Increase in number of patients on HCCTs due to broader use of HCCTs and expected increase in availability (currently over 800 therapies in the pipeline)



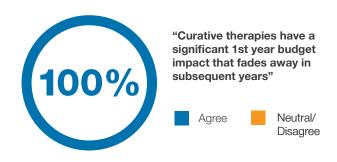
Cost-Effectiveness Assessment

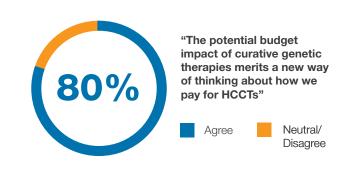
Difficultly assessing the curative value and cost-effectiveness of HCCTs due to lack of long term safety / efficacy data

HCCTs pose challenges that impact payers and manufacturers

in several different but related ways

Key Research Takeaways*





*based on interviews with n=10 payers

HCCT Challenges



Payer Challenges

| Budget impact of HCCTs |
|-----------------------------|
| is concentrated in the |
| initial years of launch due |
| to patient warehousing |
| and the curative nature of |

Front-Loaded

Budget Impact

Cost mitigation through increased premiums and patient cost-sharing is unsustainable

HCCTs

Pros

Pros

Difficulty Evaluating HCCT Benefit

70%* of respondents felt manufacturers do not have or share robust long term data needed for evaluating the cost-effectiveness of **HCCTs**

Similarly, HCCT outcomes data is often inadequate to evaluate cost-effectiveness and long-term outcomes



Payers suggested alternative payment models that would potentially address challenges with the current model but also raise several new challenges

Annuity Payments

Most popular alternative model across payers

Mitigate upfront budget impact by spreading payments over time



Transient member population leaves payers stuck with payments after member has transitioned to different plan

Cons

Cons

Outcomes-Based Agreements

Payments are tied to success / outcomes

Model is aligned with the overall trend towards value-based care



Require alignment across stakeholders with different interest on what constitutes 'success'

Risk Pools Pros Cons

Carve out costs to a third party such as the government

Would keep health insurance premiums lower



Payer perceptions vary on risk pool design and viability

Would be extremely costly to underwriting entity

HCCTs will force payers and manufacturers to reconsider their business models

Early and collaborative multi-stakeholder engagement focused on the design of a new model that maximizes the lifetime value of HCCTs or manufacturers and mitigates the budgetary impact of HCCTs to payers will facilitate sustainable long-term uptake of HCCTs

Sources: CRA Payer research, CRA Analysis



^{*}based on interviews with n=10 payers