## Pharmaceutical pricing: Not the market we need

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# The US (and ROW by extension) pharmaceutical market

- Almost entirely artificial (through government policy)
- But 'free':
  - Companies can select what they develop and how much they charge
  - Policy efforts to direct market work well, but often misguided
- Central element of the market time limited period of unconstrained pricing
  - Competition then drives down prices
- There are lots of fancy 'solutions', but few solve the key problem
  - Market increasingly inefficient on every margin

# The Reward Box: Monopoly pricing for pharmaceuticals over time



#### 21<sup>st</sup> Century Cures Act (2016)



#### **Orphan Drug Act of 1983**



### Innovation (i.e. 'new drugs') increasingly narrow



## Innovation is mostly followers\*

- Investment in 'innovation' is about expected returns
- Research success more likely when other drugs in category

#### Example of ALK inhibitors in lung cancer

Year	Drug				
2011	Crizotinib				
2014	Ceritinib				
2015	Alectinib				
2017	Brigatinib				
2018	Lorlatinib				
2022	Ensartinib, Entrectinib, Belizatinib, Alkotinib, Foritinib, TQ-B3139, PLB1003. TPX-0131				



\*This is not new, history of pharmaceutical industry is in waves: Benzo's, statins, ACEI's, opiates, Immunotherapies, CAR-T, gene therapies



#### The Challenge What We Do Research & Insights Tools & Tutorials Our Impact About O

True innovation represents a fraction of total FDA approvals



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### 'Innovation' is not directed at public health

#### **CUIE** SMA

#### **SMA DRUG PIPELINE**

We're funding and directing research with more breadth and depth than ever before. We know what we need to do to develop and deliver new therapies, which could also work in combination, to reach our goal of treatments for all ages and types. And we're on the verge of further breakthroughs that will continue to change the course of SMA, and eventually lead to a cure.

BASIC RESEARCH SEED IDEAS	PRECLINICAL: DISCOVERY			CLINICAL DEVELOPMENT			FDA APPROVAL	TO PATIENTS	
	IDENTIFICATION	OPTIMIZATION	SAFETY & MANUFACTURING	PHASE 1	PHASE 2	PHASE 3			
Biogen/Ionis-Spinraza									
Novartis Gene Therapies-Zolgensma (IV)									
Roche-Genentech/PTC/SMAF-Evrysdi									
Scholar Rock-SRK-015 (Muscle Drug)									
Novartis Gene Therapies-OAV101 (AVXS 101) IT									
Cytokinetics-CK-2127107									
Roche-Genentech-GYM329	Prevalence of SMA: 1 per 100,000								
NMD Pharma-NMD-670									
Biogen-BIIB110 (Muscle Ehancing Agent)	Prevalence of Diabetes: 14,000 per 100,000								
Columbia/NU-p38aMAPK Inhibitor									
MU/ Shift Pharmaceuticals-E1 ASO									
Biogen/Ionis-2nd Generation ASO									
AurimMed Pharma-Small Molecule									
Praxis Biotech-Protein Synthesis Enhancers									
Indiana U/Brigham & Women's-Small Molecule									
Monani-Modifier Program									
Meriney-Calcium Channel Modifier									
Patten-Zebrafish Screen									
Jablonka-Calcium Channel Modifier									
Voyager Therapeutics: AAV Gene Therapy									

#### Narrow markets are attractive to companies

- For serious illness, more pricing power
  - Medicare, and most insurers, must cover ALL cancer drugs
- Costs less to buy mkt share
  - Fewer high-volume providers
    - Smaller sales force
    - More concentrated 'payments'
      - (10x \$'s per oncologist vs. PCP's)
- Path of influence more clear



Hartung et al. JAMA, 2018



Mitchell et al. The Oncologist, May 2021

## Price to health value declining: As launch prices rise & older rx prices keep up



## High prices for innovation is failing

- Pay high prices to get companies to invent future treatments we need
- But also, pay high prices for that future treatment
- Which means we can't get it, even though we need it
- You see where this is going ....



• If prices must keep rising to keep innovation going ... we are at point of diminishing returns



The best fit line is: Price per life year gained = \$54,100 + \$8,500 x Approval year. Approval Year = 0 for 1995, 1 for 1996, etc. For purposes of display, we re-coded one value from \$802,000 to \$400,000. Source: Authors

## They have monopolies, we know what to do



## Thank you

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