

Drivers of Managed Entry Agreements to Reduce Reimbursement Challenges of Orphan Medicinal Products - The Development of a Matrix

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INTRODUCTION

- Reimbursing orphan medicinal products (OMPs) presents both opportunities and challenges for national healthcare payers and HTA bodies because of their potential high benefits, large clinical uncertainties and high prices.
- To support a more structured application of (outcome-based) managed entry agreements (MEAs) intended to mitigate these OMP-related reimbursement challenges during an MEA's life-cycle (Figure 1), a matrix was developed to facilitate reimbursement negotiations and, ultimately, patient access.

METHOD

- A systematic literature review was performed, searching PubMed, Embase, and grey literature from 1 January 2000 until 1 January 2024 to globally identify reimbursement challenges (clinical or cost-effectiveness uncertainties or financial risks) described in relation to MEAs for OMPs.
- The data retrieved were used to develop a matrix that structures the drivers of managed access agreements to reduce financial risk and reimbursement challenges specific to OMPs.

RESULTS

- A total of 77 studies were included in the review, identifying 23 different types of MEAs for OMPs.
- The results in Figure 2 indicated that more commonly known MEAs were designed to mitigate different reimbursement challenges, and more innovative MEAs and combinations thereof have been frequently described in literature.
- The selected case study of Myozyme® illustrated how the matrix can present stakeholders with additional mitigation strategies for the relevant reimbursement challenges

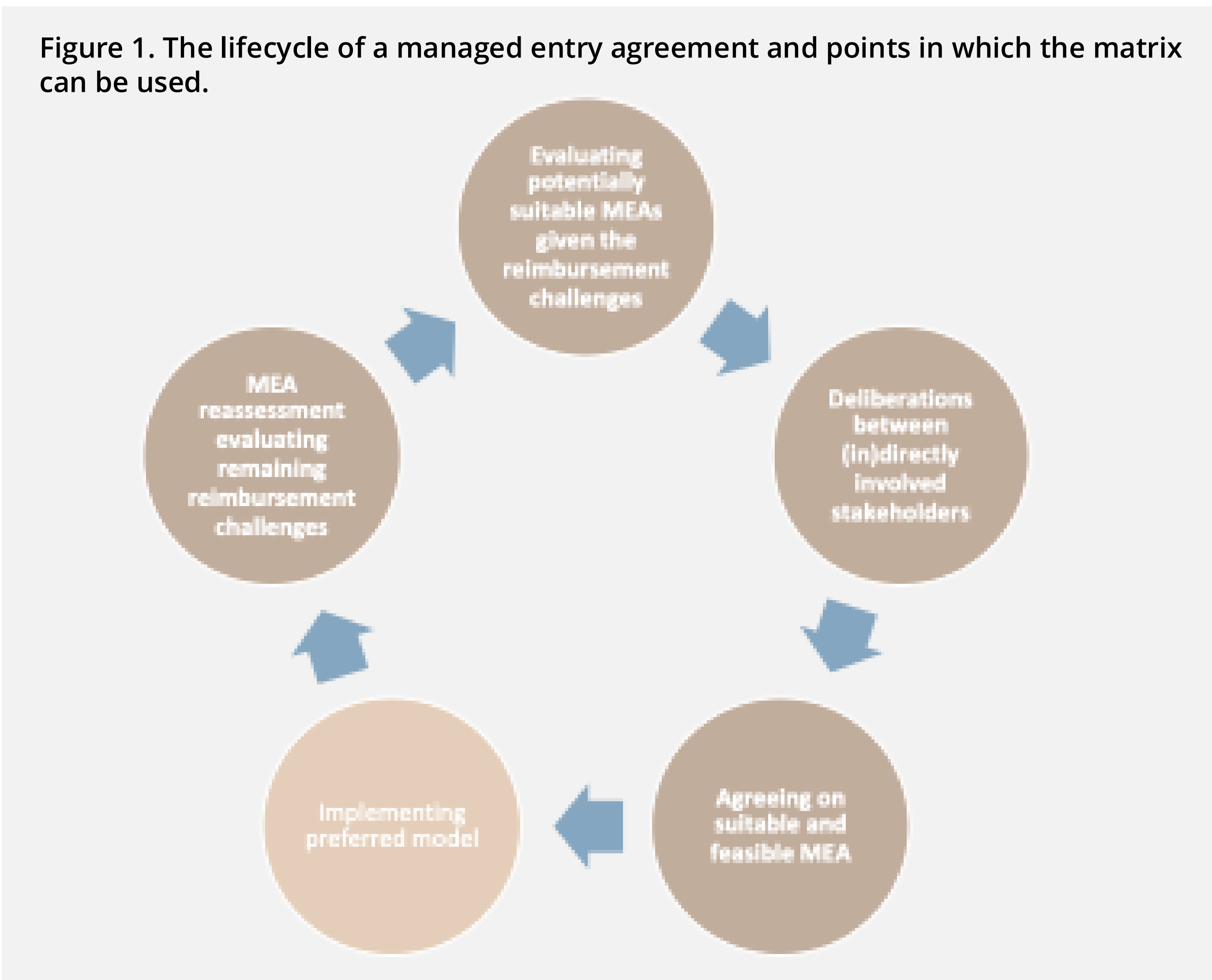


Figure 2. Matrix of MEA elements designed to manage reimbursement challenges for OMPs.

		Reimbursement models						Payment models				Combined models											
		Price-Volume Agreement	Discounts	Free doses	Budget Threshold	Pay-for-outcome	Conditional Treatment Continuation	Coverage with Evidence Development	Rebates	Annuity payments	Health leasing / subscription	Payment at outcome achieved	Budget threshold with rebates	Budget threshold with annuity payments	Price-volume agreement with a budget threshold	Health leasing / subscription and price-coverage with evidence development with a discount	Coverage with evidence development with annuity payments	Coverage with evidence development with continuation	Pay-for-outcome with annuity payments	Pay-for-outcome with a discount	Pay-for-outcome with payments at outcome	Pay-for-outcome with rebates	
Clinical effectiveness uncertainties																							
Population	Target population vs study population																						
	Natural history / Course of the disease																						
Intervention	Product quality																						
Comparator	Choice of comparator																						
	Efficacy: Precision of effect size																						
	Safety: Exposure																						
Outcome	Clinical meaningfulness of the outcome																						
	Quality of Life (datapoints collected)																						
	Safety profile / Risk characterization (datapoints collected)																						
Time	Duration of efficacy																						
	Length of follow-up																						
Study design	Quality of evidence: Trial design																						
	Clinical practice																						
Cost-effectiveness uncertainties																							
Input	Costs																						
	Effects and Utilities																						
Output	Cost-Effectiveness																						
Financial risk																							
Cost impact	High upfront payment																						
	High budget impact																						
Application	Not appropriatel use																						

CONCLUSION

- To address reimbursement challenges for OMPs along their life cycle, it is valuable to consider both established and innovative, e.g., outcome-based MEAs.
- Combining reimbursement and payment models has the potential to address multifaceted reimbursement challenges.
- The developed matrix fills a gap in providing a structure for drivers of MEAs tailored to OMPs, enhancing decision-making processes and ultimate patient access to OMPs targeting high unmet medical needs.

