

# Market research outputs

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## Market research outputs

Comparison of clinical characteristics

Background

Message recall, Q4 2018

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ICER data - pancreatic cancer market

Background

Patent expiry

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Competitor pricing data

Background

## Comparison of clinical characteristics

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### Background

Different drugs have different clinical attributes and physicians compare data from their clinical trials when considering which drugs to use for their patients.

- How is the clinical profile of Imperialumab differentiated from the competition?
- If you were an Imperialumab representative, which attributes would you want physicians to have front-of-mind about your drug?

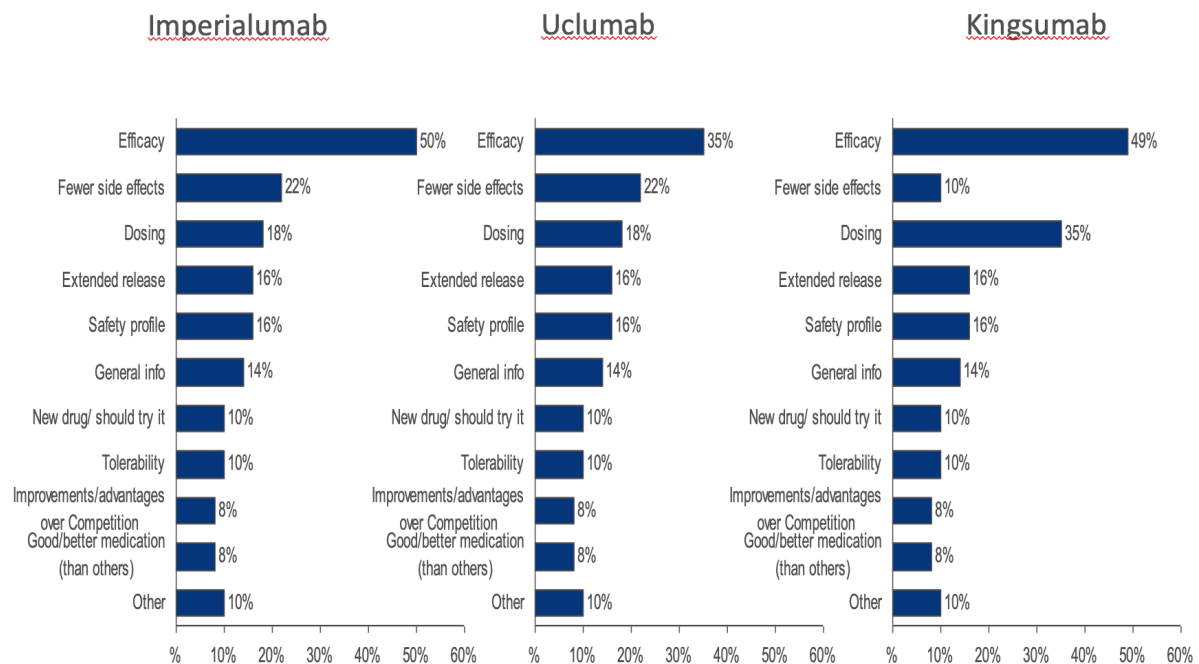
Attribute	Imperialumab	Uclumab	Kingsumab
Efficacy	1st	2nd	2 <sup>nd</sup>
Side effect Profile	1 <sup>st</sup>	2nd	2nd
Dosing	2nd	2nd	1 <sup>st</sup>
Formulation	1st	3rd	2 <sup>nd</sup>
Safety profile	1st	1 <sup>st</sup>	1st

# Message recall, Q4 2018

## Background

This is a message recall study – physicians are asked as part of Primary Market research which “messages” they recall after a visit from a representative.

Consider this in light of the “Comparison of clinical characteristics data” for Imperialumab and the competition - is this in line with what you would expect to see?



# ICER data - pancreatic cancer market

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## Background

Market Access is critical for companies to sell their medicines in the UK Market.

What is the approximate cost/QALY required to achieve broad market access? Are the competitors significantly differentiated here?

Imperialumab	£28,000 / QALY
UCLumab	£29,000 / QALY
Kingsumab	£28,500 / QALY

# Patent expiry

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## Background

Once patents have expired on medicines the original molecule can be copied by other “generics” companies and sold at what is typically a significantly lower price.

Might generics companies be active in this market at this time?

**LoE dates for key molecules:**

<b>Imperialumab</b>	<b>2025</b>
UCLumab	2022
Kingsumab	2021

# Competitor pricing data

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## Background

Once a drug achieves market access, local arrangements can be negotiated between companies and hospitals/pharmacies. The UK National Health Service is a very price-sensitive institution.

Do the differences here suggest price may be a differentiating factor in brand performance?

- **Per milligram prices for the three individual brands differ +/- 5%**
- **The average cost per patient between all three treatment regimens differ +/- 0.1%.**