











# Pharma 50

and Mexico. All other remaining countries outside the BRIC and the other 17 Pharmerging countries are grouped together as ROW. This group includes the smaller European countries as well as Canada and Australia.

If we look specifically at the companies in the Pharma 50 list, we see that the increase in specialty pharmaceutical sales for US, EU5, and Japan is primarily driven by these top companies in global sales of Rx products (see Figure 2 on page 30). In these markets, there is already a high level of specialty products usage, aided by a well-established infrastructure of specialist facilities and physicians to treat and prescribe these medicines.

There is also a strong increase in their usage likely due to the large investments companies have placed in securing access for specialty medicines in these markets, an increased aging population in these countries, and societal willingness and ability to pay for treatments for complex—often rare—diseases.

The increasing spend on specialty drugs for the Pharmerging markets, including BRICMT and Tier 3, is relatively smaller than the other markets, likely reflecting a higher cost of therapy relative to income, higher levels of cost borne directly by patients, and a relatively younger patient population that carries a greater need for products focused on primary care.

Although companies have been placing significant emphasis on expanding their specialty franchise into these areas, they still face challenges around drug awareness, availability, and affordability. This has slowed the transition to specialty and led to smaller changes in the product mix than in the US, EU5, and Japan. The significant increase in specialty products within ROW also reflects the investments being made by Pharma 50 companies in smaller markets outside of the G7 that have established infrastructure for these types of products (e.g., in Scandinavia, East Europe, Australia, and Canada).

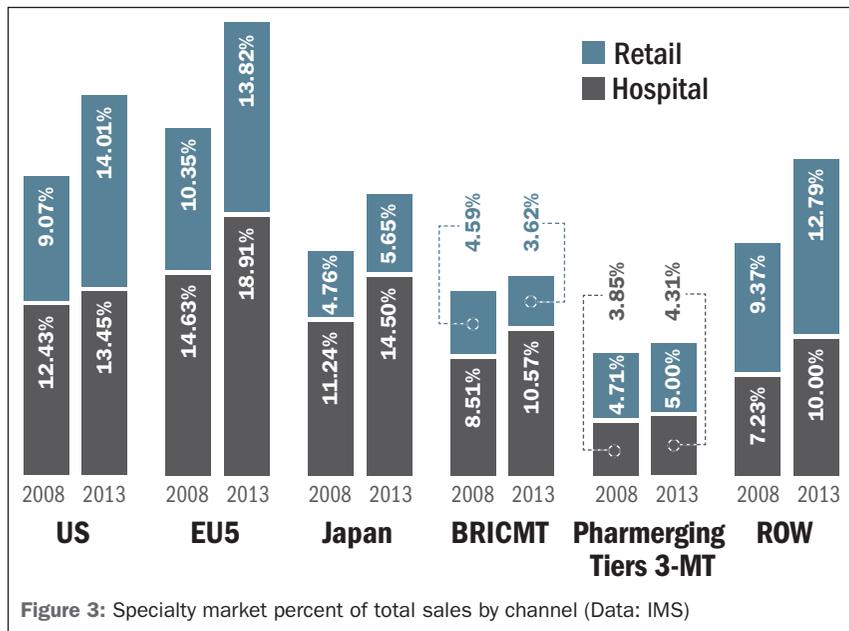


Figure 3: Specialty market percent of total sales by channel (Data: IMS)

### Channel growth

The sale of specialty products historically has been through hospital or specialized care settings that can provide the infrastructure required for the administration of biologically complex products. With advances in technology and new classes of drugs, we have seen a trend towards increased sales through the retail sector. Existing products also have been recast in formulations that are more amenable to use in the retail sector. Examples of these innovations include oral administration rather than injection for rheumatoid arthritis, multiple sclerosis, hepatitis C virus, cancer, and a number of orphan-drug diseases; more robust formulations that have less need for special storage requirements, like self-injectable pen devices; or subcutaneous formulations, like Roche's Rituxan, which can be administered by health professionals outside of a hospital or home care setting.

The growth of this retail market is most pronounced in the US (see Figure 3). In 2008, if we break down the 21.5% of specialty from Figure 1, we see that 12.4% of total pharma products in terms of value were specialty products administered through the hospital setting and about 9.1% through the retail

setting. By 2013, the hospital setting remained relatively stable at 13% whereas the retail setting increased to 14%.

For the US, this large movement of value through retail channels sets up newer challenges for pharmacy benefit managers who are now saddled with larger payouts for products which they were not necessarily having to reimburse before. This means that specialty products are now on the radar screen for payers, suggesting that increased sensitivity to cost among the reimbursement community will have an as yet unquantifiable impact on future rates of sales growth, in a segment where price has rarely been a contentious issue.

In the EU5, there seems to be a higher proportion of specialty product usage than in the US, and a rise in both hospital and retail sales. This is being driven by adoption of newer therapies under the single-payer structure of these markets, and the proportional increase is amplified by the declines in spending on traditional medicines related to patent expiries, widespread take up of generics, and pricing and reimbursement controls. This comparison to the US may be impacted by the fact that sales are based on the ex-manufacturer invoice price,



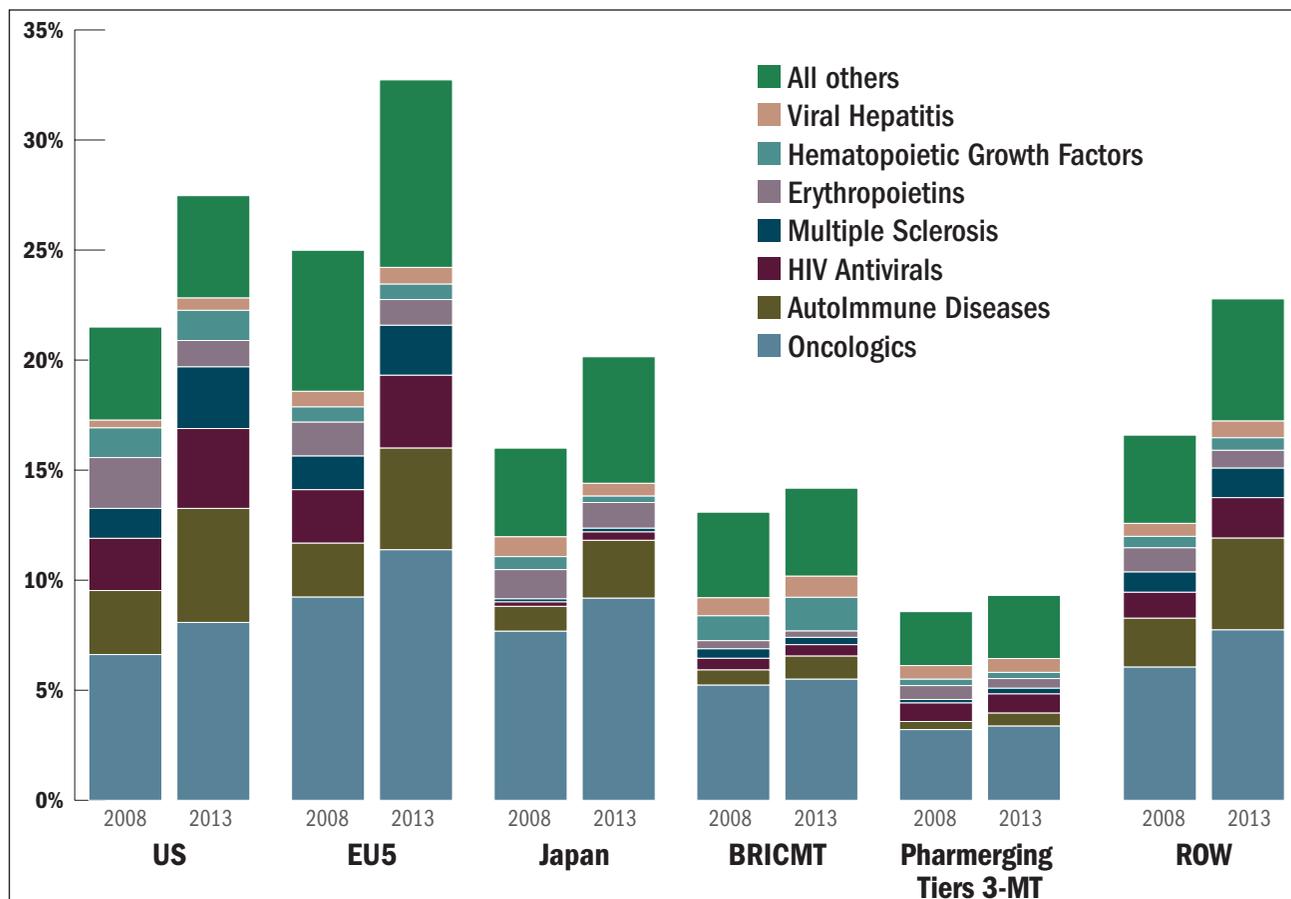


Figure 5: Specialty market percent of total sales by therapeutic area (Data: IMS)

growth in oncology, autoimmune, MS, HIV, and hepatitis C categories, driven by the availability of newer medicines. Of course, the wide range in share of sales for the different therapy areas across geographies highlights differing priorities for medicine spending, along with differing disease prevalence and affordability for high-cost medicines.

**Conclusion**

The value and volume of specialty products is increasing substantially across all geographies, and this is being driven by the increased development of specialty medicines across a range of diseases. This is a positive indicator that innovation in medicines is continuing to expand the societal and economic benefits from investments in medical progress. It may be that as diseases addressed by these prod-

ucts receive higher recognition by societies and governments, the costs will be more easily shared across geographies and among newer stakeholders.

It is also critical to note that growth of the specialty market can be linked to rising global incomes. For Pharmerging markets, this will continue to be true in the future. The rise and empowerment of the middle class, increased initiatives by pharmaceutical companies in partnering for the expedited delivery of healthcare, and greater private insurance to augment government healthcare funding will all contribute to patients gaining greater access to medicines.

The growing specialty market is a ripe opportunity for companies that are well-established in the field and have considerable marketing presence. A key factor for success of these companies

will be to develop innovative solutions that distribute costs of these therapies between manufacturers, payers, and patients in order to achieve broader access in and between geographies and across patient populations. The challenges are many, however, and are not limited to protecting IP in emerging markets or addressing payer resistance to prices for innovative products in the G7 countries. This is especially true when access decisions and pricing negotiations in one country have a trickle-across effect on others. <sup>PL</sup>

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