

# Understanding value drivers of European payers' evaluation of products that combine pharmaceuticals, medical technology and digital health – is a new approach needed?



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## Objectives

Innovation is increasing in integrated products combining a drug, a connected 'smart' administration device and an application that supports disease management. Specific evaluation frameworks for these combination products do not yet exist. We assessed how payers evaluate the pricing and access potential of innovative digital health technologies that combine a drug, a 'smart' device and a companion application.

## Methods

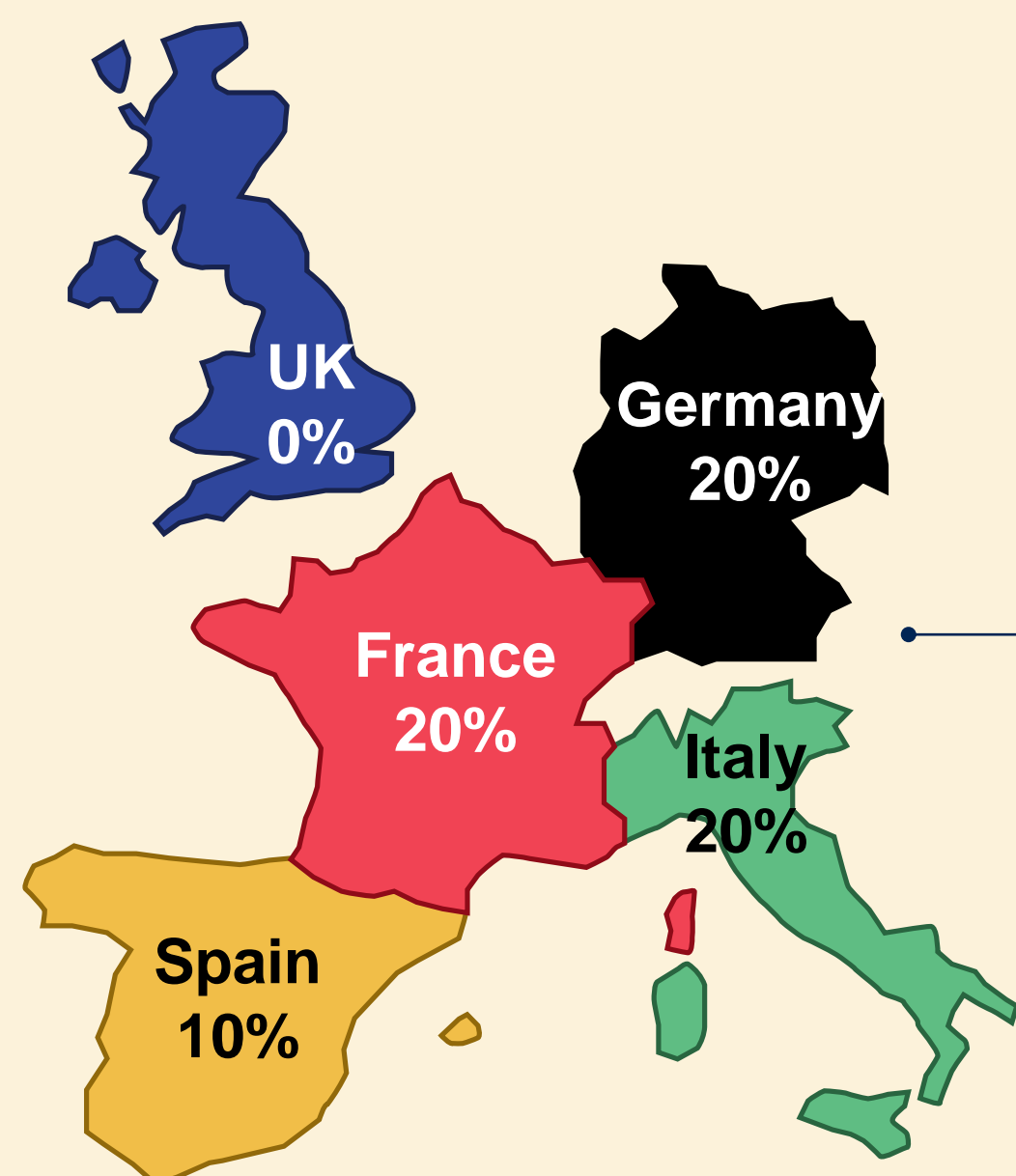
45 national or sub-national payers across European markets were surveyed in June 2021. Participating payers were asked, via an online questionnaire, what drives higher willingness to pay (WTP) and/or access for a drug, smart device and app combination product versus the same drug with a non-connected device and no app.

Table 1. Payer sample

	Total	National	Sub-national	>3 years experience in role
FRANCE	5	5		80%
GERMANY	10	5	5	100%
ITALY	10	5	5	80%
SPAIN	10	6	4	80%
UK	10	4	6	100%

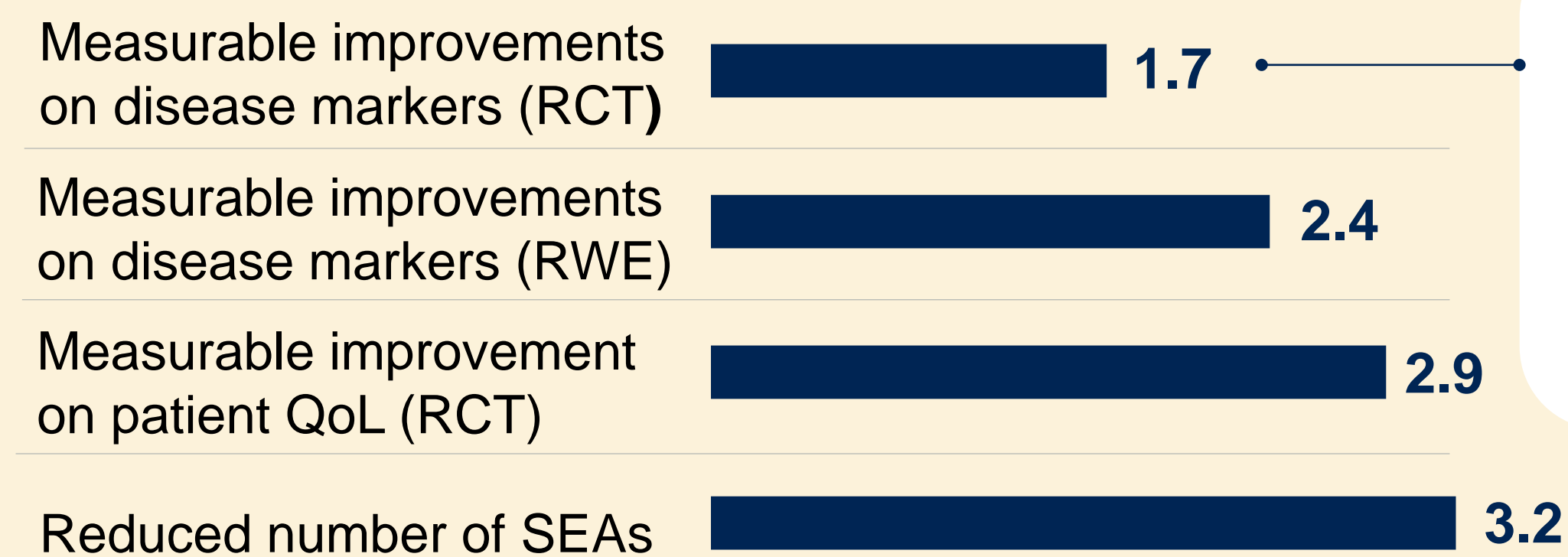
## Results

Figure 1: Proportion of surveyed payers who state no attributes of a connected device and app provided in combination with a drug increases WTP, but that they may influence HCP willingness to prescribe



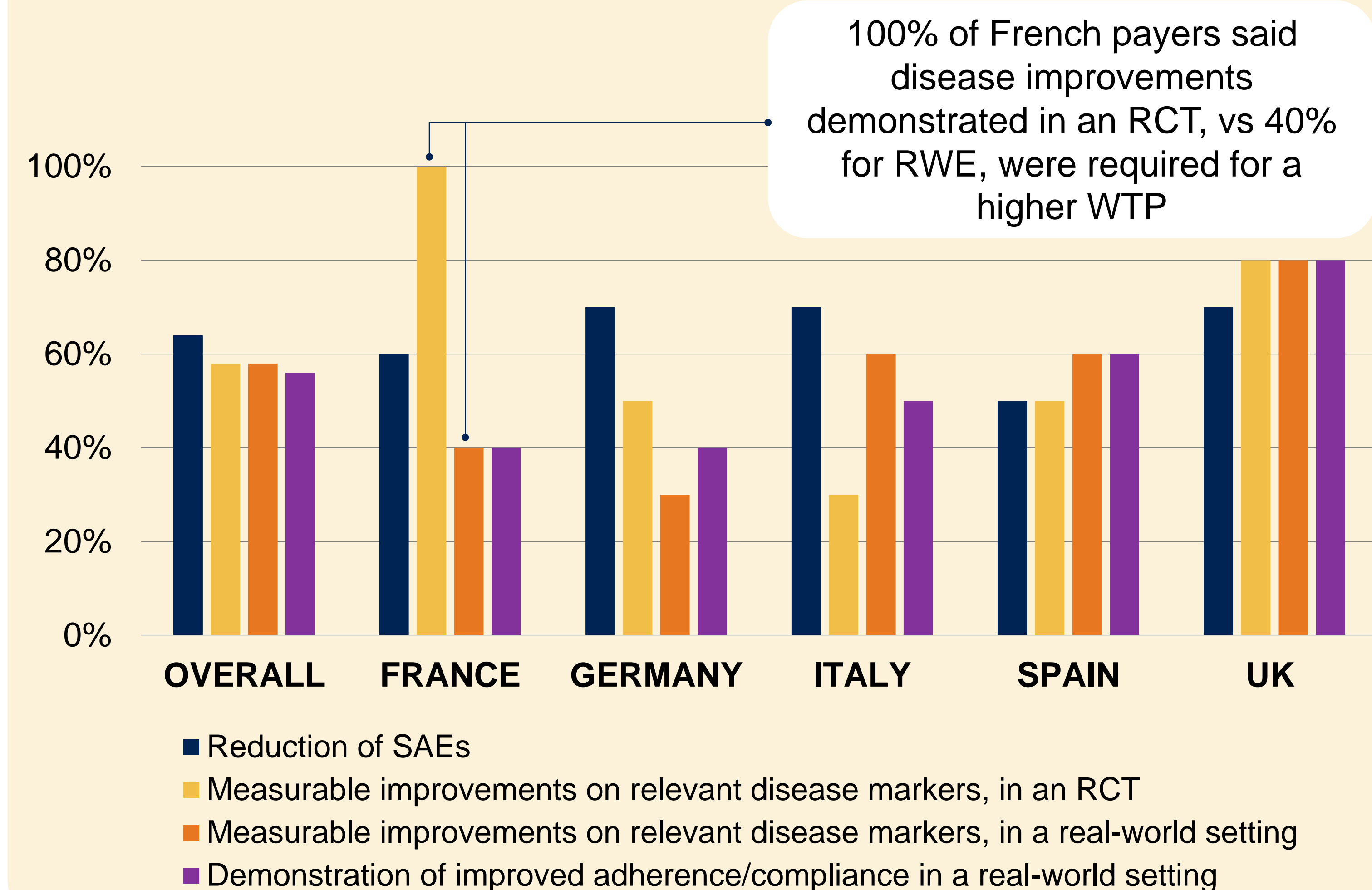
Most European payers are open to a higher price for a drug + device + app combination depending on benefits

Figure 3: Top ranked attributes that drive price premium and access (1-7, where 1 is the most important) according to surveyed payers who were open to a higher WTP (n=40)



Top ranked in all markets except Germany (where patient QoL was top)

Figure 2: Proportion of surveyed payers' most frequently mentioned attributes that need to be demonstrated for a drug, administration device and app combination product to be associated with higher WTP vs the same drug with a regular, non-connected, device and no app



## Conclusion

The establishment of frameworks for evaluation of these innovative technologies is still in its infancy. Conventional evidence from RCTs is still largely preferred over real-world data, however, we argue that RCTs do not capture the real-world benefit provided by integrated drug and digital/technological advances. Instead, more pragmatic approaches to evidence generated in real-world settings and conditional reimbursement should be considered.