

# Access and Affordability Program Implementation - Update

CIRM Programs Team AAWG Meeting April 30<sup>th</sup>, 2025 CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

**CIRM** 



# **Overview**

#### Context

• Prop 14, SAF Goal 5, and Aug 2023 AAWG feedback

#### **Our Approach**

- Tool development
  - A&A Checklist
  - Evaluation Rubric
  - Draft Guidance Document
- Tool Integration into Preclinical and Clinical programs

#### **AAWG Input Requested**

- Structure and categories of tools
- Usefulness, clarity, and implementation approach



# Background – Why A&A Planning Must Be Embedded Early

#### **Strategic Imperative from Proposition 14**

• Ensure that therapies developed with public funds are accessible and affordable for all Californians, particularly underserved populations

#### Feedback from AAWG (August 2024)

- Consensus: A&A operationalize @ both programmatic and project levels
- Broad agreement that access strategies must align with the stage of development
- Need for consistent expectations and clearer guidelines across CIRM funding stages



# **CIRM's Impact Goals**

#### **Accelerating Discovery & Translation**

- 1. Catalyze the identification and validation of at least 4 novel targets and biomarkers, ensuring integration into preclinical or clinical research for diseases in California
- 2. Accelerate development and utilization of 5-8 technologies that have the potential to improve safety, efficacy, and/or quality of cell and gene therapies

#### **Cell & Gene Therapy Approvals**

- 3. Advance 4-7 rare disease projects to BLA
- 4. Propel 15-20 therapies targeting diseases affecting Californians to late-stage trials

#### Accessibility & Affordability of CIRM-Funded Cell & Gene Therapies

5. Ensure that every BLA-ready program has a strategy for access and affordability

#### **Diverse Workforce Development**

6. Bolster CIRM's workforce development programs to address gaps and meet evolving demands in regenerative medicine



# Framing the Challenge – Key Questions and Considerations

### **Guiding Questions Raised by the AAWG**

- What stage-appropriate A&A activities should be required, and when?
- How can CIRM leverage its infrastructure to *incentivize planning early* while ensuring feasibility and proportionality?
- What mechanisms and metrics are needed to *track and support* execution of A&A strategies?

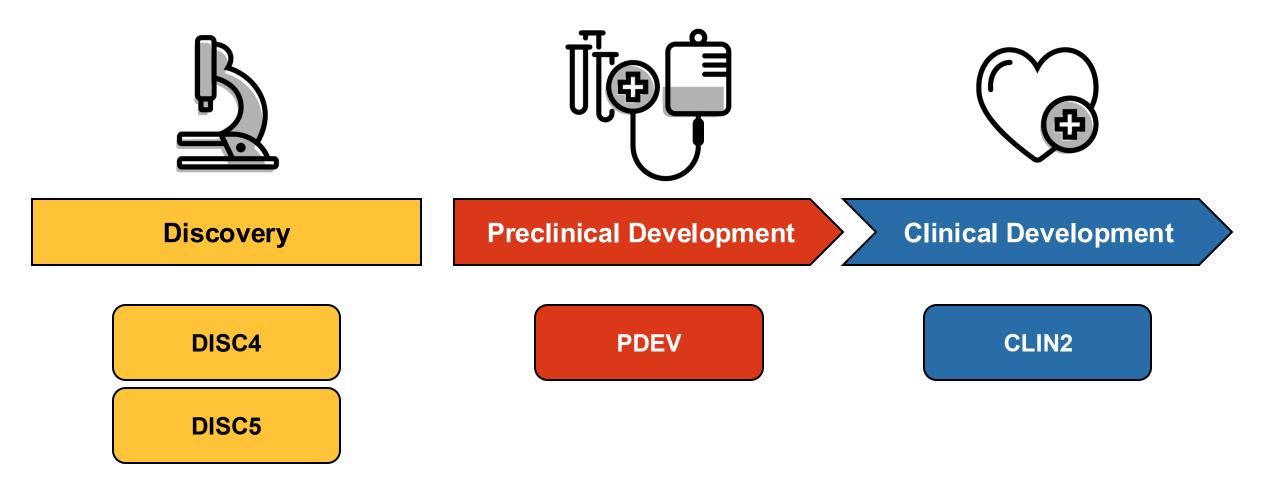


## **CIRM Supports Five Main Pillars**



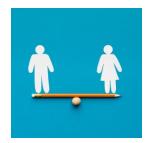


## **CIRM's Funding Opportunities**





# **Access and Affordability Definitions**



#### Accessibility



#### Affordability

The ability of individuals to obtain and use healthcare services, information, and resources An individual's ability to afford treatment, testing and other health care costs



#### Commercialization

The process of bringing a product to market, encompassing everything from R&D to manufacturing, marketing, and distribution



#### **Market Access**

Ensuring the right patients receive the right treatments at the right time by effectively navigating healthcare payers, reimbursement policies, and pricing strategies



# A&A tools and resources being developed with BlueRidge



#### Checklist

- Interactive list of phaseappropriate A&A activities as subset of commercialization activities
- Allows PDEV and CDEV
   funding mechanisms to
   create A&A review criteria



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#### **Evaluation Rubric**

- Excel tool to calculate a composite score for an applicant's A&A activities
- Embedded in review processes for PDEV and CDEV funding mechanisms

#### **Guidance Documents**

 Allows applicants, awardees, and reviewers to align on expectations



# **Preview Discussion Questions:**

- Are the checklist <u>categories</u> **comprehensive**?
- Are the <u>activities</u> identified as **impacting A&A appropriate**?
- Are the evaluation criteria meaningful and appropriate by phase?
- Are there **gaps** or **risks** in how these tools might be applied?
- What benchmarks (e.g., "industry standard" vs. "above and beyond") should we set?

# **Toolkit in Preclinical and Clinical Programs**

Must have

Color Key

Should

have

have

# A&A in the Context of Commercialization Planning

Activity Owner	Pre-clinical	Phase 1	Phase 2	Phase 3
Commercial				Intellectual property strategy
Commercial				Financial planning
	Briefing document Pre IND meeting	Technology Transfer		
				Regulatory pathway strategy
				Partnerships and collaborations
			Early revenue and market access	
				Brand Strategy and positioning
				Establish (clinical/Payer) advisory board
Market Access				Market landscape assessment/market research
Market Access				Target product profile
				Reimbursement and market access strategy
	•			Market segmentation Value message
				Value communication dossier
				Quantitative pricing study
				Pre-approval information exchange (PIE)
			Establish natural history of disease	
HEOR	1			Cost of illness and standard of care
	1	]		Quality of life assessment
			Early economic modeling	
			Briefing book	
				HTA ready cost-effectiveness analysis
				Patient journey Indirect treatment comparison
				Budget impact analysis
				Systematic literature review
				Establish patient registry
Medical Affairs		Proof of concept clinical trial design		
MEDICAL AHAII S	1	]		Scientific platform
				12
	Designated as supporting access/a	ffordability by BlueRidge Desig	nated as possibly supporting access	/affordability

### The Rest of the Presentation Will Focus on A&A Activities

Activity Owner	Pre-clinical	Phase 1	Phase 2	Phase 3
Commercial				Intellectual property strategy
Commercial				Financial planning
	Briefing document Pre IND meeting			
		Technology Transfer		
				Regulatory pathway strategy
			Forther revenue and market access	Partnerships and collaborations
			Early revenue and market access	Brand Strategy and positioning
				Establish (clinical/Payer) advisory board
				Market landscape assessment/market research
Market Access				Target product profile
				Reimbursement and market access strategy
				Market segmentation
				Value message
				Value communication dossier
				Quantitative pricing study
				Pre-approval information exchange (PIE)
HEOR			Establish natural history of disease	
112011				Cost of illness and standard of care
			E set a se se se i se se de lie s	Quality of life assessment
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Medical Affairs		Proof of concept clinical trial design		
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	Designated as supporting access/a	ffordability by BlueRidge Desig	nated as possibly supporting access	s/affordability

### **Checklist: Stage-Appropriate Access and Affordability Activities**

	PD	EV	CLIN2: Phase 1		CLIN2: Phase 2		CLIN2:	Phase 3
Activity name	Must Have at Entry	Award Milestone						
Market landscape assessment/market research		√	~		1		~	
Reimbursement and market access strategy*		~		~	~		~	
Early revenue and market forecast				√	~		1	
Brand strategy and positioning						√	√	
Market segmentation*						√	√	
Establish (clinical and payer) advisory board						√	~	
Value message						√	√	
Quantitative pricing studies*						~	~	
Value communication dossiers						√	1	
Establish patient registry/Risk- evaluation strategy (post launch)*						4	J	
Patient journey*								1
Pre-approval information exchange (PIE)							✓ 14	
*Activities with strong impact support	ting A&A							

### **A&A Implementation Overview – Preclinical**

	PDEV
Application Requirements	<ul> <li>Describe A&amp;A activity progress prior to date</li> <li>Describe plan for achievement of stage-appropriate A&amp;A activities over course of PDEV award</li> </ul>
Application Components	A&A checklist items incorporated into existing application proposal sections
Reviewer	Grants Working Group (GWG) scientific review
Scoring & Evaluation	Assessment of A&A activities incorporated into GWG review criteria (significance and project planning) and overall GWG score
Review Outcome	<ul> <li>Informs GWG recommendation, CIRM team recommendation and ARS approval</li> <li>GWG feedback provided to applicant</li> <li>Informs CIRM management of approved awards</li> </ul>

### **A&A Implementation Overview – Clinical**

	CLIN2
Application Requirement	<ul> <li>Describe completion of A&amp;A checklist activities</li> <li>Plan for achievement of stage-appropriate checklist activities</li> </ul>
Application Components	Organized by A&A checklist for completed and planned activities for each trial phase
Initial CIRM review	Assess completeness of stage-specific checklist items in application
GWG Review	A&A checklist review conducted by expert specialist consultant
Scoring & Evaluation	<ul> <li>Each activity scored for completeness and adequacy to yield a composite weighted score</li> <li>Qualitative assessments of A&amp;A activities and overall planning</li> </ul>
Outcome	<ul> <li>Informs GWG recommendation, CIRM team recommendation and ARS approval</li> <li>Consultant feedback provided to applicant</li> <li>Informs CIRM management of approved awards</li> </ul>

# **Rubric**

Composite score is a cumulative result of the overall status of A&A activities within 4 categories

#### A&A\* activity score weighting

- A composite A&A activity score is calculated using the following formula:
- Composite A&A activity score:

•  $\sum_{1}^{n} \left( \frac{(Priority\ Score)_{Activity\ n} \times (Raw\ Score)_{Ativity\ n}}{5} \right)$ 

 Note: the denominator is 5 so the top raw score assignment (raw score range 0-5) will be fully weighted

> CIRM may use the composite scores to make funding decisions

# An Excel tool was developed to facilitate calculating the composite score for A&A activities

Development Stage	Phase 3	nd Scoring Tool		<ol> <li>Select Stage of dovelopment (Cell B3).</li> <li>Optional: Filter the respective dovelopment stage (c 3) Select Activity Score (Column N).</li> </ol>	(column J, K, L or M) for non blank cells.				Priority Level Key	(Niceto Have)	(Should Have)	(Must Have)	1-Parned 2-In process/partiallycompleted			
Stage Activit	Timing 4	4						Supports			of Activity		3+Completed but needs updating/verner 4+Completed in last 12 months	Raw Score Weigh	Levelar	Weight
4	Pauclinical/1/2/3	Activity name	Market Access	Conducting detailed market research to assess the potential demand, competition,	Understanding the size of the market,	The cost of preclinical market research ca be perceived as prohibitively expensive and very time consuming for small companies or start-ups and often there is	can Perform in-house research reaching out to providers/payers/ladvocacy groups, and other key stakeholders.	Possible	Pre-clinic.	Phase 1	Phase 2	Phase 3 T	T Raw Score	Weigt V	3	1.5
10 1	Pre-clinical/1/2/3	2/3 Reimbursement and market access strategy	Market Access	Planning for the product's reimbursement strategy by assessing the healthcare landscape, payer preferences, and pricing models.	Early understanding of the product's economic value to health systems and key g stakeholders is important for successful adoption in the market.	only one person in the company with Accessing reliable, evidence including	Utilize free online industry reports to inform Ensure market research is executed highlighting where the product fits into the clinical paradigm.						2	0.5	3	1.5
12 1	Phase 1/2/3	Early revenue and market forecast		on Develop early market and revenue forecasts using published evidence and qualitative primary msearch to understand the target population, peak market share, pricing and resulting revenues.	d negotiating potential licensing agreements.	largely based on crude hypothetical	forecasts that are developed inhouse - these assumptions can be validated or refined during subsequent market research.	Possible					2	0.5	3	1.5
13 1			g Commercialization	on Starting the process of brand development, including naming and positioning the drug in the marketplace. Understand how a product is differentiated	g development and what drivers of value are important to physicians, patients, payers and other stakeholders.	Early product positioning will be largely hypothesis driven given the lack of available/robust evidence. Not understanding the product's place in	Ensure market research is executed highlighting where the product fits into the clinical paradigm; research with payers and providers will give insight into how the product will be perceived.	Possible					2	0.5	3	1.5
14 1	1 11110 11210	Market segmentation		Segregate potential customers (e.g., patients/providers/payers) into groups based on different characteristics (e.g., geography, demographics, behaviors, etc.).	Key benefits include the ability to optimize marketing effort, enhance adoption and brand competitiveness.	<ul> <li>Lack of data to be able to look at geography, demographics, and behaviors of the different stakeholders.</li> </ul>	Identify datasets that allow for identification of site of service and HCP prescribing behaviors.	Yes					2	0.5	3	1.5
20 1		Establish (clinical and payer) advisory board		serve as advisers. Periodically seek feedback on clinical and economic evidence generation efforts.	Clinical and payer KOLs offer expert advice as the development program progresses through the clinical stages of development through commercial launch.	identifying availability of multiple advisors with busy schedules. KOLs will need independent contractor	Develop logistics to follow relevant company and local rules and laws when organizing an advisory board meeting. Consider outsourcing the organization,	Possible					2	0.5	з	1.5
21 1		Value message		is supported by evidence that help differentiate a therapeutic in the marketplace.	stakeholders, including regulators, payors, healthcare providers, and patients. This ensures that everyone understands the	early in the evidence generation process (i.e. Phase I), so that Phase 2 and pivotal trials contain the right data to support a strong value proposition.	al landscape, unmet needs, and disease burden.	Possible	1	1 /			2	0.5	3	1.5
		Patient journey		service delivery from the point of a patient symptom on-set through diagnosis, treatment and management.	identifying pain points (unmet needs) and a areas for improvement that a new treatment might alleviate and potentially lead to a more seamless and positive patient/provider/payer	t records, patient surveys, and clinical trials one can be difficult.		Yes					2	0.5	2	1
25 1		Value communication dossiers		(pre-approval/final approved versions) and HTA submission dossiers for Ex-US markets	<ul> <li>As part of the technology assessment US</li> <li>d payers typically request an AMCP dossier for new interventions.</li> <li>Other HTA bodies have a different dossier</li> </ul>	for information (e.g. clinical study report, final label and launch pricing) Not having a fleshed-out value story.	reports, clinical study report, pre-launch label, value messages).	Possible					2	0.5	з	1.5
				understand the impact of product attributes have on price from the perspective of payers and other key stakeholders.	Ability to optimize price and market share to maximize revenues.	sample size of participants and can be very costly to execute due to development and programming of a pricing and attribute survey. Also in rare diseases it may not	ent advisory boards, qualitative pricing te research) to inform pricing decisions.	Yes			1		2		Tot	tal
20	Registration	Establish patient registry/Risk- evaluation strategy (post launch)		long-term, real-world data on the safety, efficacy, and outcomes of CGTx or best supportive care or usual care.	treated) with a cell or gene therapy over the long-term. Enables quantification and validation of long-term treatment effects including duration of effect an other	<ul> <li>collect.</li> <li>Costly to design, implement and maintain, which for CGTx therapies could be a</li> </ul>		Yes			'		2		omp	
		Pre-approval information exchange (PIE)		share and educate Payers in the US about certain health care economic and	Market readiness tool that is used to at facilitate early market access conversations with payers before Food and Drug Administration (FDA) approval.	Requires internal process for regulatory review and approval of materials to be shared externally with payers and other HCEI audiences.	Ensure there is evidentiary support for the HCEI to comply FDA regulations. Internal training/education on benefits and socialization of best practices on sharing	Possible					2		SCO	re
Activity Cour Total CRIM C		ation Score for Application										12			Composite Score	17
						ng System ot started									_	
		ſ		BlueRidge's oring Guidar	3 1=Rea	asonably planne process/partially										
		- I I I I I I I I I I I I I I I I I I I	Sco	bring Guidar		mpleted but ins										

4=Completed but needs updating

5=Completed in last 12 months

\*This slide focuses on A&A activities, but all commercial planning activities will be scored

# **Award Management**

	PDEV	CLIN2							
Fundable Activities	Both programs will fund stage-appropriate allowable A&A activities								
Progress Reporting on all stage appropriate activities	Awardee will report progress on A&A activities over course of award								
Implementing milest ones on A&A activities	<ul> <li>A&amp;A activities will be incorporated in</li> <li>Inadequate progress on milestones of</li> </ul>								
Final Submission	Award will submit final strategic plannin	g report as part of final operational milestone							



# Discussion

- Are the checklist <u>categories</u> **comprehensive**?
- Are the <u>activities</u> identified as **impacting A/A appropriate**?
- Are the evaluation criteria meaningful and appropriate by phase?
- Are there **gaps** or **risks** in how these tools might be applied?
- What benchmarks (e.g., "industry standard" vs. "above and beyond") should we set?



# **Next Steps**

- Finalize tools and implement in upcoming rounds of PDEV and CLIN2 applications
- Develop accompanying guidance materials
- Consider rollout webinar for external users
- Continue internal refinement with AAWG input