



## From blockbusters to niche busters

The healthcare environment has changed almost beyond recognition in the past decade and this has been well documented. One of the key upshots of the turbulence caused by healthcare reforms, patent cliffs, drying product pipelines, fiscal restraint and a host of other factors, is that many pharmaceutical companies have shifted their attention to specialist care and rare disease products.

In many ways it has been a natural evolution. Advances in genomics and biotechnology have revolutionized drug development leading to many specialized, targeted treatments, mainly in oncology and immunology. The number of orphan drugs coming to market is increasing, and this represents a particularly attractive segment, with an estimated compound annual growth rate for 2015 to 2020 of +11.7%, reaching a projected global sales value of \$178 billion. The growth rate is almost double that of the overall prescription market. Orphan drugs are set to be 20.2% of worldwide prescription sales by 2020.

So it's easy to see why companies want to invest in this area. But what is the best way to bringing such products to market?

### New models needed for niche specialty care and orphan drugs

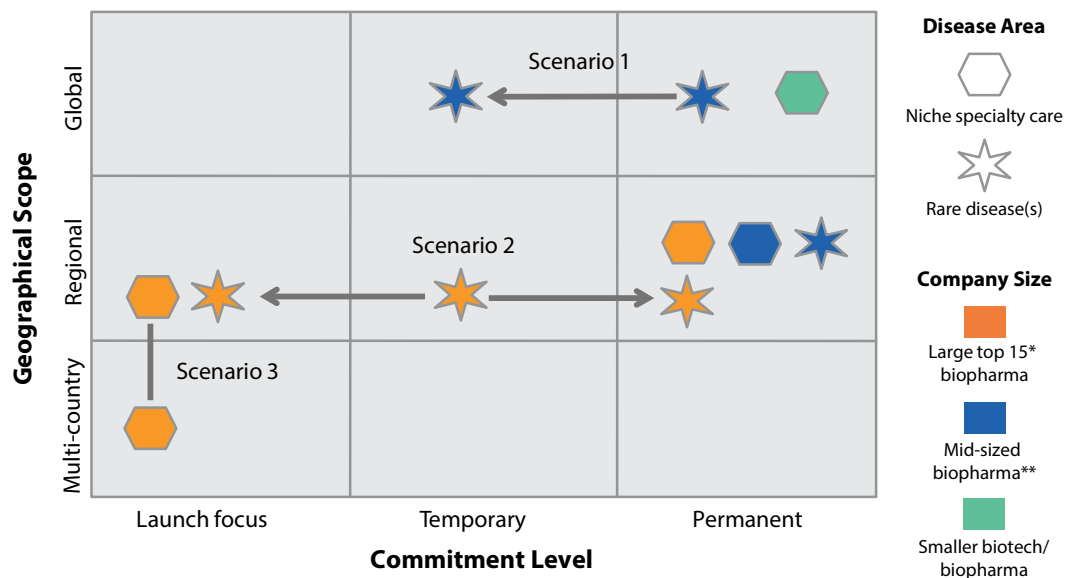
Given the often very small patient numbers and specialist treatment centers associated with niche specialty care and orphan drugs, more tailored and nimble commercial models are required to get them into the hands of the patients who need them.

A potential solution is the creation of a 'supranational' business unit, which sits above country borders, potentially at a regional level or at a 'cluster level' (serving a certain number of Centers of Excellence). This business unit can connect rare disease Centers of Excellence, KOLs and patients across different countries, managing them all from a single, central resource. It also provides organizations with visibility over people and processes involved in one disease area, with central monitoring of customer facing roles.



Several such models have been successfully developed and implemented in recent years, and many of our own clients have implemented new organizational structures separate from their other organizations typically set-up in affiliate structures (see Figure 1).

**Figure 1**  
Supranational commercial models our consultants supported



\*According to [www.pharmexec.com/taking-flight-pharm-execs-top-50-pharma-companies](http://www.pharmexec.com/taking-flight-pharm-execs-top-50-pharma-companies)  
 \*\*Global revenues between USD 1 and 15 billion

So the good news is that many successful organizational models have been implemented already. Some are set in stone and are here to stay; others have been set-up temporarily, often in transitional periods such as for a successful launch.

But when should you apply such a model? And exactly which one suits your exciting niche specialty care / orphan drug?