

Business Situation

- Foster Rosenblatt was engaged to determine the optimal price for the launch of a novel immunomodulatory eye drop treatment that would maximize the commercial potential of the product in the US and supporting price strategies for the ex-US markets

Approach & Methodology

- Conducted secondary analysis and landscape assessment of the targeted market in order to direct qualitative primary research
- Conducted qualitative primary market research with US payers and KOLs to determine the optimal pricing strategy to maximize US market access and potential revenue ranges
- Payer research informed key value components, messaging and clinical trial data points necessary to increase receptivity and product access

Deliverables & Business Outcomes

- Foster Rosenblatt provided a summary of payer and KOL insights in a comprehensive PowerPoint report and provided actionable recommendations for the optimal pricing strategy to maximize US market access and ex-US opportunities

Executive Summary  
XXX Pricing Potential & Access

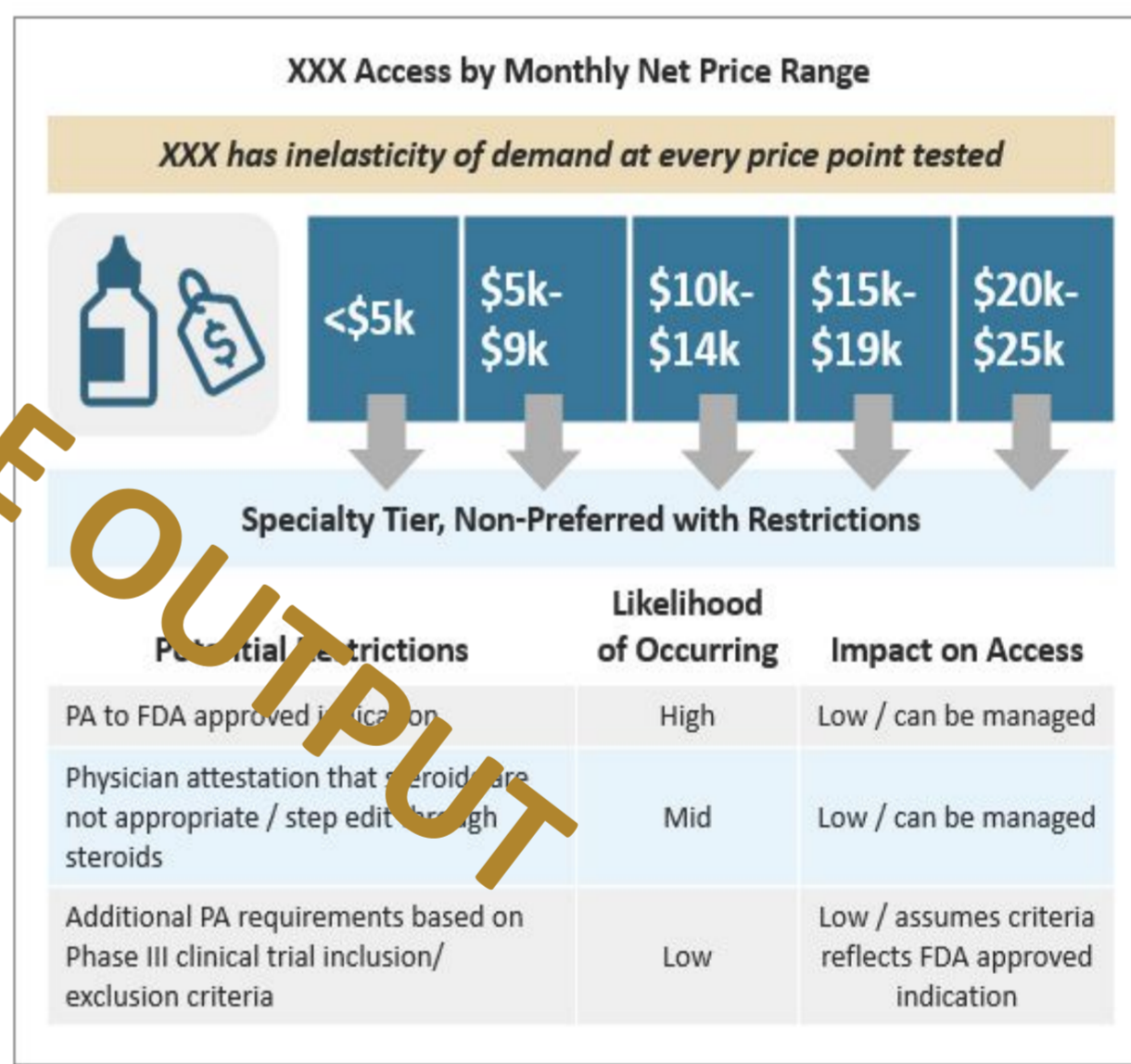
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**Payers would provide access to XXX at all net price points that were tested due to the high unmet need & limited treatment options; it will be on specialty tier, non-preferred with restrictions, similar to YYY**

- All payers would provide access at all price points tested (<\$5k-\$25k monthly) in the research, as a specialty, non-preferred product with restrictions, due to the high unmet need and limited treatment options
- This is comparable to the current access seen with YYY, a specialty pharmacy eye drop that is the first FDA-approved drug in neurotrophic keratitis, with a monthly list price of \$48.5k
  - 5 payers had YYY as specialty, non-preferred with a PA
  - 1 payer had YYY as specialty, preferred with a PA
  - 1 payer was not covering YYY and 2 were unsure of its access
- As a specialty tier product, there will be significant OOP costs for patients; as such, a **patient assistance program focused on coinsurance assistance would be strongly recommended** to maximize access
- XXX will also be subject to prior authorization; therefore, a **healthcare professional (HCP) support program focused on prior authorization/billing support** would also be recommended

*"It's going to be non-preferred specialty. That doesn't mean anything though. They're not going to contract because it's the only drug with the indication and its competing against a drug that's probably less than \$75 a bottle... They'll be subject to prior authorization. We may require a couple of prior uses of prednisolone eye drops, but who wouldn't have tried that, so everyone's going to get it anyway. We're going to be at the mercy of the pricing of the drug company for this one."*

Payer #5, PD, PBM



\* Question was only asked to 9 out of the 10 payers interviewed

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Executive Summary  
Strategic Recommendations for Tarsier Pharma

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**Foster | Rosenblatt recommends partnering with KOLs to educate payers on the importance of XXX, as well as implementing coinsurance assistance and PA/billing support programs to maximize access**

**Management, Awareness & Education**

- Current awareness of uveitic glaucoma is low, and pharmacy/medical spend in the category is perceived to be minimal given the available treatments are largely low cost alternatives
- Payers will be relying on KOLs to provide insight into appropriate management strategies for patients and the necessity of newly approved therapies
- It will be important for XYZ to provide education to payers regarding the indication, working in partnership with KOLs to educate stakeholders on the overall burden of this disease and importance of XXX; KOL produced materials could be used by the XYZ account team to influence payers prior to and right after launch

**Pricing Potential & Access**

- There is very high pricing potential for XXX and access would be provided by payers in most cases at any reasonable price
  - A price point of \$25k monthly would be covered; however, patient OOP costs would be significant (likely 20%-25% coinsurance), PA criteria may go beyond the FDA approved label, and reauthorizations will likely be required for every course of therapy
  - A price point of \$5k-\$10k will allow for lower patient OOP costs and less stringent PA criteria
  - A significantly lower price point below \$5k would be required to eliminate the PA requiring patients to have a diagnosis of uveitic glaucoma; however, this may be advantageous in the circumstance where it is anticipated that XXX would have broad utilization outside of its indication
  - Although not tested, it is possible that access may be maintained at a significantly higher price point (>\$25k monthly) than tested
- Patient OOP costs will be significant (likely 20%-25% coinsurance), particularly at higher price points; as such, a **patient assistance program focused on coinsurance assistance is strongly recommended** to maximize access
- An **HCP support program focused on PA/billing support** is also recommended, to provide education and assistance ensuring that PAs are approved

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