

Illumina/Harvard Pilgrim on NIPT: Addressing the Biggest Commercial Problem in Diagnostics

Ammar Qadan, VP Global Market Access, Illumina, Inc.
Roger Longman, CEO, RealEndpoints

NIPT US: ~40% Covered Lives for Average Risk (<35y) Patients

Major holdouts (United, Aetna) and HTA (Hayes) cite lack of real world data on clinical and economic impact

United Healthcare:

"Published evidence regarding the clinical utility of noninvasive prenatal testing is limited. Prospective data is needed in which test results are acted upon clinically, showing that results lead to a change in patient management and/or outcomes. For example, data must demonstrate that physicians have sufficient confidence in both positive and negative test results to refrain from performing more invasive testing, e.g., amniocentesis, for the purpose of confirming the previously obtained test results"

Hayes HTA:

"For use of cell-free DNA (cfDNA) screening for fetal trisomy 21, 18, and 13 in low-risk women with singleton pregnancies. This Rating reflects an assessment of articles relevant to clinical utility only; and for which a low quality body of evidence for studies looking directly at clinical utility was available. Studies directly comparing clinical outcomes of cfDNA screening with those of routine screening strategies for low risk or general obstetric patients in a real-world setting are needed"



“Something For The Pharma To Learn From.....”

Illumina and Harvard Pilgrim Partner on Value-Based Contract

Announce first ever next-generation sequencing agreement for non-invasive prenatal testing



News Center / Feature Article

February 1, 2018

Illumina announced today that it has signed a value-based contract with Harvard Pilgrim Health Care, a not-for-profit health services company that provides insurance coverage to approximately 1.2 million people in Massachusetts, Connecticut, New Hampshire and Maine. The goal of the agreement is to accelerate wider patient access and reimbursement of next-generation sequencing (NGS) for non-invasive prenatal testing (NIPT).

Many payers limit NIPT coverage to pregnant women of advanced maternal age (35 years of age or older), while NIPT for women with average-risk pregnancies (under 35 years), remains uncovered by many major insurance companies. However, as part of the contract with Illumina, Harvard Pilgrim will provide open market access of NIPT for average-risk pregnancies, which will allow more pregnant women to take advantage of NIPT technology.

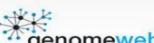
“Harvard Pilgrim is thrilled to have reached this first-of-its-kind agreement with Illumina, which allows us to expand patient access to NIPT,” said Michael S. Sherman, Chief Medical Officer of Harvard Pilgrim Health Care. “Through this partnership with Illumina, Harvard Pilgrim is furthering its quality agenda by making this test available to pregnant women of average risk and can do so in a way that limits the extent to which this expansion might increase overall healthcare costs.”

This contract with Harvard Pilgrim will help create real world data needed by payers and employers to demonstrate the clinical and economic value of NIPT for detecting aneuploidy birth (babies with genetic anomalies).

Harvard Pilgrim has pioneered value-based healthcare programs in pharmaceuticals, but this agreement will be the first ever NGS-based screening test, and we hope that it will provide a model for balancing access and affordability for advances in personalized medicine,” added Sherman.

“We are thrilled to partner with Harvard Pilgrim on the first ever value-based contract of its kind involving NGS-based assays,” said Ammar Qadan, Vice President, Global Market Access at Illumina. “We expect this study to demonstrate the value of NIPT for average-risk pregnancies and to help accelerate the adoption and reimbursement of NIPT.”

The collaboration also includes a two-year, real world study in the Harvard Pilgrim population that will assess the total costs and clinical outcomes of NIPT versus traditional screening practices.



Illumina, Harvard Pilgrim Strike Average-Risk NIPT Deal

Feb 02, 2018 | staff reporter

NEW YORK (GenomeWeb) — Illumina has struck a deal with Harvard Pilgrim Health Care to provide noninvasive prenatal testing to women with average-risk pregnancies. The nonprofit health services company covers around 1.2 million people in Massachusetts, Connecticut, New Hampshire, and Maine.

Under the terms of the value-based contract, Harvard Pilgrim will cover NIPT for average-risk pregnancies. However, if one-year costs of testing exceed a pre-established baseline, Illumina will reimburse Harvard Pilgrim for the costs.

An Illumina spokesperson said that an independent administrative claims database to help determine and costs."

That third party will also collect clinical outcome data to improved outcome.

Some data points that will be analyzed include whether it has chromosomal abnormalities who are born at specific analyze the impact of covering NIPT for average-risk pregnancies.

The goal is to "determine the real-world clinical and provide the data that is currently lacking for payor."

"Through this partnership with Illumina, Harvard Pilgrim is available to pregnant women of average risk, and this expansion might increase overall healthcare costs," Sherman said in a statement.

Ammar Qadan, Illumina's vice president of global demonstrate the value of NIPT for average-risk patients and to help accelerate the adoption and reimbursement of NIPT."

Illumina Inc. (NASDAQ:ILMN) and Harvard Pilgrim Health Care Inc. (Boston, Mass.) signed a value-based contract for reimbursement of non-invasive prenatal testing (NIPT) that uses next-generation sequencing. Illumina said the collaboration is the first ever value-based contract for NGS-based assays.

Harvard Pilgrim said it will provide open market access to NIPT for average-risk pregnancies. The deal also includes a two-year real-world study in the Harvard Pilgrim patient population to evaluate total costs and clinical outcomes of NIPT compared to traditional screening.

BioCentury

WEEK OF MARCH 5, 2018



1 PRODUCT DEVELOPMENT: CLEVER PEGYLATION PAY OFF
Nektar's pegylation approach turned IL-2 into a viable immunotherapy partner, and a potential cash cow that could continue to pay out beyond its BMS deal.

6 STRATEGY: DE-RISKING RISK REDUCTION
A risk-sharing deal with Harvard Pilgrim will give Illumina data it can use to convince other payers to reimburse for NGS tests.



The Illumina/Harvard-Pilgrim value-based agreement around NIPT

1

Risk-Sharing

- Expands NIPT access to all pregnant women vs. high-risk only
- Illumina to pay for screening costs beyond baseline up to a significant maximum

2

Real-World Evidence Study

- 2 year outcomes study to develop further evidence to support NIPT in average-risk
- RE analysis of medical and pharmacy claims for over 10K pregnancies.
- Outcomes include pregnancy, neonatal and post-natal utilization and costs

Real Endpoints, working with Skaggs School of Pharmacy, Univ. Colorado, responsible for data aggregation, analytics and financial reconciliation



Finding a partner, defining a deal

- Illumina and RE outlined several potential deal archetypes
- RE discussed deal archetypes with several payers
 - Nationals can afford “wait-and-see” attitude; regionals more open to new approaches
 - Structural simplicity preferred to analytic perfection
- Harvard Pilgrim
 - Faced increasingly competitive market
 - Comfortable with risk-sharing programs
 - Interested in deal which allowed adoption of differentiating new technology with low immediate financial risk
 - Willing to collaborate on longer-term RWE study

Quickly settled on basis for two-part deal...the contract itself
another question

- Basic deal structure agreed to *before first all-hands meeting at HP*
- Time from first meeting to term sheet: 6 weeks
 - Illumina able to move very fast
 - Biggest sticking point: defining appropriate risk-caps for both parties
- Contract itself was more challenging...
 - While it had signed >12 pharma risk shares, HP had never done a Dx-focused risk-share
 - Back-and-forth with lawyers was time-consuming

Value-based contracting in diagnostics: necessary...in the right situations

- Persuasive clinical & economic argument for using the diagnostic – but no strong guideline recommendation or compelling RWE
- Diagnostic must have significant potential expense impact for payer to be willing to take on the work of a deal
- Outcomes metrics must be both meaningful and retrievable (preferably through claims, not lab)
- Payer must bear the separate expense of the diagnostic