# New Approaches to Pre- and Post-Revenue Asset Valuation in Drug Development

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### The Drug Development Valuation Process

$$NPV = \sum_{t=0}^{N} \frac{B_t \tau}{(1+i_t)^t} - \sum_{t=0}^{N} \frac{C_t \tau}{(1+i_t)^t}$$

- *t* is the time of the cash flow.
- *N* is the total number of periods.
- $B_t$  is benefit or cash inflow at period t.
- *C<sub>t</sub>* is the cost or cash outflow at period *t*.
- *i*<sub>t</sub> is the discount rate.
- $\tau$  is the *stopping time* at which development (review or before) fails.

### Drug Development NPV is a Stochastic Process

$$NPV = \sum_{t=0}^{N} \frac{B_t \tau}{(1+i_t)^t} - \sum_{t=0}^{N} \frac{C_t \tau}{(1+i_t)^t}$$

- $\tau$  is a random binary process ({0,1}) and has value 0 at the end of the time when the drug fails in development (1 otherwise). If it does not fail, then it retains a value of 1 during monetization (post-revenue).
- During drug development  $C_t >> B_t$ .
- If the drug is monetized then  $B_t >> C_t$ .
- $i_t$  changes depending on the the time-period.
- $B_t$ ,  $C_t$ , and  $\tau$  are stochastic processes adapted to the natural filtration.

# Challenges to Estimation

Relatively easy to estimate

- *i* discount rates are relatively standard for phase.
- *C<sub>t</sub>* is relatively standard for each phase of drug development and is easily incorporated post revenue.

Difficult to estimate:

- $\tau$  this depends on the probability of success during development.
  - Value changes during each phase of drug development.
  - Varies across indications.
  - Varies by drug program.
- $B_t$  how much revenue will the drug generate in the market?

# The "Epidemiology" Approaches to Estimating Post-Revenue Inflow

Preface: Literature is sparse. Construction is based on conversations (lore).

$$B_{total} = \sum_{t=0}^{N} \frac{B_t \tau}{(1+i)^t}$$
$$\simeq S_d * p_a * R_p * r_p$$

- $S_d$  the size of the disease population
- $p_a$  the proportion of the disease population that will be given the therapy.
- $R_p$  revenue per patient.
- $r_p$  other post-revenue risks.

We are modeling  $B_{total}$  with four new random variables, some of which have high variance. It's not clear how to build in time.

#### A Typical Sales Curve



Sales of Pfizer's Inflectra (Pfizer Crohn's Disease Therapy).

#### An Alternative Approach to Post-Revenue Inflow

Use the most similar post-revenue indication (by disease population).

$$B_t = \frac{s \times 1_{\{t \le t_s\}}}{1 + e^{\beta_0 + t\beta_1}} + \frac{s \times 1_{\{t > t_s\}}}{1 + e^{\beta_0 + 2t_s - t\beta_1}}$$

- *S* is the saturated value of sales (max sales).
- $t_S$  is the time of saturation. It's is at most the time when the drug loses IP protection but may occur before this.

This is a piece-wise, scaled logistic regression.

- We will estimate  $\beta_0$  and  $\beta_1$ .
- If we haven't reached saturation, we will estimate s and  $t_s$ .
- We will assume drop off in sales is symmetric with "ramp-up".

#### **Estimates of Six Pfizer Drugs**



Actual and Estimated Sales of six Pfizer drugs.

## The Backtested Portfolio Accuracy

Assets	$\operatorname{Differences}(\%)$			
% Saturation	25%	50%	75%	100%
Prevnar family Ibrance Xeljanz Chantix/Champix Enbrel Sutent Premarin family	$\begin{array}{c} -13.4 \ (19.9\%) \\ -6.89 \ (22.2\%) \\ -12.1 \ (86.6\%) \\ -3.76 \ (31.4\%) \\ 28.4 \ (81.8\%) \\ -6.74 \ (43.2\%) \\ 9.05 \ (76.8\%) \\ 1.59 \ (42.1\%) \end{array}$	$\begin{array}{c} -11.4 \ (17.0\%) \\ -2.93 \ (9.45\%) \\ -8.96 \ (64.3\%) \\ 0.837 \ (6.97\%) \\ 9.26 \ (26.7\%) \\ -7.33 \ (47.0\%) \\ 1.97 \ (16.7\%) \\ 0.711 \ (10.0\%) \end{array}$	$\begin{array}{c} 2.12 \ (3.15\%) \\ -0.114 \ (0.360\%) \\ -1.29 \ (9.23\%) \\ -11.9 \ (99.4\%) \\ 9.65 \ (27.8\%) \\ -10.2 (65.6\%) \\ 2.09 \ (17.7\%) \\ 0.267 \ (0.79\%) \end{array}$	$\begin{array}{c} 0.371 \ (0.550\%) \\ 0.225 \ (0.720\%) \\ 0.376 \ (2.70\%) \\ 0.946 \ (7.88\%) \\ 11.1 \ (31.8\%) \\ 2.92 \ (18.7\%) \\ 2.23 \ (18.9\%) \\ 0.9510 \ (1.25\%) \end{array}$
Inflectra/Remsima Xalkori	$\begin{array}{r} -1.58 (42.1\%) \\ -2.86 (56.5\%) \end{array}$	$\begin{array}{c} -0.711 (19.0\%) \\ -0.299 (5.90\%) \end{array}$	$\begin{array}{c} 0.367 \ (9.78\%) \\ 0.184 \ (3.64\%) \end{array}$	$\begin{array}{c} 0.0510 \ (1.35\%) \\ 0.146 \ (2.88\%) \end{array}$
Portfolio	-9.82~(-5.03%)	-19.6~(-10.0%)	-9.15~(-4.69%)	18.3~(9.38%)

Pfizer's backtested portfolio accuracy.

#### The Forward-Asset Value of Pfizers Post-Revenue Portfolio



The forward-asset value of Pfizer's Post-Revenue Portfolio. Pfizer's market cap is \$148.4 billion and liabilities are \$137.2 billion as of 2024-04-11

## Pre-revenue Application: MAGENTA

- Autologous T-Cells Expressing a Second Generation CAR for Treatment of T-Cell Malignancies Expressing CD5 Antigen (MAGENTA) (NCT03081910)
- Rare indication (most cases are B-Cell Lymphoma)
- Trial is currently in Phase 1
- Company is likely targeting an exit after successful Phase 2.

# Valuation Parameters

- We estimated the POS of the program to be 28% (distribution mean)
  - Phase 1: 65%
  - Phase 2: 43%
  - Phase 3: 42%
  - Review: 90%
- Current therapy is B-cell treatment
  - Total sales for Yescarta (Gilead) estimated \$56.5 billion
  - Total sales for Breyanzi (BMS) \$16.30 Billion
- T-cell prevelance is 15% of all Lymphoma
- Assume a discount rate of 15%

#### Valuation

Valuation after a successful Phase 2 (see below): \$385 Million (38, 690). Total sales conditioned on program success: \$9.9 Billion (discount of 10%)



The NPV Distribution for MAGENTA

# Summary

Post-revenue sales provides a basis for estimating pre-revenue income.

Pros:

- Fits into the NPV framework.
- Based "real-world" sales for a given disease population.
- Intuitively, estimates probably have lower variance (less risk) compared to epidemiology approaches.

Cons:

- Requires sales for an existing indication or a reasonable analogue.
- Assumes the sales curve for pre-revenue indication will be similar to post-revenue.

