ENVISION PHARMA GROUP
Smarter, faster outcomes for life sciences

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From publication to payer decision: Building connected evidence for value and access

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A treatment can deliver compelling clinical results and address a clear unmet need, yet still face difficult questions about its value, differentiation, and healthcare impact. Those questions are being asked earlier, by more stakeholders, and with greater scrutiny.

Evidence must support global development while remaining relevant to national health technology assessment (HTA), US payer and pricing decisions, and local access priorities. The challenge is connecting the right evidence to the decisions it needs to inform, rather than generating more of it.

At Envision Pharma Group, our Value & Access specialists work alongside experts in evidence synthesis, health economics and outcomes research (HEOR), scientific communications and publications, US market access, and government pricing. This connected approach helps clients anticipate evidence needs, strengthen the value story, and maintain continuity from development through launch and beyond.

Start with the decision, not the deliverable

Effective evidence planning starts with the decision: who will make it, what they need to understand, and which uncertainty could stand in the way of access. Population, comparator, outcomes, unmet need, and healthcare impact matter differently across markets, but every evidence activity should have a defined role in answering a question decision-makers will ask.

This gives each activity a clearer purpose. Evidence reviews, comparative analyses, economic modeling, publications, and value communication work best when planned as parts of one evidence program, with shared assumptions and clear timing, rather than as separate deliverables.

Build globally, design for local decisions

That tension is sharper in Europe, where Joint Clinical Assessment is creating a shared clinical evidence process for eligible technologies.

Global evidence strategies need consistency, but access decisions remain local. Clinical evidence may be shared, while comparators, care pathways, methods, affordability considerations, and evidence expectations differ.

That tension is sharper in Europe, where Joint Clinical Assessment is creating a shared clinical evidence process for eligible technologies, while pricing and reimbursement remain national responsibilities.

In the US, payer evidence needs are shaped by benefit design, contracting, and government pricing. For example, a treatment's value may extend beyond the benefit that covers the product itself. Reduced hospitalizations or other healthcare resource use can affect the total cost of care, so evidence needs to capture these broader impacts. A single global evidence package will rarely answer every access question.

The answer is to establish a strong global evidence core, with shared assumptions and a clear, consistent value narrative, while planning for local adaptation from the start. This preserves consistency without sacrificing decision relevance.

Make evidence usable, timely, and connected

Evidence only creates value if it is available and usable when decisions are made. Publication planning should therefore be linked to access milestones, with visibility across the process, from evidence generation and scientific disclosure through value communication, HTA submission, and payer engagement.

The same principle applies to real-world evidence: it should address a defined uncertainty, not simply generate additional data. Linking evidence activities to specific decisions helps teams prioritize investment, reduce duplication, and focus on what could best support the case for value. This means planning evidence reviews, comparative analyses, economic modeling, real-world evidence, and publications as a connected program, rather than commissioning each separately.

Connected expertise turns evidence into access

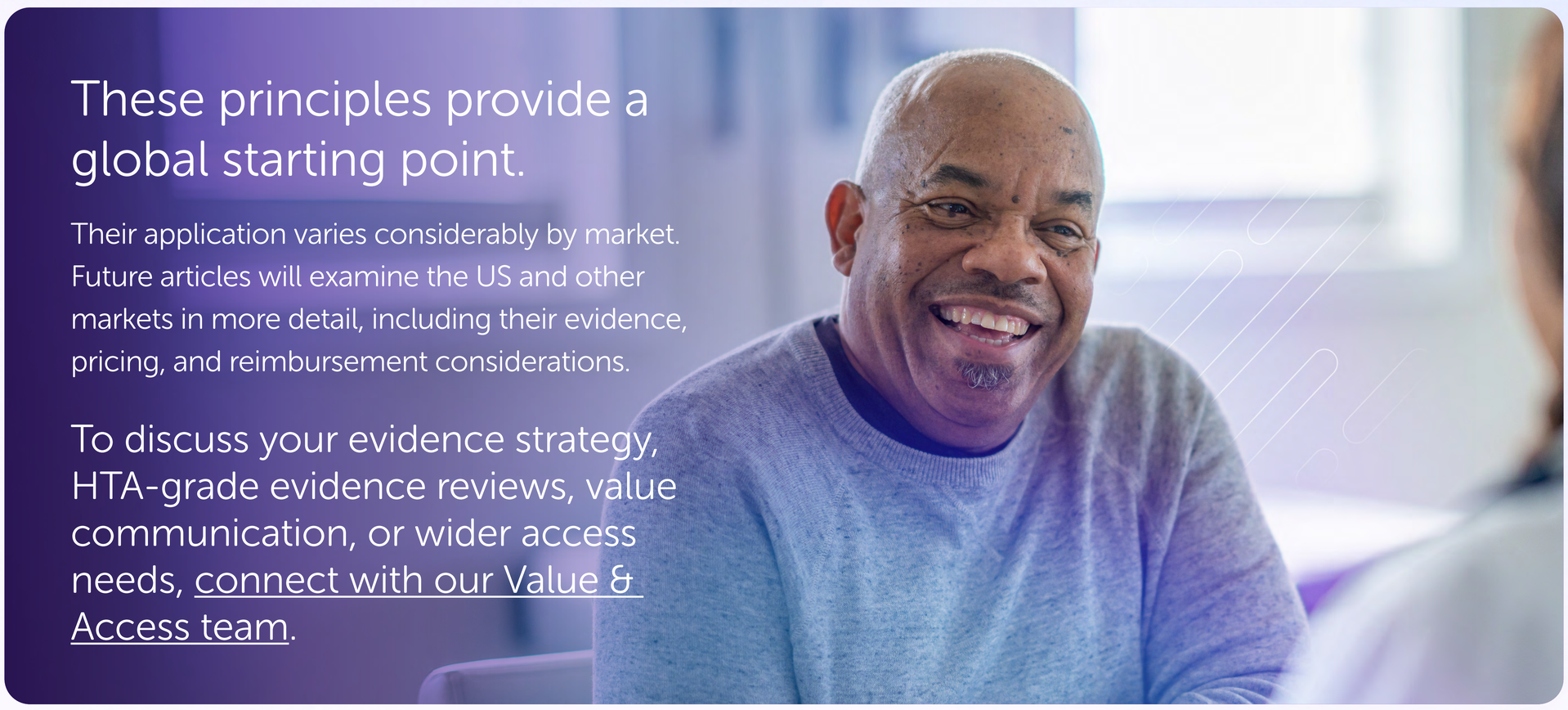
The challenge differs by organization and development stage. Emerging biotech companies may need to consider access requirements before dedicated internal teams are established. Larger organizations often have deep expertise but need stronger coordination across functions, assets, and markets.

These principles provide a global starting point, but their application varies considerably by market.

Envision brings together the expertise each asset and decision needs, from evidence planning and synthesis to HEOR, publications, value communication, HTA support, US market access, and government pricing. Together, these teams make the path from scientific evidence to value, access, and patient outcomes easier to follow.

When evidence is planned around the decisions it must support, publications become part of an ongoing effort to demonstrate value, support access, and improve patient care. Value is not established by the volume of evidence generated. It comes from evidence that answers the questions that matter when decisions are made.

For life sciences companies, that means planning earlier, connecting disciplines, and building evidence that holds up in both global and local settings. For patients, this can support more timely and informed access to innovation.



These principles provide a global starting point.

Their application varies considerably by market. Future articles will examine the US and other markets in more detail, including their evidence, pricing, and reimbursement considerations.

To discuss your evidence strategy, HTA-grade evidence reviews, value communication, or wider access needs, connect with our Value & Access team.

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