

MarketVue®

Frontal Fibrosing Alopecia

January 2023



MarketVue®: Frontal Fibrosing Alopecia

UNDERSTAND THE FRONTAL FIBROSING ALOPECIA MARKET

MarketVue market landscape reports combine primary (KOL interviews and survey data) and secondary market research to empower strategic decision-making and provide a complete view of the market.

Every **MarketVue** includes a disease overview, epidemiology (US and EU5), current treatment, unmet needs, pipeline and access and reimbursement chapter.

Methodology: Research is supported by 6 qualitative interviews with key opinion leaders, a quantitative survey with 25 U.S. physicians and secondary research. Qualitative interview participants include Dermatologists in the U.S. (n=3), Germany (n=1), U.K. (n=1), and France (n=1).

Geographies covered: United States plus epidemiology for EU5 (France, Germany, Italy, Spain, United Kingdom)

TOPICS COVERED

EPIDEMIOLOGY: Understand prevalence, diagnosed and drug-treated prevalence of the population and key market segments

CURRENT TREATMENT: Understand the treatment decision tree and strengths and weaknesses of current on-label and off-label treatment

UNMET NEEDS: Identify opportunities to address treatment or disease management gaps

PIPELINE ANALYSIS: Compare current and emerging therapy clinical development strategy; their performance on efficacy, safety, and delivery metrics; and their potential to address unmet needs

VALUE AND ACCESS: Review the evidence needed to assess and communicate value to key stakeholders (e.g., providers, payers, regulators) and learn what competitors have done or are doing

Why MarketVue?

- **PMR-Driven** – Insights informed by qualitative interviews and/or quantitative surveys
- **Senior Team** – Experienced team members (10+ years in pharma market research) lead the research
- **Strategic** – Delivered in a concise and strategic report template vetted by pharmaceutical industry professionals
- **Fresh** – New reports or report refreshes delivered in as little as 15 business days



MarketVue®: Frontal Fibrosing Alopecia

UNDERSTAND THE FRONTAL FIBROSING ALOPECIA MARKET

COMPANIES MENTIONED

- LEO Pharma
- Pfizer

DRUGS MENTIONED

- Finasteride
- Dutasteride
- Tacrolimus
- Pimecrolimus
- Hydroxychloroquine
- Tetracycline
- Minoxidil
- Methotrexate
- Mycophenolate mofetil
- Pioglitazone
- Naltrexone
- Apremilast
- Baricitinib (Olmiant)
- Delgoticinib
- Ritlecitinib

MarketVue®: Frontal Fibrosing Alopecia

Table of Contents

1. DISEASE OVERVIEW	4
A slow, chronic inflammatory, hormonal disorder causing hair loss	4
Figure 1.1. Hair loss in scarring alopecias	4
Figure 1.2. Key differences between AA and FFA	4
2. EPIDEMIOLOGY & PATIENT POPULATIONS	5
Disease definition	5
Figure 2.1. G6 prevalent cases of FFA by region	5
Table 2.1 Diagnosed prevalent and drug-treated populations of FFA in the U.S. and EU5	5
3. DIAGNOSIS AND CURRENT TREATMENT	6 - 19
Diagnosis Overview	6
Figure 3.1. Diagnostic journey for frontal fibrosing alopecia patients	6
Figure 3.2. American Academy of Dermatology proposed diagnostic criteria	6
Since no laboratory tests are necessary, physicians rely on clinical signs and symptoms for diagnosis	7
Figure 3.3. Dermatologist-reported percentage of frontal fibrosing alopecia patients misdiagnosed/not diagnosed in a timely manner	7
Dermatologists' opinions on misdiagnosis	7
Stopping the inflammatory process and further hair loss are the ultimate goals of treatment	8
Figure 3.4. Surveyed U.S. dermatologist frontal fibrosing alopecia patient load	8
Figure 3.5. Treatment goals for frontal fibrosing alopecia	8
Figure 3.6. Dermatologist-reported proportion of frontal fibrosing alopecia patients currently treated with drug therapy	8
Treatment flow for frontal fibrosing alopecia	9
Figure 3.7. Treatment algorithm for the management of frontal fibrosing alopecia	9
While there is no standard approach to treatment, most FFA patients are on some form of steroid medication	10
Figure 3.8. Dermatologist-Reported Current Treatment Patient Shares in Frontal Fibrosing Alopecia	10
Standard of Care (SOC)	10
Physicians have different opinions on what remission means for frontal fibrosing alopecia	11
Figure 3.9. Dermatologist-reported FFA patients' response to treatment	11
Figure 3.10. Dermatologist-reported proportion of frontal fibrosing alopecia patients achieving different degrees of disease response	11
Upsides and downsides of all current off-label FFA treatments	12-13
Physician perspectives on current treatment regimens	14

MarketVue®: Frontal Fibrosing Alopecia

Table of Contents

Figure 3.11. Dermatologist-reported % of frontal fibrosing alopecia patients not well-managed by current treatments ¹	14
Key treatment dynamics that shape disease management in FFA	15
Figure 3.12. U.S. dermatologists ranking of attribute importance when selecting treatments	15
Table 3.1. Must-know frontal fibrosing alopecia treatment dynamics	15
Alopecia areata vs. frontal fibrosing alopecia: different treatment goals, but some physicians are using JAK inhibitors off-label	16
Figure 3.13. U.S. dermatologists view on select attributes of frontal fibrosing alopecia (FFA) as compared to alopecia areata (AA)	16
Physician perspectives on the use of JAK inhibitors in FFA	17
FFA has a severe psychosocial and quality of life impact on patients	18
Figure 3.14. Dermatologists' rating of frontal fibrosing alopecia impact on patients ¹	18
First approved therapies for frontal fibrosing alopecia likely to be JAK inhibitors	19
Figure 3.15. Important dynamics of frontal fibrosing alopecia market evolution	19
4. UNMET NEED	20 - 21
Overview	20
Figure 4.1. Top Unmet Needs in FF	20
Figure 4.2. Dermatologist-reported unmet needs in FFA	20
Physician insights on unmet needs in frontal fibrosing alopecia	21
5. PIPELINE ANALYSIS	22 - 23
Overview	22
Table 5.1. Comparison of ongoing clinical trials for FFA	22
Opinions are mixed on which MOA is the most promising and which clinical outcomes are most relevant	23
6. VALUE & ACCESS	24 - 26
Overview	24
Table 6.1. Current therapy pricing, U.S. 2022	24
Lack of a clear ICD-10 code for FFA may impede therapy approval efforts	25
Figure 6.1. Reimbursement and Access Considerations for Emerging Therapies in FFA	25
Figure 6.2. FFA patients by insurance type in the U.S.	25
Insurers coverage of baricitinib in AA could be an indicator of future access criteria for FFA	26
Table 6.2. Typical U.S. commercial payer coverage of baricitinib for AA patients in 2022 (United, Aetna, Cigna, BCBS)	26

MarketVue®: Frontal Fibrosing Alopecia

Table of Contents

7. METHODOLOGY	27 - 28
Primary Market Research Approach	27
Epidemiology Methodology	28

Meet the REACH Team



DANIELLE DRAYTON, PhD., Dr. Drayton is CEO and Founder of REACH Market Research. She is a seasoned business leader and pharmaceutical market researcher. Prior to founding REACH, Dr. Drayton led the Biopharma Market Assessment business at Decision Resources Group (DRG) comprised of market research, RWD analytics, and consulting business lines. In her 14 years at DRG, she worked with 48 of the top 50 pharmaceutical companies and countless biotech companies that involved exhaustive evaluation of unmet need, target product profiles, commercial potential and new product adoption, and company competitiveness. She also has extensive experience conducting product and market opportunity assessments, portfolio analysis, product and therapeutic area strategy, product valuation and sales forecasting, and pre-launch planning. Dr. Drayton completed a postdoctoral fellowship at the Harvard Medical School, received a Ph.D. in Immunobiology from Yale University, and earned a B.S. in Microbiology and Immunology from the University of Miami (Florida).



MELISSA CURRAN is the Director of Product Management at REACH. Melissa has over 10 years of life sciences market research and consulting experience spanning from bespoke strategy consulting to syndicated market research product development and management. Prior to joining REACH, she worked at Decision Resources Group (DRG) for 7 years assisting pharmaceutical and biotechnology commercial teams across the product lifecycle to inform strategic decision making. Melissa is particularly passionate about new product planning and portfolio management, especially in the rare disease space where data can be scarce, and decision-making can be challenging. Specific types of strategic assessments Melissa specializes in include market landscape assessments, commercial opportunity assessment, patient journey mapping, product positioning and TPP optimization, portfolio prioritization, and competitive intelligence. She also has extensive experience working across various market research methodologies including qualitative interviews, quantitative surveys, patient chart audits, real world claims and EHR data, conjoint analysis and secondary research. Melissa received her bachelor's degree in Biology and minor in Business from Providence College.



MICHAEL HUGHES, MSc, Ph.D., Dr. Hughes is the Director of Research at REACH. He has worked in academia, regulatory affairs (NICE) and in RWE and epidemiology consultancies, leading the global epidemiology team at Clarivate (previously Decision Resources Group) for many years. Over that period, he has built numerous new approaches to epidemiological forecasting and imputation, which now form industry best-practice. He has built syndicated and custom epidemiological models and forecasts for many blockbuster drugs across many therapeutic areas, often using a hybrid approach sourcing data from multiple types of dataset and primary market research. He has recently worked on projects in prostate cancer, amyloidosis, anaphylaxis and multi-drug resistant UTIs, among others. He has supported the needs of both big pharma, including Novartis, GSK and Johnson and Johnson, as well as smaller companies and biotechs.

Meet the REACH Team



TYLER JAKAB, MPH is an analyst at REACH Market Research. He is responsible for conducting both primary and secondary market research regarding rare disease therapies to be integrated into market research reports for life science clients. Tyler is a recent graduate of Boston University School of Public Health where he obtained an MPH in Epidemiology of Biostatistics. Prior to joining REACH, he held roles in which he was responsible for health policy analysis, tobacco control research, and health communication. He has extensive experience in data analysis, as well as manuscript and report writing. Tyler also earned a BS in Psychology and Anthropology from the University of North Carolina at Chapel Hill.



BAYLEY KOOPMAN is a Research Associate at REACH Market Research. At REACH, Bayley supports both primary and secondary market research through literature reviews and working with qualitative data. He recently graduated from Tufts University with a B.S. in Biology where he studied the interdisciplinary OneHealth approach for public health and the environment. During this time, Bayley founded an early-stage consumer product startup, which became a finalist team in two consecutive Tufts University Entrepreneurship Pitch Competitions. Prior to joining REACH, Bayley also held roles in regulatory affairs in the rare-disease pharmaceutical industry and veterinary practice.



BRIANA MULLINS is a current PhD student At NYU School of Medicine studying the immunological progression of disease in psoriatic arthritis. She currently does both laboratory research and computational biology. Previously she earned her undergraduate degree in Biochemistry at New York University (NYU) and worked in the Blaser Lab studying the human microbiome. She also received an MSc. in Population Health at the University College London (UCL) and conducted antibiotic prescription research using the UK THIN Database. Before starting her PhD Briana worked at Decision Resources Group as an Associate Epidemiologist.