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# Quantitative Benefit-Risk

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Jim Felli  
Eli Lilly & Company

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# Quantitative BR

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## Lilly's quantitative benefit-risk model is:

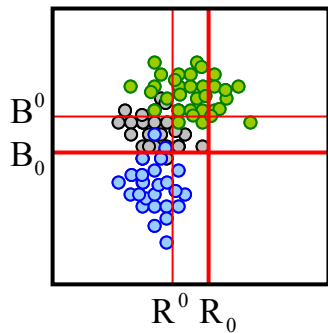
- ❑ based on **multi-criteria decision analytic methods** (MCDA),
  - ❑ a **compensatory** model (surpluses offset deficits),
  - ❑ a **snapshot** in time and information state (readily updatable),
  - ❑ a **transparent** representation of beliefs informed by **data** and **expertise**, not a reformulation, replacement or optimization of an existing health outcome metric,
  - ❑ a **discussion generation tool**, not a decision making tool.
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# Quantitative BR

## Frame

- Disease State
- Target Population
- Value Reference

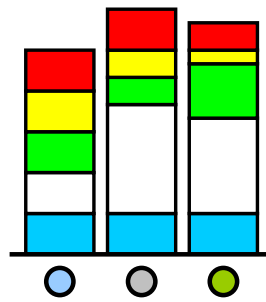
## BRAM



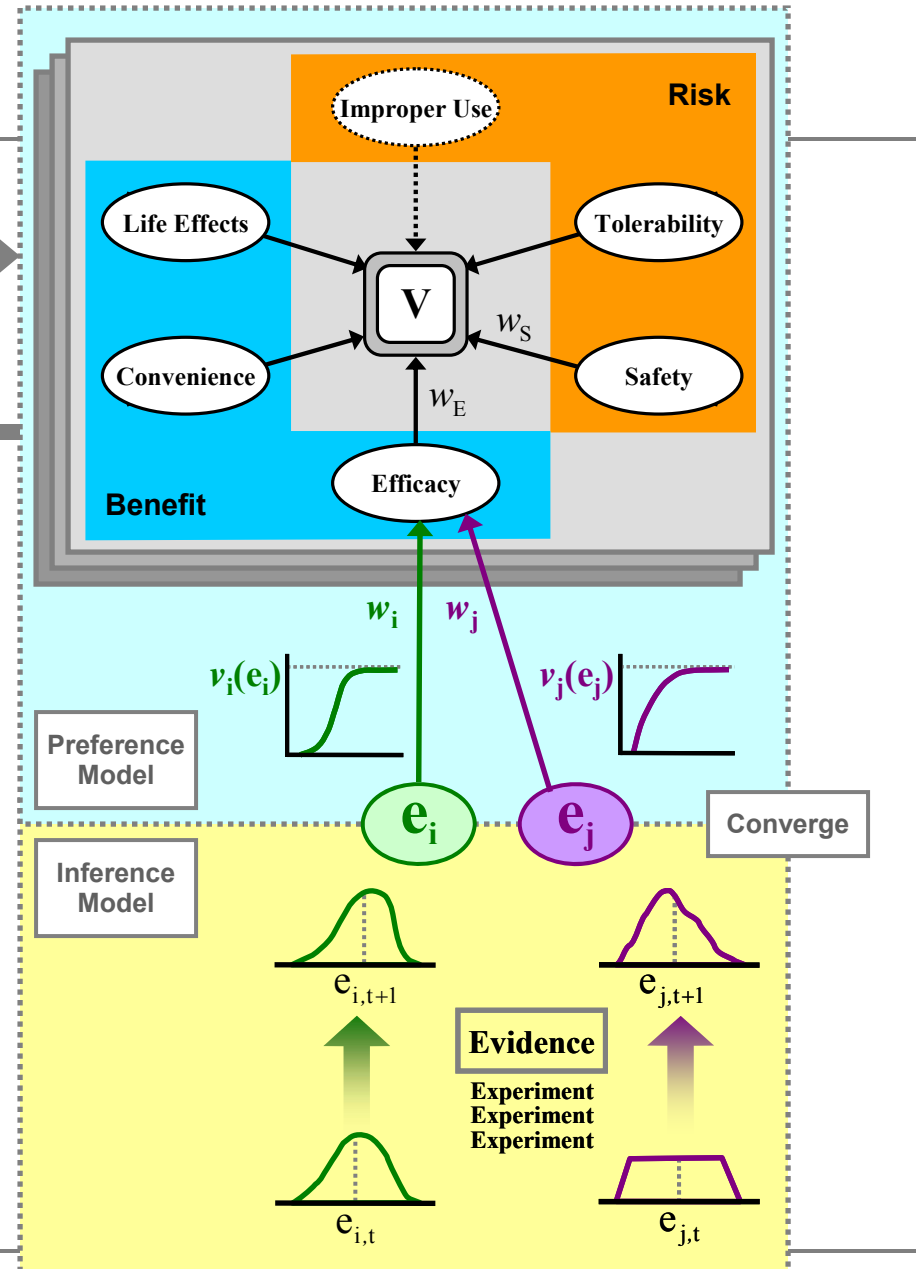
$$B_a = \sum_{m \in M} \alpha_m v_m(x_m^a)$$

$$R_a = \sum_{n \in N} \beta_n [1 - v_n(x_n^a)]$$

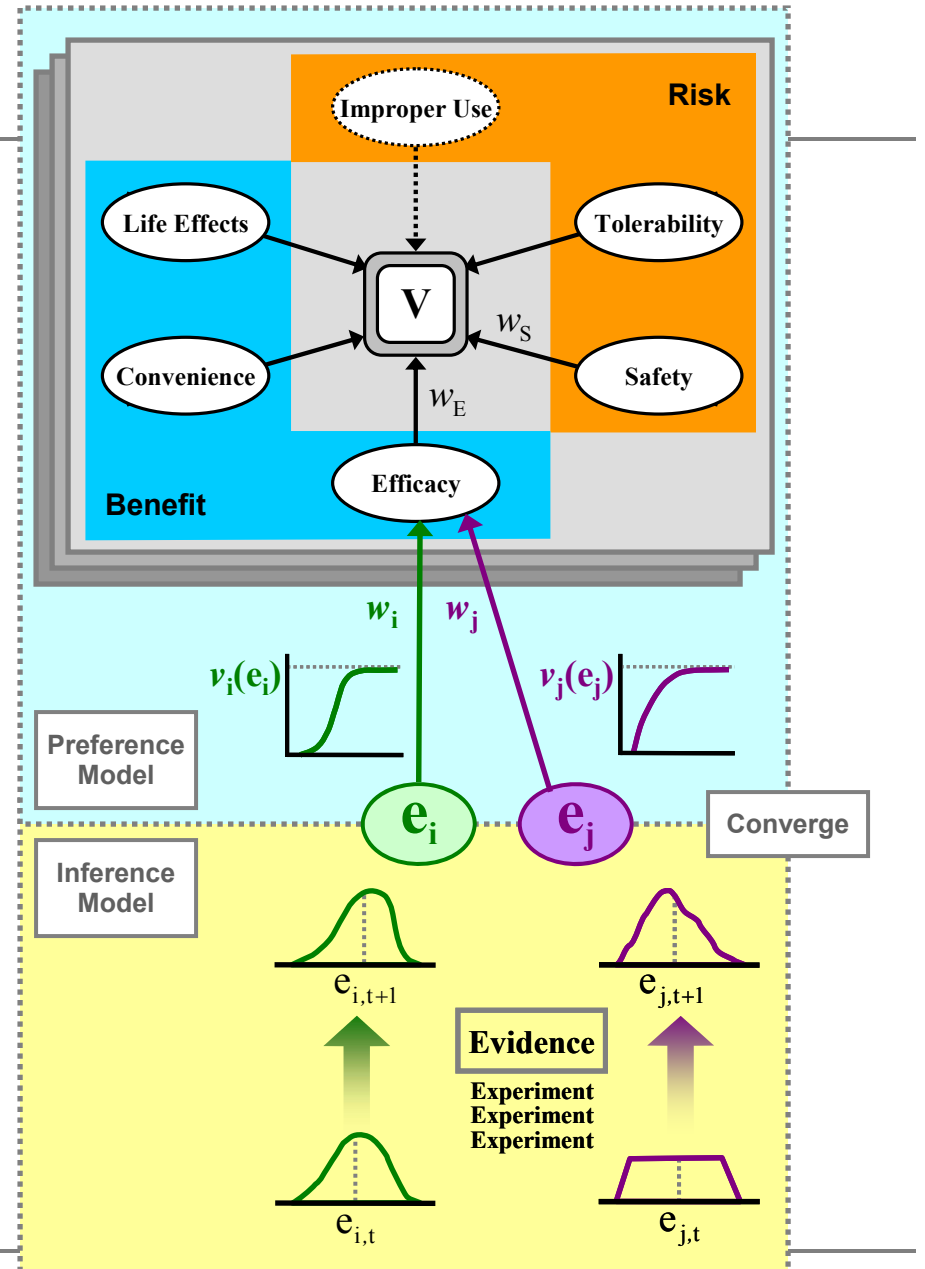
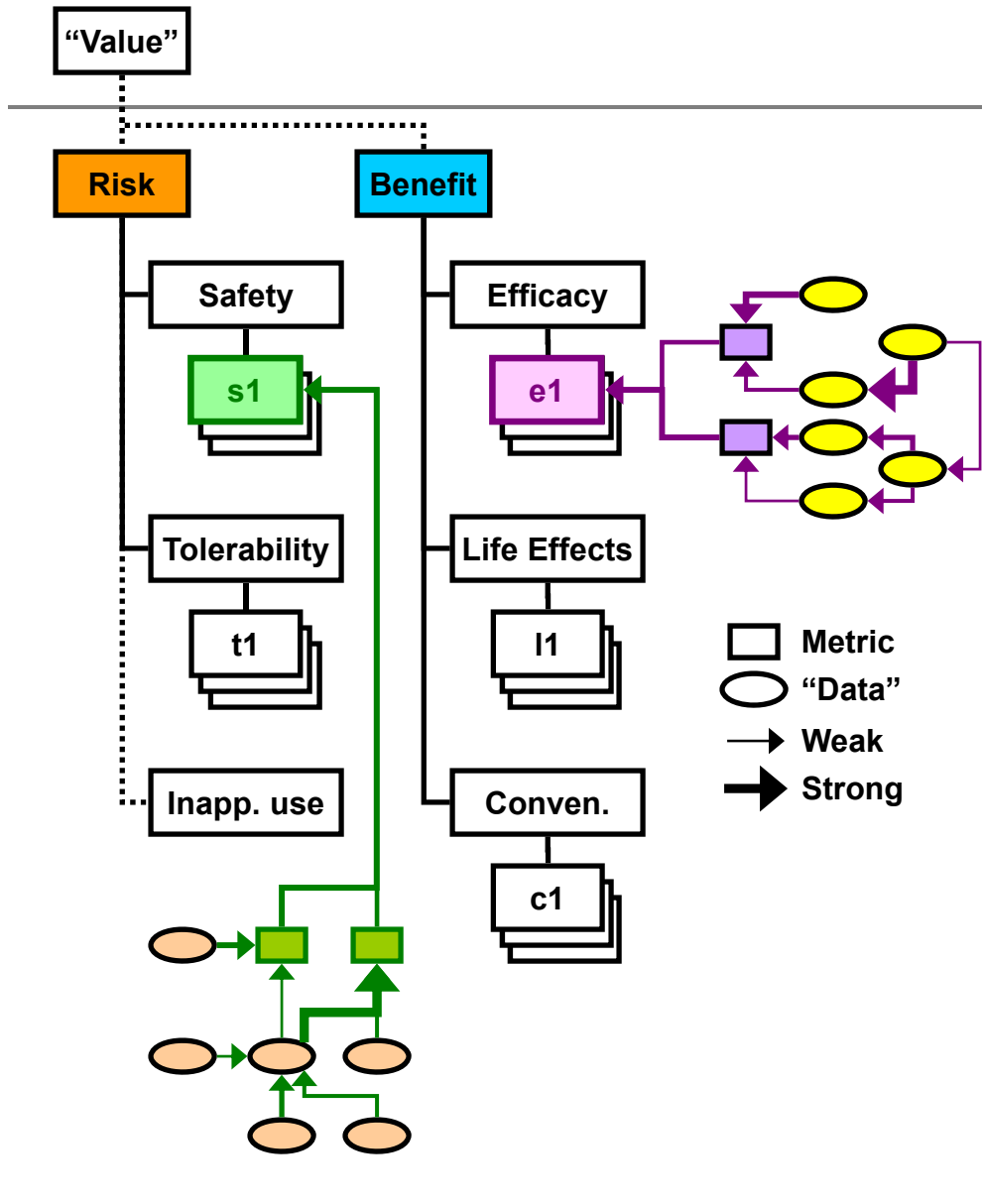
## CUI



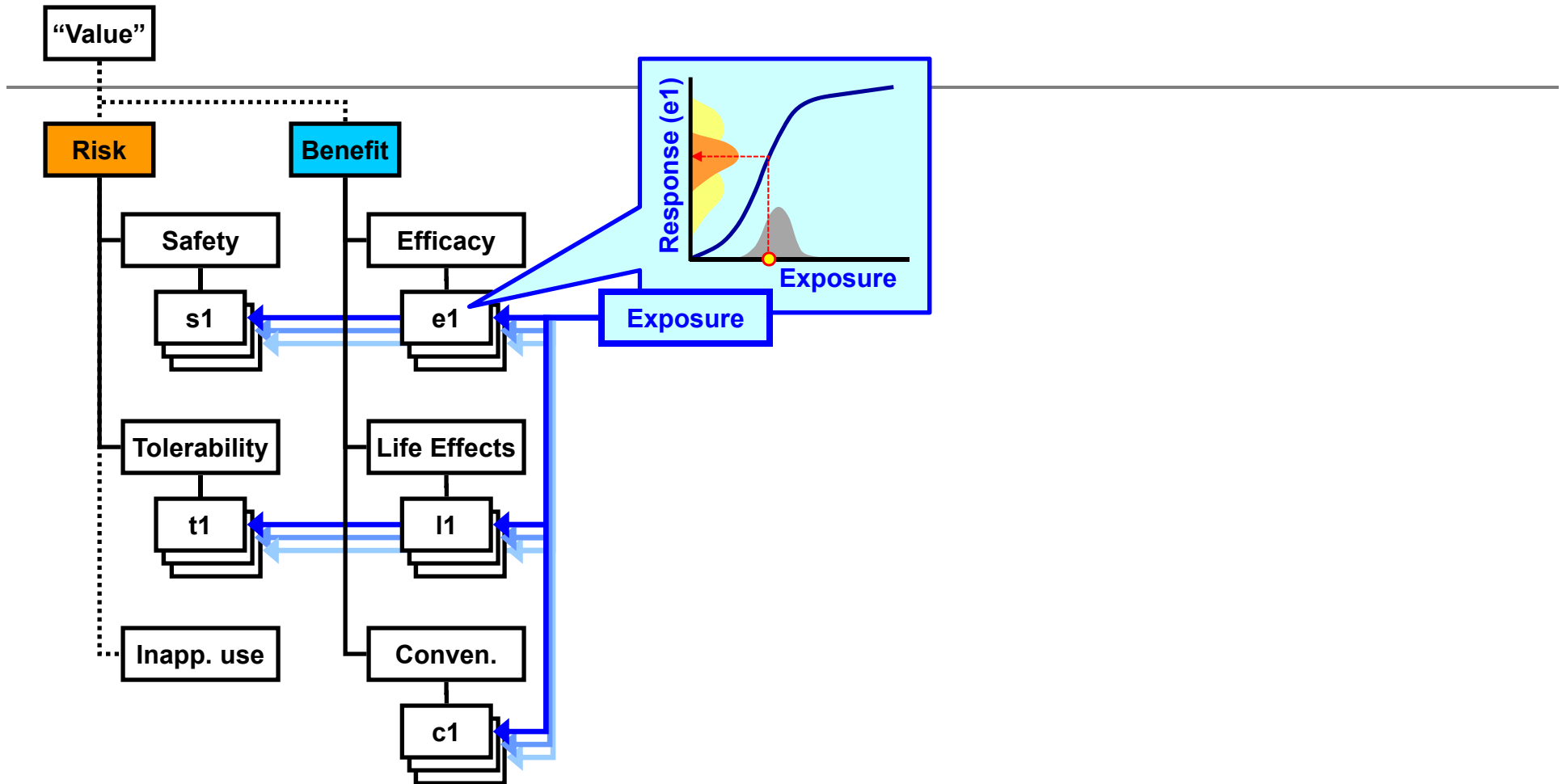
$$V_a = \sum_{k \in K} w_k v_k(x_k^a)$$



# Quantitative BR

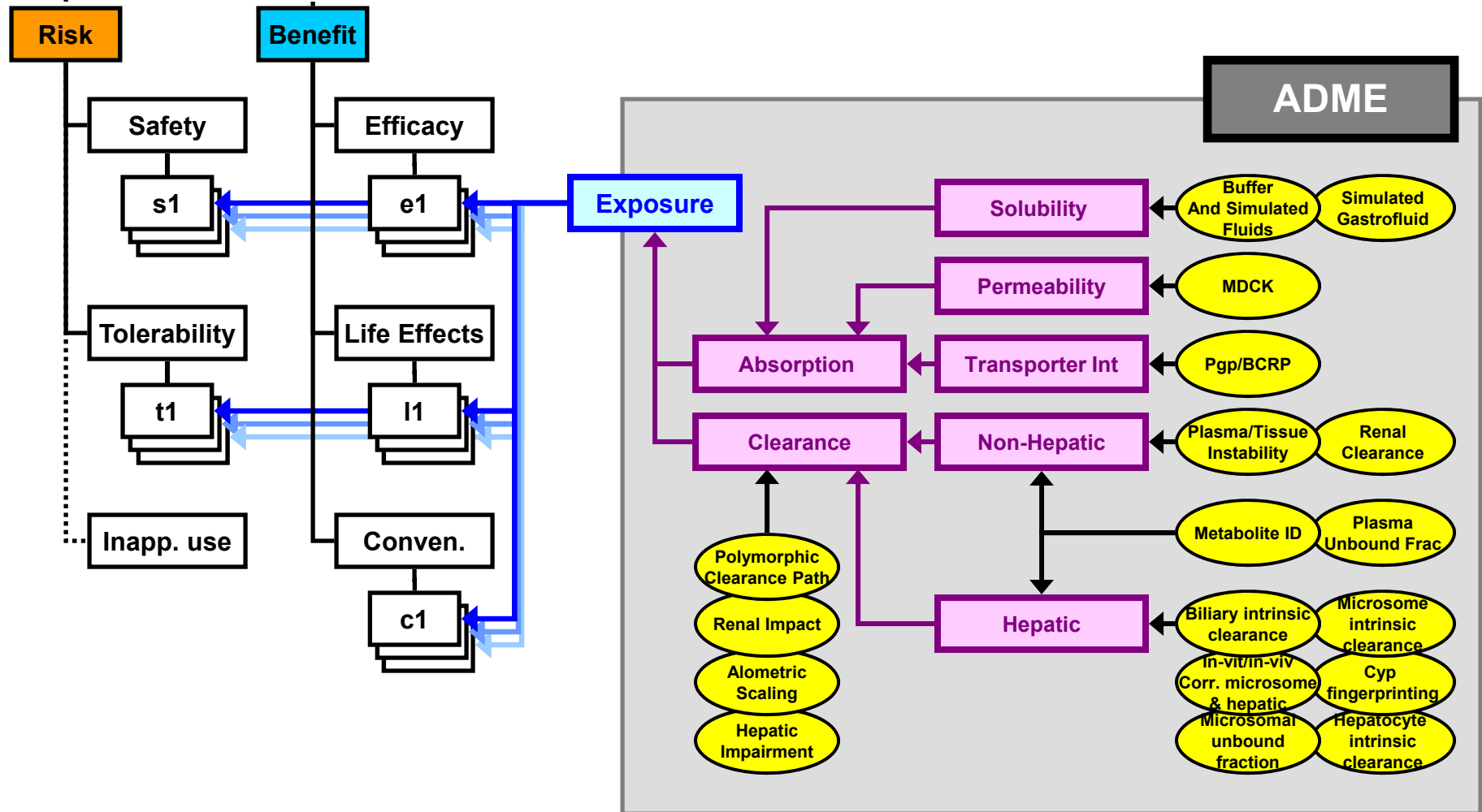


# Quantitative BR

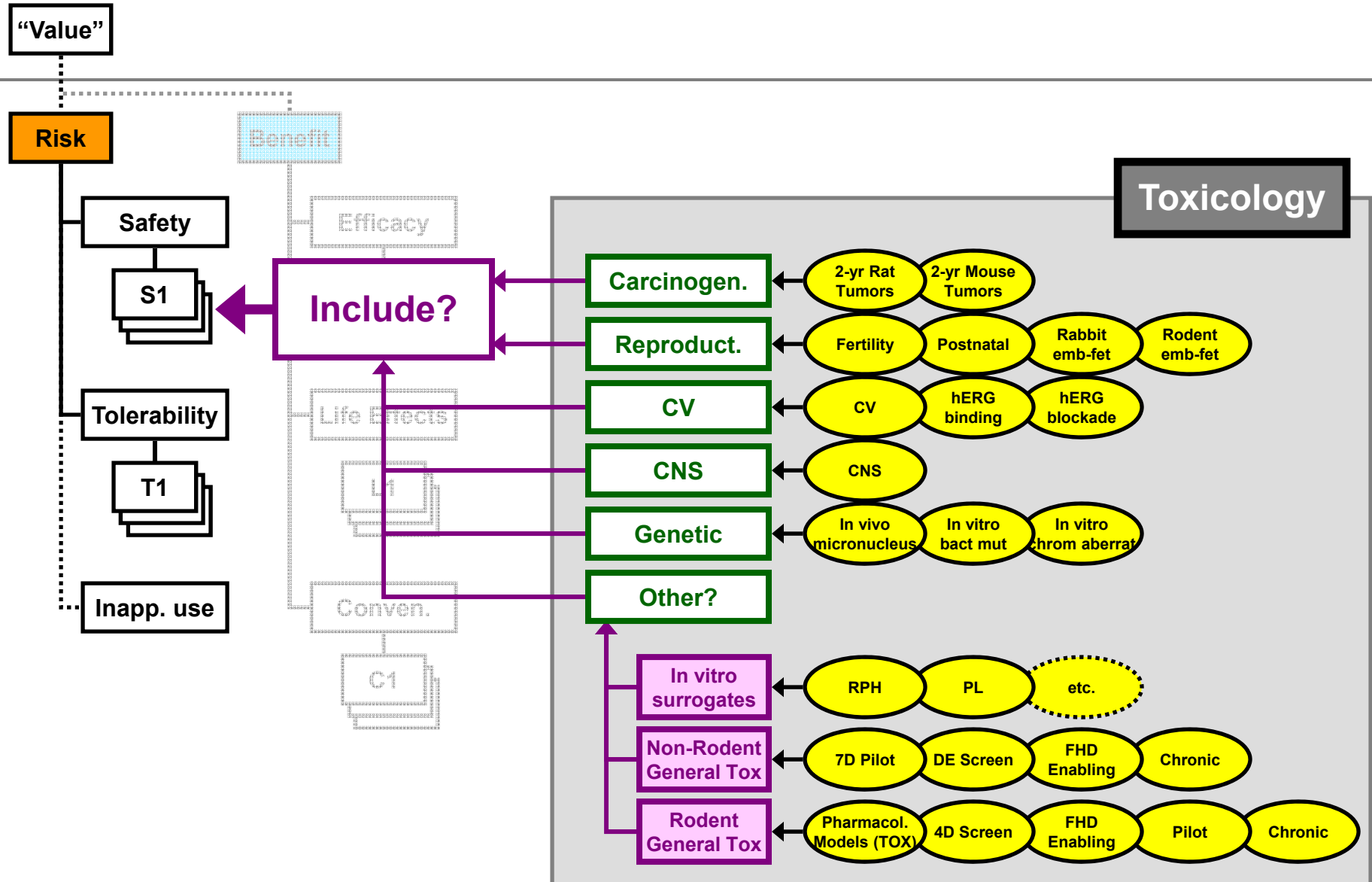


# Quantitative BR

“Value”



# Quantitative BR



# Quantitative BR

Perspective	W
Patient	1
Prescriber	0
Developer	0
Regulator	0
Payer	0

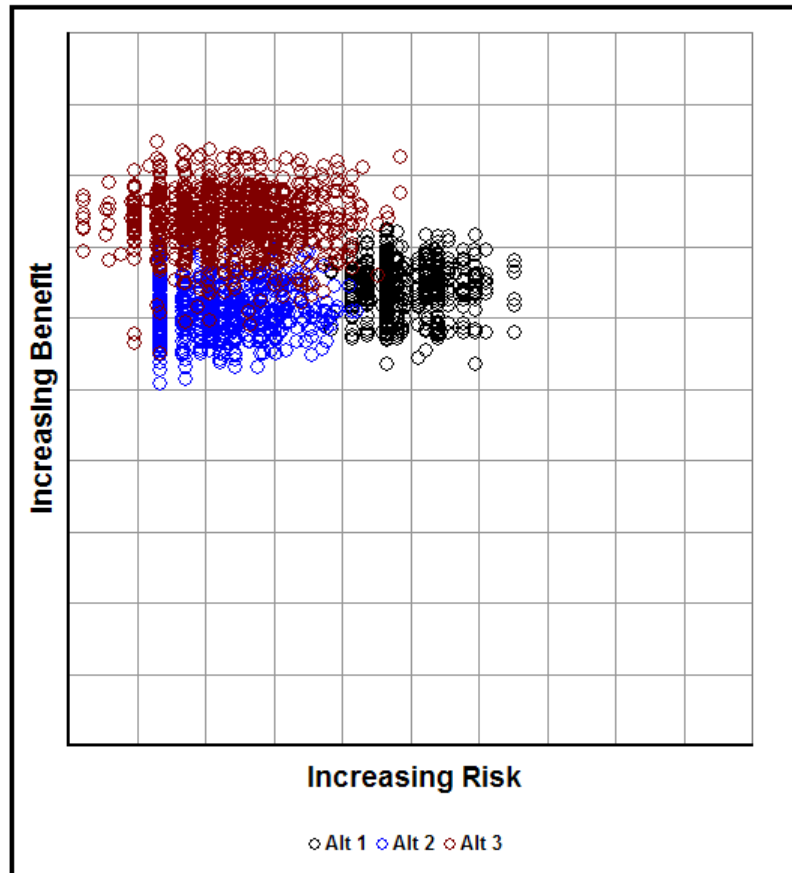
Analytic Focus	Alternatives
Benefit:Risk	Alt 1
	Alt 2
	Alt 3

Data Set
(x,y) points

Graph Type
Profiles

Alternatives
Generic Names

No. of Profiles
1000



Alternatives	P[B+]	P[R-]	P[Opt]
Alt 1	0.027	0	0
Alt 2	0.011	0.622	0.0068
Alt 3	0.962	0.42	0.404



# Quantitative BR

Perspective	W
Patient	1
Prescriber	5
Developer	1
Regulator	6
Payer	1

## Analytic Focus

Benefit:Risk

## Data Set

(x,y) points

## Graph Type

Profiles

## Alternatives

Generic Names

## No. of Profiles

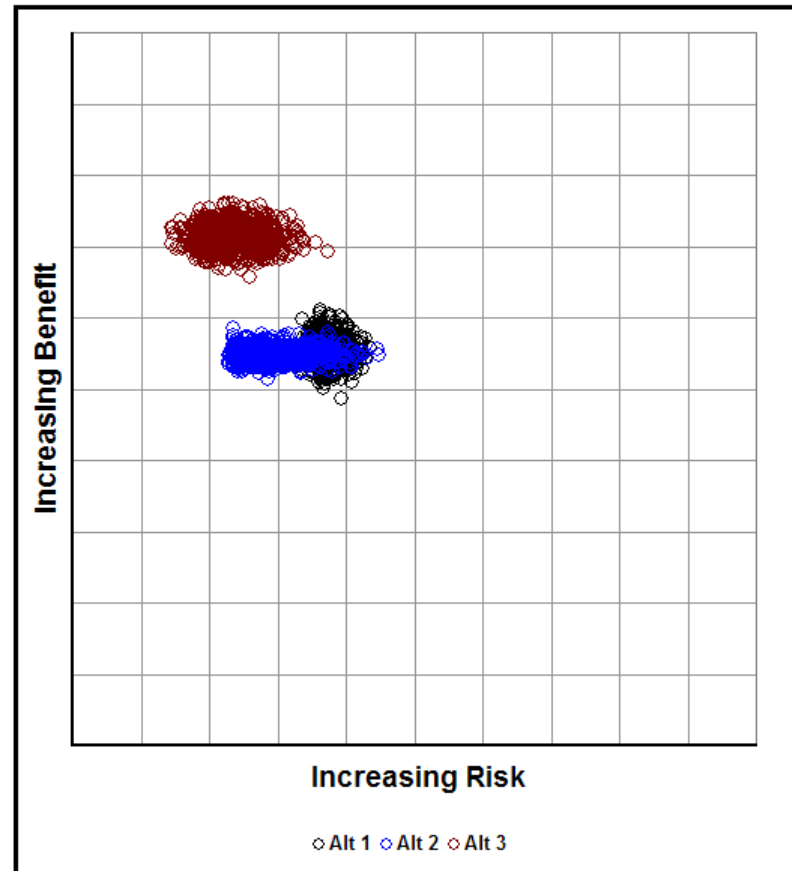
1000

## Alternatives

Alt 1

Alt 2

Alt 3



## Alternatives

Alt 1

Alt 2

Alt 3

P[B+]

0

0

1

P[R-]

0

0.132

0.868

P[Opt]

0

0

0.868

# Quantitative BR

Perspective	W
Patient	1
Prescriber	0
Developer	0
Regulator	0
Payer	0

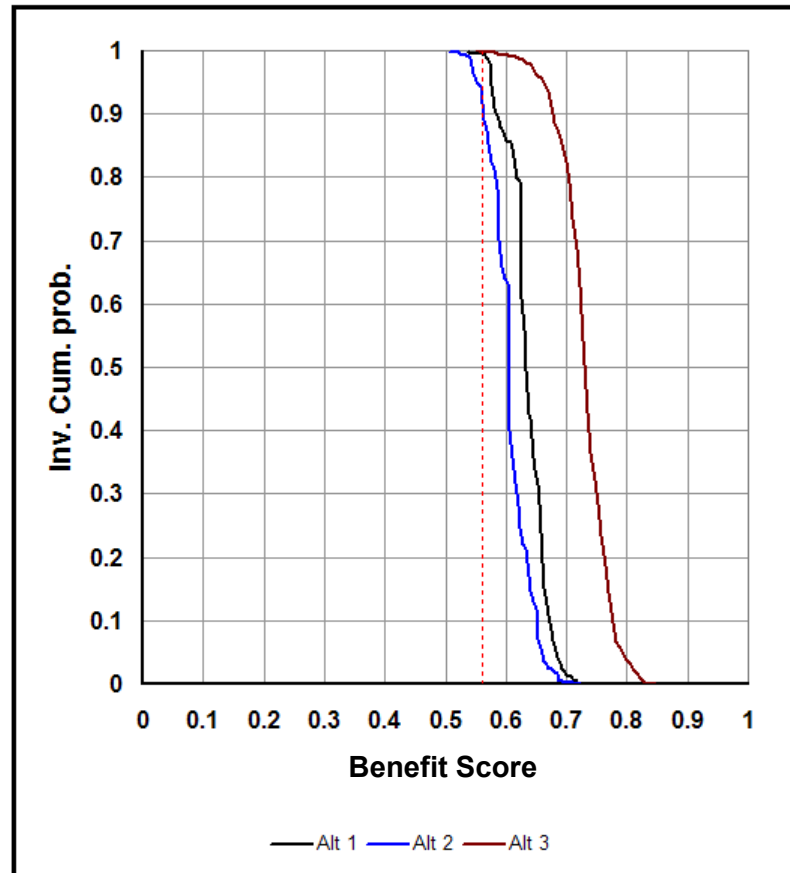
Analytic Focus	Alternatives
Benefit:Risk	Alt 1
	Alt 2
	Alt 3

Data Set
Positives

Graph Type
Inv. Cum. Distr.

Alternatives
Generic Names



Critical Score	0.56
Alternatives	P[>Crit]
Alt 1	0.995
Alt 2	0.942
Alt 3	0.999

# Quantitative BR

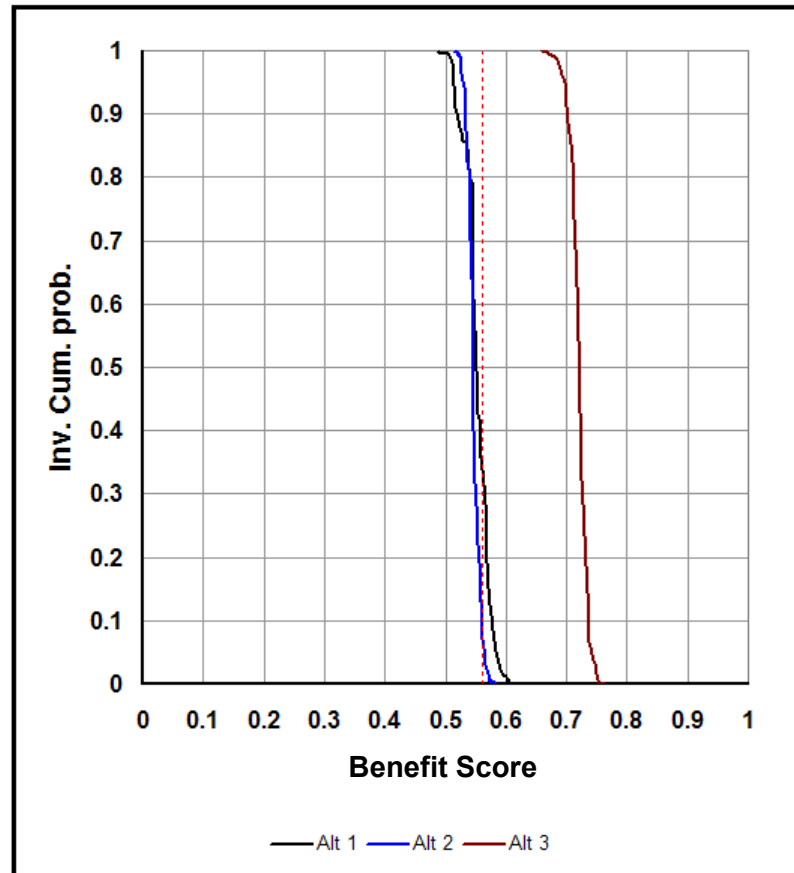
Perspective	W
Patient	1
Prescriber	5
Developer	1
Regulator	6
Payer	1

Analytic Focus	Alternatives
Benefit:Risk	Alt 1
	Alt 2
	Alt 3

Data Set
Positives

Graph Type
Inv. Cum. Distr.

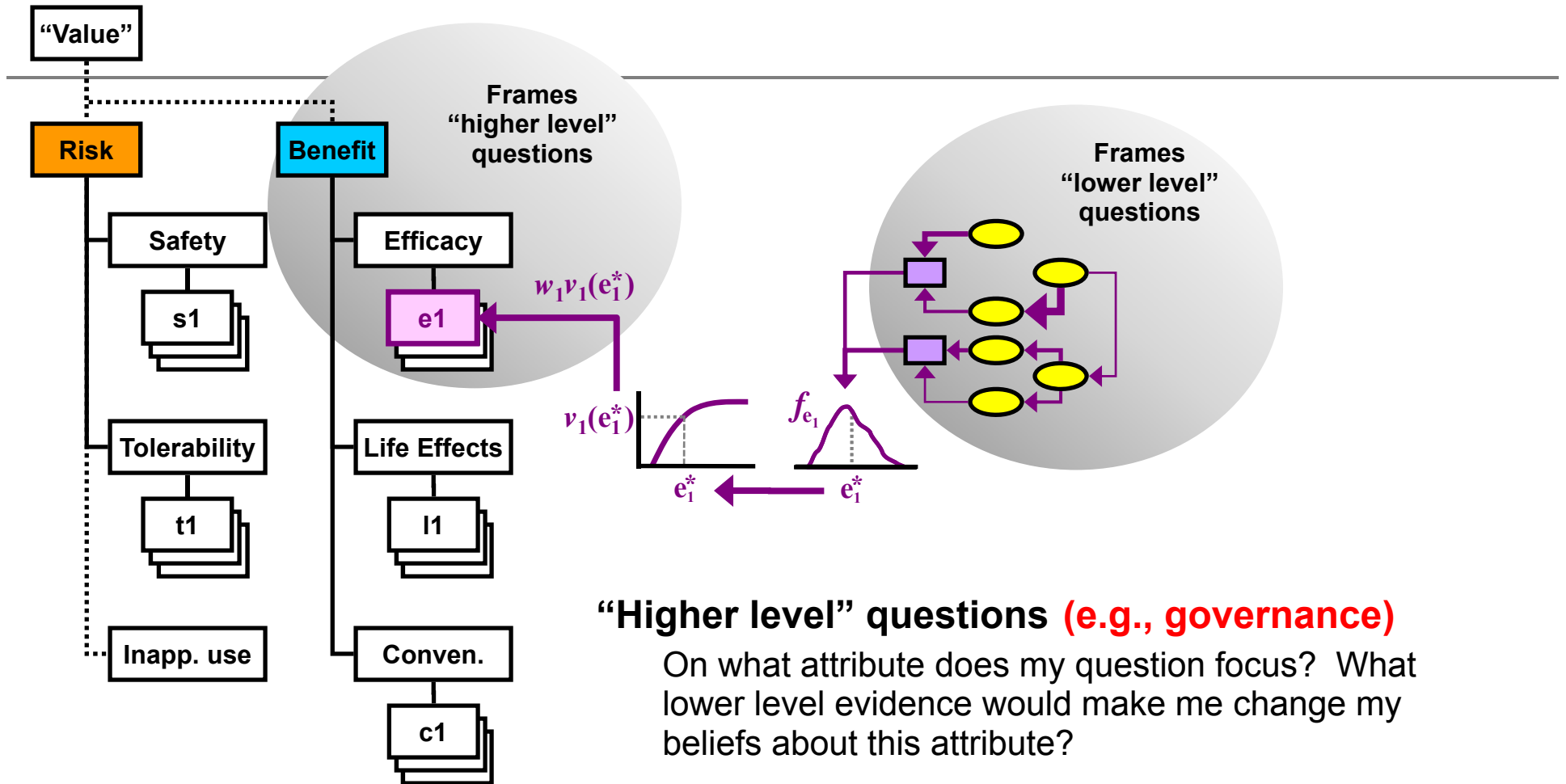
Alternatives
Generic Names



Critical Score **0.56**

Alternatives	P[>Crit]
Alt 1	0.358
Alt 2	0.131
Alt 3	1

# Quantitative BR



## “Higher level” questions (e.g., governance)

On what attribute does my question focus? What lower level evidence would make me change my beliefs about this attribute?

## “Lower level” questions (e.g., scientists)

Why do I care about this question? What beliefs about higher level attributes will the answer inform?

# Quantitative BR

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## Lilly's quantitative benefit-risk model has been:

- ❑ designed to provide a common, organization-spanning **framework** for drug development,
  - ❑ designed to drive informed **discussion**,
  - ❑ extended to the **data** definition and collection level.
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# Quantitative BR

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**End**

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