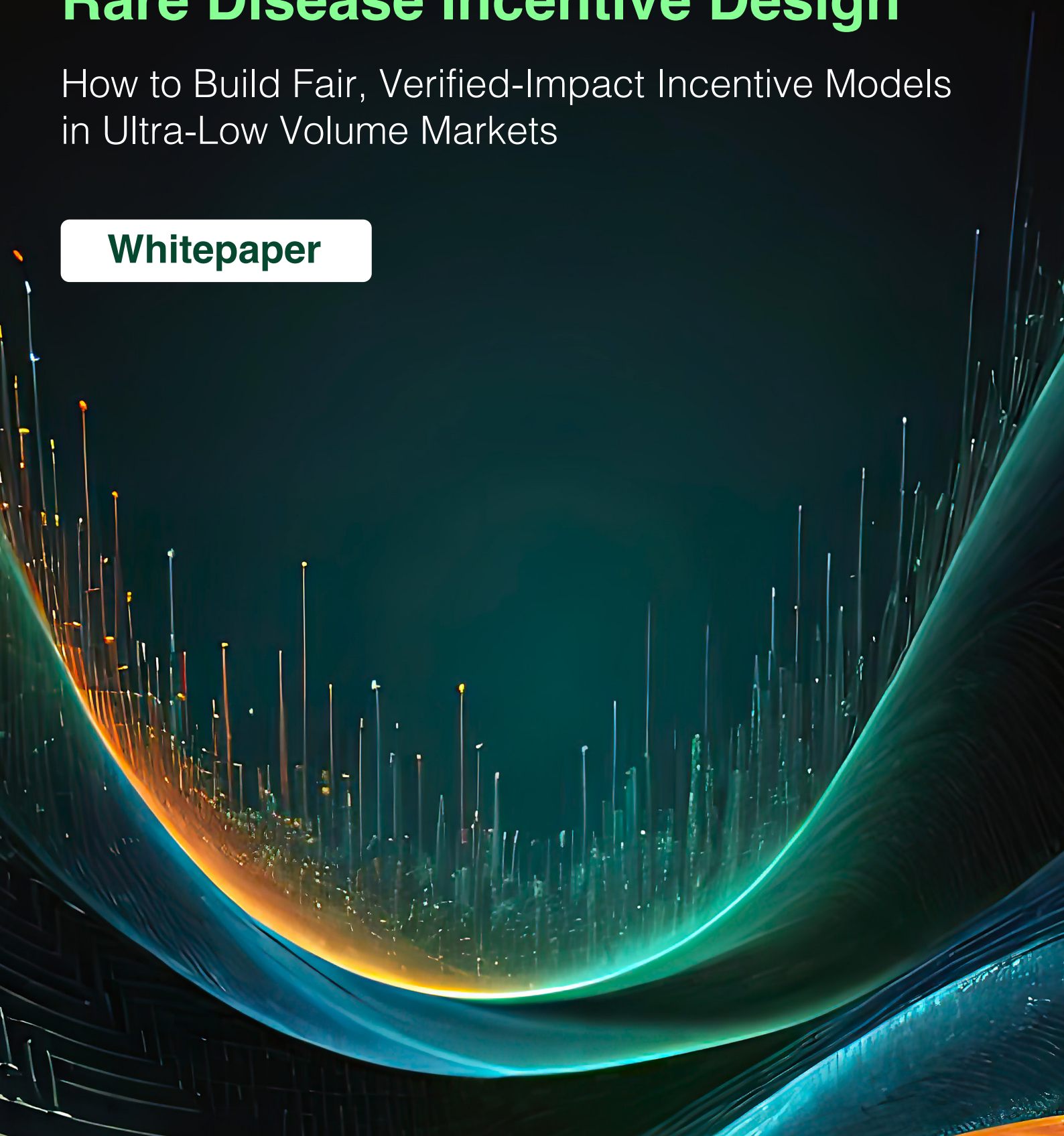
AGILISIUM

Insights. Humanity. Impact.

A Strategic Pharma Blueprint for Rare Disease Incentive Design

How to Build Fair, Verified-Impact Incentive Models in Ultra-Low Volume Markets

Whitepaper



Executive Summary

Rare disease therapies challenge every traditional Incentive Compensation (IC) programs about commercial effectiveness. With minor patient populations, complex diagnosis pathways, and limited physician reach, success depends far more on influence and orchestration than on pure sales volume.

However, the existing IC programs often delay the new commercial reality. Many rare disease teams still operate under frameworks designed for high-volume markets - where success is easily measured through prescriptions or market share. These models are not only ineffective but also discouraging and unfair in rare disease environments.

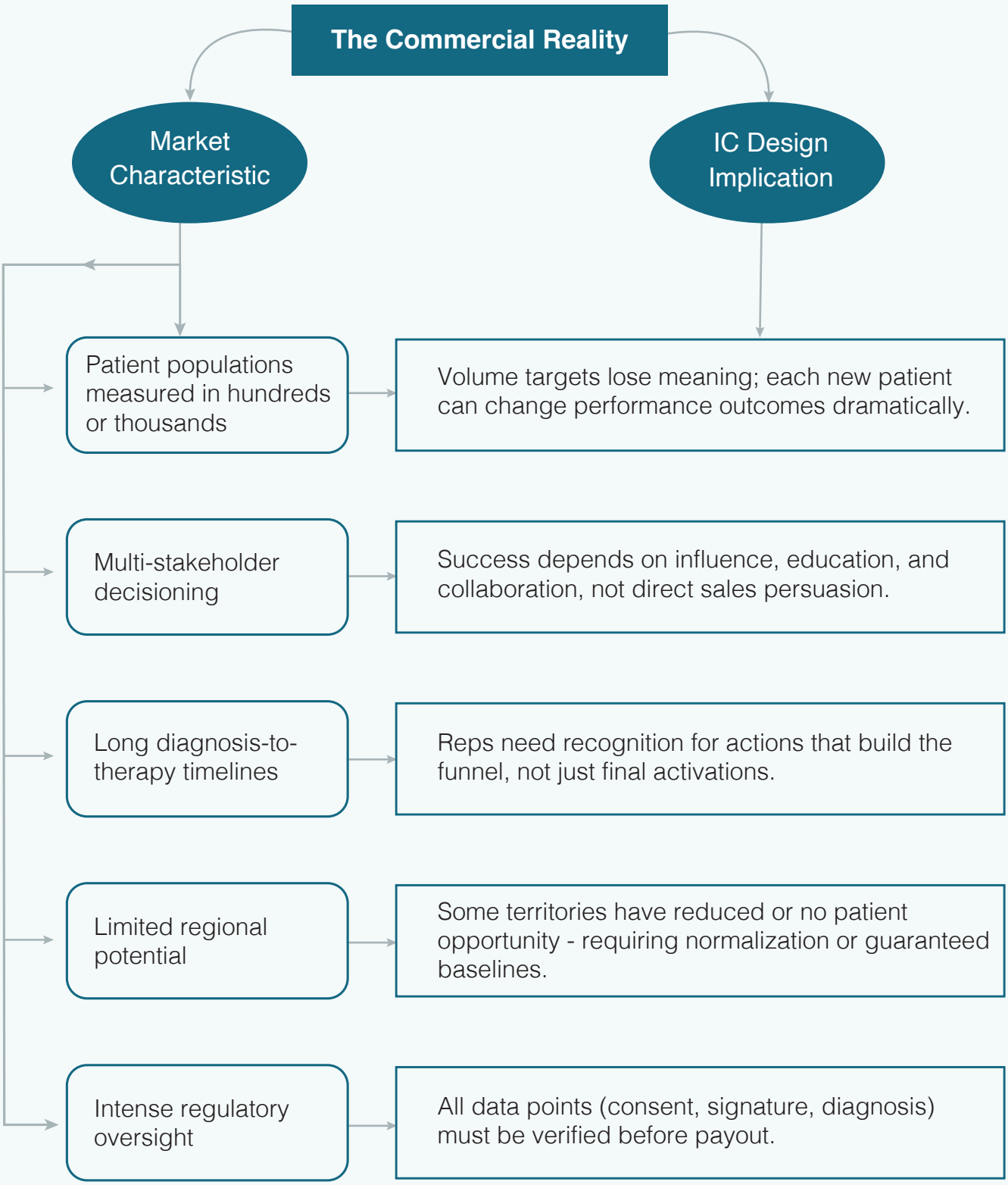
This whitepaper introduces a modern IC paradigm built around verified patient impact, measurable influence, and data transparency. It presents four tailored IC models - Verified Enrollment, Weighted Milestone, Hybrid Influence & Activation Plan and Opportunity-Based Goal Plan - designed specifically for rare or ultra-rare therapies where traditional sales KPIs break down.

It also offers a clear view of the business case, outlining how modern IC structures enhance field motivation, strengthen data quality, and improve patient access performance. Finally, it illustrates how Agilisium partners with life sciences organizations to design, simulate, and operationalize these plans using a foundation of analytics, governance, and modern data platforms.

Why Rare Disease Incentive Plans Need a Rethink

The Commercial Reality

Rare disease markets have grown significantly in the past decade, but their underlying characteristics remain fundamentally different from mainstream therapeutics:



Behavioural and Organizational Issues

Conventional volume-driven plans lead to three key business issues:

Discouragement in low-volume territories:

When patient opportunity is uneven, field morale drops sharply.

Misalignment with patient outcomes:

Volume metrics encourage short-term push rather than coordinated patient enablement.

Data and governance blind spots:

Lack of validated patient data makes payouts difficult to justify to compliance and finance teams.

The result:

Rare disease relies on verified enablement, not volume. When incentives chase counts, field effort disconnects from helping each patient reach therapy. IC must reward influence, validated events, and the coordinated work that advances even a single patient through the journey.

What do we Follow in Modern IC for Rare Diseases?

Principles for modern IC in rare diseases should follow five design principles:

Verified Patient Impact:

Reward confirmed enrollments and therapy initiations,not speculative leads.

Influence Recognition:

Credit educational, diagnostic, or referral activities that shape outcomes.

Fairness & Equity:

Adjust expectations for territory potential and patient density.

Clarity and Simplicity:

IC should be effortless to understand and fully transparent so reps can simulate payouts.

Continuous Governance:

Quarterly review, fairness checks, and adjustment cycles built in.

Four Modern IC Models for Rare and Specialty Brands

Model 1:

Verified Enrollment Plan - Rewarding Confirmed Patient Starts

Model 2:

Weighted Milestone Plan - Incentivizing Patient Journey Progress

Model 3:

Hybrid Influence & Activation Plan - Balancing Effort and Impact

Model 4:

Opportunity - Based Goal Incentive Plan

Model 1: Verified Enrollment Plan - Rewarding Confirmed Patient Starts

Best suited for: Launch phase or ultra-rare therapies with < 500 annual patients

This plan directly links payout to verified new patient enrollments, ensuring that every dollar of incentive spend is tied to measurable patient impact.

Structure:

- Each verified patient enrollment generates a fixed payout.
- Verification requires all **data conditions** to be met:
    - Enrollment initiated by a physician
    - Signed or attested form received
    - Valid diagnosis (based on approved ICD codes)
    - Not a restart or clinical trial conversion
    - Active treatment status confirmed

Model Payout Table:

Patient Category	Definition	Payout
Verified Enrollment	Meets all data conditions for verification	High fixed amount
Partial Enrollment	Missing HCP signature or pending confirmation	Reduced amount
Restart / Reactivation	Previously discontinued, now active	$0

Why it works:

- **Aligns incentives**: Verified patient impact directly determines rep reward.
- **Clarifies expectations**: One patient, one payout makes communication simple.
- **Prevents disputes**: Every eligibility condition is objectively verifiable.
- **Strengthens data quality**: Complete, accurate documentation is required for full credit.

Business Impact

This plan is ideal for new launches where the field's goal is to establish a clean, verified patient funnel and **build early adoption confidence**. It ensures payouts remain stable and defensible to finance and compliance.

Model 2: Weighted Milestone Plan - Incentivizing Patient Journey Progress

Best suited for: Early commercialization with growing enrollments and delayed data availability

In many rare conditions, the patient journey spans several weeks or months, from enrollment to therapy start. The Weighted Milestone Plan ensures field teams remain motivated throughout this long cycle.

Structure:

Each patient journey is divided into three milestones, each carrying a proportional payout weight.

Milestone	Trigger	Weight	Business Logic
Enrollment Initiated	Field-origin enrollment logged	30%	Rewards top-of-funnel engagement
Form Verified	HCP signature / consent validated	30%	Reinforces compliance and data hygiene
Activation Confirmed	Therapy Initiated - patient journey mapped	40%	Aligns to business outcome

Example:

If a rep progresses a case through two milestones but therapy initiation is pending, they still receive 60% of the payout.

Payout formula:

Total Payout = (Sum of milestone completions × base payout)

Why it works:

- **Sustains engagement:** Reps stay motivated throughout long, delayed data cycles.
- **Balances effort:** Progress across early and middle stages is recognized.
- **Smooths payouts:** Reduces quarter to quarter volatility from late activations.
- **Improves data quality:** Clean documentation at each milestone becomes rewarding.

Business Impact

Organizations adopting milestone-based IC typically report **more complete and higher-quality patient data,** as each stage becomes financially meaningful.

Model 3: Hybrid Influence & Activation Plan - Balancing Effort and Impact

Best suited for: Mature rare disease portfolios or multi-stakeholder ecosystems

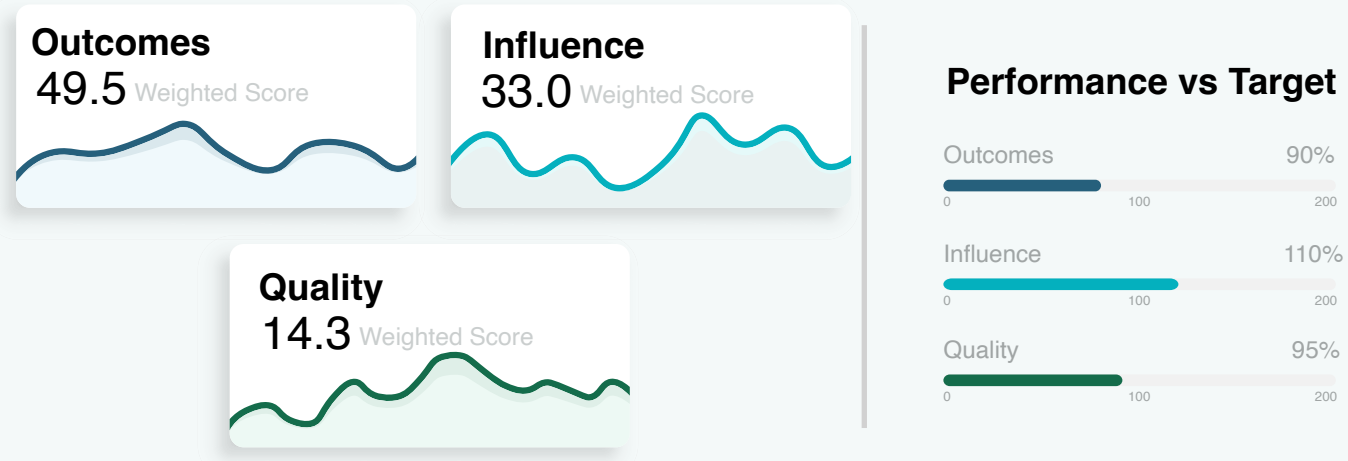
As data maturity improves, companies can evolve toward a hybrid model that combines measurable influence activities with verified patient outcomes.

Structure:

Three weighted categories drive payout:

Category	Example Metrics	Weight	Measurement Source
Patient Outcomes	Verified new activations	55%	Specialty pharmacy or patient services feeds
Influence and Enablement	Referrals, test orders, HCP education events, advocacy partnerships	30%	CRM / engagement systems
Quality and Access Efficiency	Average time from enrollment to activation, adherence follow-up	15%	Hub / access program data

Composite Score Model:



Why it works:

- **Captures full impact:** Both verified outcomes and upstream influence matter.
- **Reflects real roles:** Mirrors the blend of education, access support, and navigation.
- **Strengthens collaboration:** Incentives align sales, access, PSP, and medical teams.
- **Rewards quality:** Faster cycle times and better documentation contribute to payout.

Business Impact

This model aligns to the **maturity journey of the brand** - as **patient awareness and data maturity improve**, influence metrics gradually give way to outcome metrics.

Model 4: Opportunity - Based Goal Incentive Plan

Best suited for: brands with enough data to model territory potential.

As territory level data improves, organizations can shift to an opportunity based model that sets goals grounded in true epidemiologic potential. This approach ensures expectations are equitable, attainable, and defensible across regions with uneven patient opportunity.

1. Projected Base

Realistic expected activity per territory (frequent vs. irregular accounts, attrition, historical patterns).

2. National Goal Gap Allocation:

Distributing incremental growth based on relative potential and prospecting time.

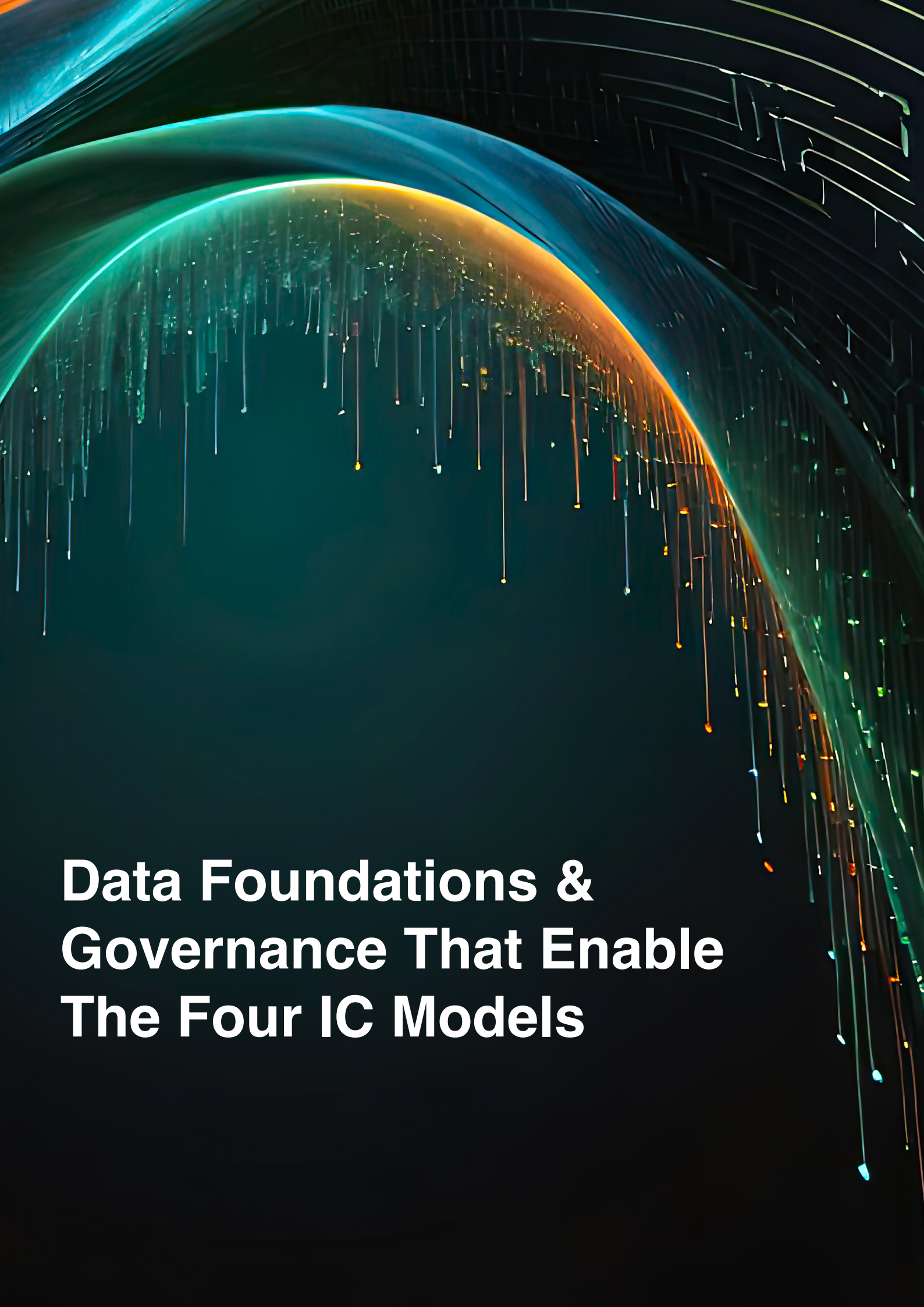
This creates:

- Equitable Goals: Goals that reflect real territory potential and feel achievable.
- Reduced Disputes: Clearer expectations minimize challenges and confusion.
- Stronger Morale: Fair targets support confidence in lower opportunity regions.
- Predictable Performance: Stable, defensible goals improve planning and forecasting.

In conclusion, together, these four models give organizations a scalable toolkit that can evolve with the brand while staying anchored in verified, patient-level impact.

Business Impact

This model creates fair, achievable goals in territories with uneven patient potential, improving field confidence and reducing discouragement linked to geography. It stabilizes attainment, strengthens leadership's ability to forecast IC spend, and ensures goals remain both defensible and aligned with true rare disease opportunity.



Data Foundations & Governance That Enable The Four IC Models

Data Architecture Guidelines

Rare disease IC design and execution require tighter governance compared to high-volume markets. Each patient can meaningfully influence results, so errors must be minimized and corrections must be transparent.

The IC data spine consolidates all patient- and provider-level information into a structured, validated flow that enables eligibility checks, milestone credit, and payout calculations.

The IC Data Spine

The IC data spine consolidates all patient- and provider-level information into a structured, validated flow that enables eligibility checks, milestone credit, and payout calculations.

Domain	Data Included	IC Purpose
HUB Enrollment Data	Start Forms, signatures, consent	Patient eligibility, milestone credit
Specialty Pharmacy Data	Dispense events, activation status, cycle dates	Activation verification
Clinical Data	ICD codes, diagnosis confirmation	Diagnosis eligibility
Prescriber MDM	Provider roles, NPI, address	Accurate attribution and territory mapping
PSP / Access Data	Benefit investigation, PA status, cycle time	Access quality and influence metrics
CRM Activity Data	Referrals, education, HCP engagements	Influence scoring
Restart & Trial Status	Cancelled, discontinued, trial conversion	Eligibility exclusion
Territory Potential Index	Epidemiology, specialist coverage	Goal fairness modeling

Integrating these domains into a unified IC dataset delivers a single, trusted source for all IC logic.

Verification and Governance

A modern IC engine should include:

Unified IC Dataset

Integrated view combining CRM, enrollment hub, specialty pharmacy, and lab data.

Eligibility Flags

Automated checks for diagnosis, consent, HCP origin, activation status.

Territory Potential Index

Used to normalize expectations and adjust quotas for fairness.

Carryover & Smoothing Logic

Allows partial credits to roll forward and minimizes volatility.

Audit Trails

Document every record used for payout validation.

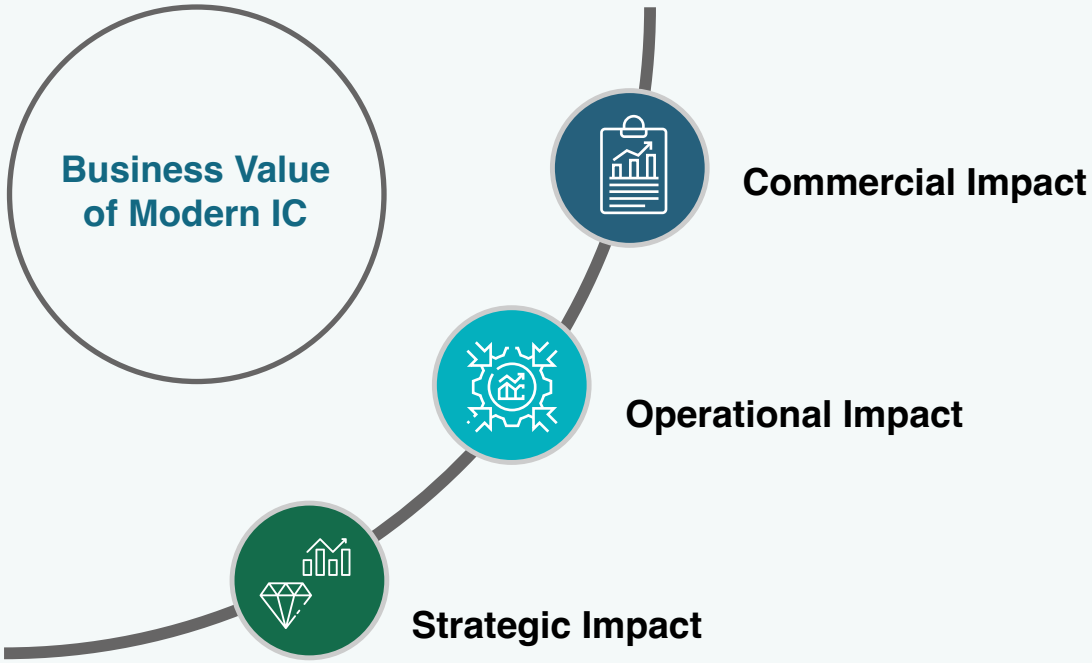
Simulation Tools

Allow finance, operations, and field managers to model “what-if” outcomes before rollout.

Governance Recommendations:

- **Cross Functional Oversight:** A dedicated IC committee governs fairness, compliance, and operational stability.
- **Quarterly Calibration:** Scheduled reviews ensure goals and payouts remain equitable and accurate.
- **Structured Dispute Management:** Clear processes and SLAs keep issue resolution consistent and transparent.
- **Data Lineage Tracking:** Full traceability ensures every patient level metric used in IC is auditable.

Business Value of Modern IC



Commercial Impact

- Motivated field teams: Confidence that their effort is recognized fairly, regardless of volume variability.
- Improved launch execution: Early identification and progression of patient cases become a rewarded behavior.
- Financial predictability: Minimum guarantees and normalized weights reduce payout risk.

Operational Impact

- Cleaner data flows: Verified enrollment, diagnosis, and activation records improve accuracy across systems.
- Integrated field coordination: Smoother collaboration between sales, access, medical, and patient services teams.
- Stronger compliance readiness: Audit trails and validation logic reduce risk and accelerate reviews.

Strategic Impact

- Patient-aligned decision making: Incentives reinforce behaviors that move patients through the journey.
- Predictive commercial insight: IC data strengthens forecasting, planning, and portfolio strategy.
- Governance maturity: A transparent, defensible IC framework becomes a competitive advantage in regulated markets.

Implementation Roadmap and Agilisium's Role

Agilisium brings deep experience in data engineering, commercial analytics, and field effectiveness.

Our rare-disease IC transformation framework follows a phased, outcome-oriented roadmap:

Rollout and Governance Setup

Scale to full field and establish continuous improvement and fairness monitoring.

Implement governance workflows, field calculators, and quarterly calibration cycles.

Pilot Execution

Validate the new IC plan with a controlled field group.

Deploy dashboards, monitor payout patterns, capture field feedback, flag missing data.

Data and Integration Enablement

Build the data foundation needed for verified enrollments and milestones.

Integrate CRM, HUB, specialty pharmacy, and PSP data; create IC ready layers.

Design and Simulation

Co create IC models and test fairness, cost, and payout scenarios.

Build simulation engines, generate 'what if'models, benchmark against peers.

Assessment

Understand brand maturity, field structure, data flows, and IC pain points.

Diagnostic workshops, pipeline analysis, opportunity and challenge mapping.

Business Takeaways

- In rare disease, “influence” is the new currency of performance. Incentives must follow verified actions, not just transactions.
- Milestone-based models drive both behavior and data discipline.
- Hybrid frameworks for future-proof compensation structures as data sophistication improves.
- Strong governance and fairness testing are non-negotiable.
- Data integration is the backbone. Without harmonized enrollment, consent, and diagnosis data, IC design collapses.
- Analytics converts compensation into strategy. The same data that drives payouts can fuel forecasting, field planning, and patient funnel insights.

What sets Agilisium apart

Agilisium combines rare disease domain depth with advanced data engineering to build IC systems that are fair, transparent, and rooted in verified patient impact.

Deep experience with rare-disease patient journey data

Advanced simulation engines for fairness, volatility, and financial modeling

Cloud-native data engineering to create IC-ready pipelines

Governance frameworks tailored for high-scrutiny therapeutic areas

Field-centric approach ensuring plans are simple, motivating, and transparent

Conclusion

Rare disease markets demand precision - from diagnosis to engagement to compensation. Every patient journey is unique, every HCP relationship critical, and every enrollment is team victory.

Agilisium helps rare disease organizations make this transformation - combining deep commercial analytics expertise with modern data infrastructure to design IC plans that are not only fair and compliant but also commercially strategic.

Authored by

Varun Arora is an accomplished professional in Life Science Analytics and Consulting, specializing in data-driven strategies for pharmaceutical and healthcare organizations. With extensive experience in Sales Force Effectiveness, Incentive Compensation, Competitive Intelligence, and KOL Mapping, he has successfully led high-impact analytical initiatives. Holding a Pharma Degree, an MBA in Pharmaceutical Marketing from NIPER Mohali, and an EPABA from IIM Ahmedabad, Varun combines deep industry knowledge with advanced business analytics expertise. He is passionate about leveraging data to drive strategic decision-making and deliver measurable business impact.

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References

1. PharmaVoice - Rare Disease Commercial Strategy & Policy Considerations
   https://www.pharmavoice.com/news/rare-disease-policy-josh-trent-orphan-drug-development/740795/

2. McKinsey & Company - Successful Launches in Rare Diseases: A Patient-Centric World
   https://www.mckinsey.com/industries/life-sciences/our-insights/successful-launches-in-rare-diseases-in-a-patient-centric-world

3. IQVIA Institute - Rare Disease Insights & Commercialization Trends
   https://www.iqvia.com/insights/the-iqvia-institute

4. FDA - Rare Diseases & Orphan Products Regulatory Information
   https://www.fda.gov/industry/developing-products-treatment-rare-diseases-conditions

5. NORD - Access & Assistance Programs
   https://rarediseases.org/

6. PharmaExec - Incentive Compensation Trends in the Pharmaceutical Industry
   https://www.pharmexec.com/view/incentive-compensation-plan-landscape-pharmaceutical-industry

7. Everest Group - AI & Data-Driven Commercial Transformation in Life Sciences
   https://www.everestgrp.com/2023-09-from-silos-to-synergy-ai-enabled-transformation-life-sciences-research-83982.html

8. NORD Rare Insights Reports
   https://rarediseases.org/rare-insights/

About Agilisium

Agilisium is a data and analytics partner for life sciences organizations looking to make smarter, faster, and more patient-centric decisions. We specialize in helping pharma and biotech companies build modern commercial capabilities powered by cloud-native data platforms, advanced analytics, and domain-led consulting.

In rare diseases, Agilisium works at the intersection of patient-level data, commercial execution, and incentive design. We help clients transform fragmented HUB, specialty pharmacy, PSP, CRM, and clinical data into integrated, IC-ready assets that support both day-to-day operations and strategic decision-making.

Our teams combine deep experience in rare disease commercialization, incentive compensation, field effectiveness, and data engineering to design and operationalize IC programs that are fair, compliant, and grounded in verified patient impact.

Let’s Connect

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