A MARA Rating® Report on Pricing and Reimbursement Risk Assessment for Samplinib in an illustrative indication, as of August 2026

A standardized exhibit for structured portfolio and diligence assessments

SAMPLE DOCUMENT — the product, the indication and every figure on both pages are illustrative. No real rating is shown.

1 · Rating provenance

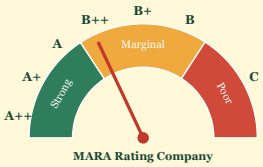
Rating	SMPL-DEMO-01 · edition 1 of lineage SMPL-DEMO
Information as of	2026-08-12
Method	MARA 2.0 · report format edition F2026-08 · graded 2026-08-12
Issued	2026-08-27 · MARA Rating Company AG
Sources	Public, trusted sources of information only; no projected or unpublished data included.
Calibration records	United Kingdom, Germany, France and United States — as of August 2026

2 · The rating and its band, on the record

B++

64 / 100

7 of 10 domains assessable



MARKET	BASIS	DECIDED CASES IN THIS BAND	FAVOURABLE OUTCOME*	95% CI	VS MARKET BASELINE
United Kingdom	NICE decisions (illustrative record)	90	**48.9%** (44 of 90)	39.0%–59.0%	-13.1 pp (baseline 62.0%)
United States	Coverage criteria of US commercial insurers, one year after FDA approval (illustrative) §	180	**42.2%** (76 of 180)	35.0%–49.0%	-7.8 pp (baseline 50.0%)
Germany	G-BA initial benefit decisions (illustrative) †	45	**66.7%** (30 of 45)	53.0%–80.0%	-14.7 pp (baseline 81.4%)
France	HAS avis: ASMR I–IV (improvement rating) ‡	44	**50.0%** (22 of 44)	35.0%–65.0%	-15.0 pp (baseline 65.0%)
Cross-market composite	declared 70/30 mix: US / ex-US ¶	4 markets	**46.6%**	45.1%–48.1% across 60/40–80/20 mixes	-9.7 pp (baseline 56.3%)

About this sample. This is an illustrative specimen of the MARA Decision Integration report. The product, the indication, the rating and every figure on both pages are fictional and internally consistent; no real rating, client, or calibration figure is shown. In a shipped report, each note below states the favourable definition first and then the named, dated record it is measured on, with denominators printed in full.

*** How to read this table.** Each row answers one question: among past drugs carrying the same MARA rating band as this product, how often did that market's decision come out favourable? Favourable is defined in each body's own vocabulary. Every figure is an observed historical share of a named group of past drugs — never a probability for this asset.

United Kingdom. Favourable = NICE recommended the drug without restriction; a subset-only recommendation, managed access, or a rejection counts as adverse.

† Germany. Favourable = the G-BA found an added benefit in its first decision on the drug.

‡ France. Favourable = HAS recognised an improvement over existing care (ASMR I–IV) — the verdict that drives the negotiated price.

§ United States. Favourable = the payer's coverage criteria are consistent with the FDA label; a policy more restrictive than the label counts as limited. The shipped report names the record it is measured on and prints its full citation here.

¶ Cross-Market Access Signal. The market rows combined on a declared mix — 70% the United States, 30% the ex-US markets — with the printed range showing the same composite at 60/40 and 80/20, so the reader can see how much the mix choice moves it.

3 of the ten rating domains are Not assessable for this product — their absence is disclosed, never scored. Rating subject to change when more information or additional domains become assessable.

Disclaimer: The MARA Rating® is an independent opinion of a drug's market access pharma risk profile and is provided for informational purposes only—not as investment, medical, legal or any other type of advice. All opinions, analyses, and recommendations are statements of opinion, not statements of fact, and are supplied "as-is" without warranty of any kind, express or implied, including accuracy, completeness, or fitness for any particular purpose. Users assume full responsibility for their decisions and any consequences thereof. MARA Rating Company AG expressly disclaims all liability for any outcomes arising from the use of, or actions taken based on, this report. Report may contain public sector information and others. All brand names are the property of their respective owners. For reimbursement & HTA professionals only – Not for patients, prescribers or the general public. Rights & Display. © MARA Rating Company AG. Viewing permitted. Reproduction, reprinting, redistribution, scraping, or public display of any MARA rating, badge, letter grade, chart, or the "Primary line" in marketing, IR, PR, sales, paid media, conference materials, or websites is prohibited without a valid MARA Display License. Non-licensees may link to this page/report but may not copy, repost, or restyle our content. Use must include the as-of date, our one-line explainer, and no edits to wording or artwork. No composite marks (do not combine the MARA badge with other logos/seals). No implication of MARA's endorsement of efficacy, safety, price, or any transaction. "MARA", "MARA Rating", and the MARA badge are trademarks of MARA Rating Company AG. Academic excerpt: up to 50 words of text (no badge/graphics) may be quoted with clear attribution and link. Misuse or corrections: contact sales@mararating.com.

The reasoning behind the rating

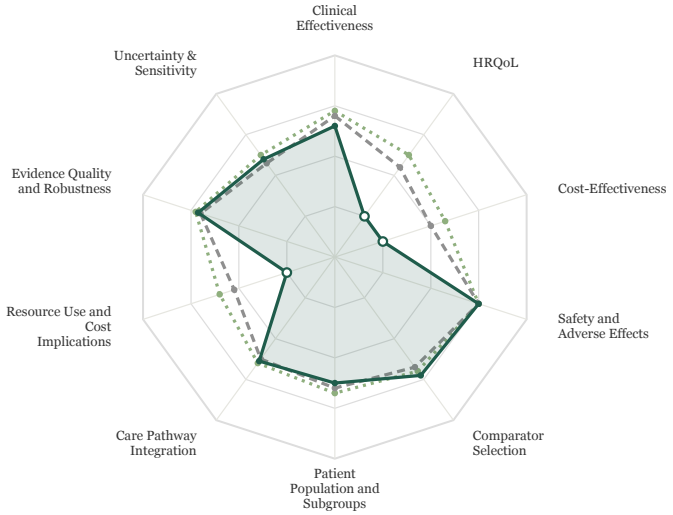
The ten payer-side questions behind the rating, each graded under a versioned, consistent method with the reasoning attached — so the conclusion on page 1 can be examined, question by question.

Question	Grade	The graded reasoning (illustrative sample text)
Is the demonstrated clinical benefit the kind payers reward? Clinical Effectiveness	B++	Illustrative reasoning — the pivotal evidence shows a benefit of the kind payers reward, with the limits a grader would name here.
Is there quality-of-life evidence of the kind payers weigh? Health-Related Quality of Life (HRQoL)	Not assessable	No gradable quality-of-life evidence in the illustrative package; the domain is disclosed as not assessable.
Does the economic case hold at the expected price? Cost-Effectiveness	Not assessable	No economic model in the illustrative package; the domain is disclosed as not assessable.
Does the safety profile support risk–benefit at the point of access? Safety and Adverse Effects	A	Illustrative reasoning — a well-characterized safety profile supporting risk–benefit at the point of access.
Was the product compared against what payers benchmark against? Comparator Selection	A	Illustrative reasoning — the comparators match what payers benchmark against in this indication.
Is the population defined the way funding decisions need it? Patient Population and Subgroups	B++	Illustrative reasoning — the studied population maps to the funded population, with named gaps.
Does the product fit how care is actually delivered and paid for? Care Pathway Integration	B++	Illustrative reasoning — the product fits current delivery, with open questions on real-world pathways.
Are the system-cost implications understood? Resource Use and Cost Implications	Not assessable	No resource-use or cost data in the illustrative package; the domain is disclosed as not assessable.
Would the evidence package survive payer scrutiny? Evidence Quality and Robustness	A	Illustrative reasoning — the package would survive payer scrutiny, pending full publication.
How exposed is the case to residual uncertainty? Uncertainty, Sensitivity, and Broader Impacts	B++	Illustrative reasoning — residual subgroup uncertainty is the main exposure a grader would flag here.

SAMPLE

Gradings rest exclusively on public, trusted sources of information. Where a reasoning records that evidence was "not identified", it means not identified in the published record as of the information date — evidence that exists only privately, however real, is by design not part of the rating until it is published.

MARA Radar© comparison with industry and therapeutic area



The overall score, compared (out of 100)

Samplinib — domains that could not be assessed are drawn hollow at the low mark (a drawing convention, not a score)
Therapeutic Area Average (Illustrative Therapeutic Area, n=30)
Industry Average (n=400)

How to read this: the outline shows where this product stands on each of the ten questions, next to the average shapes of its therapeutic area and of all rated drugs. The bars compare the overall scores on the same 0–100 scale. Averages describe groups of past rated drugs — context for the reader, not an expectation for this asset.