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

A standardized Market Access Risk Assessment Rating 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 information

Rating Id	SMPL-DEMO-01 · edition 1 of record SMPL-DEMO · issued 2026-08-12 by MARA Rating Company AG
Information as of	2026-08-12
Method	MARA 2.0 · report format edition F2026-08 · graded 2026-08-12
Sources	Public, trusted sources of information only; no projected or unpublished data included.

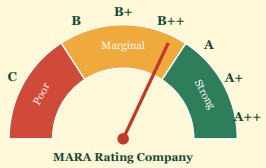
2 · The rating and the key numbers

B++

Marginal

64 / 100

7 of 10 domains assessable



Overall score, compared (out of 100)

Samplinib — **64.0**

Therapeutic Area average (Illustrative Therapeutic Area, n=30) — **68.0**

Industry average (n=400) — **70.0**

THE QUESTION	THE NUMBER	WHAT IT COUNTS
What does the rating mean?	**B++ (Marginal)** The published evidence falls just short of the gate: one or more product characteristics, named in the next row, raise the reimbursement risk and call for a closer look.	MARA's reading of the letter, the same on every report of this band, measured against its historical record of reimbursement decisions. The gate is A (Strong).
What decided this rating?	**Held back by:** clinical effectiveness, patient population, care pathway integration, uncertainty B++ (Marginal). **Supported by:** safety, comparator selection, evidence quality A (Strong).	Below A (Strong) = held back; A (Strong) or above = supported. The reasoning for every domain is on page 2.
How often were drugs in this band paid for the whole approved label?	UK **55%** (n 22 of 40) US **42%** (n 76 of 180)	UK: recommended for the whole licensed population. US: criteria match the FDA label.
How often were they paid for fewer patients than the label?	UK **25%** (n 10 of 40): 4 narrower group, 6 managed access US **58%** (n 104 of 180)	UK: a narrower group, or managed access (paid for a limited time, decided again later). US: criteria more restrictive than the label.
How often were they paid, but the added benefit not recognised in full?	Germany **83%** (n 25 of 30): 9 no added benefit, 16 added benefit for some groups only France **50%** (n 14 of 28) ASMR V	Germany: reimbursed, but no or only partial added benefit found; the price follows. France: reimbursed with ASMR V (no improvement).
How often were they not paid at all?	UK **20%** (n 8 of 40) France **7%** (n 2 of 28) US: the published record has no 'not covered' category · Germany: none (reimbursed by law)	UK: not recommended at its first appraisal. France: reimbursement refused. US: not covered.
Which domains could not be graded?	**3 of 10**: quality of life, cost-effectiveness, resource use	Nothing gradable was published on these by the information date.

The illustrative record: UK 40, Germany 30, France 28 drugs rated B++ (Marginal), 2021–2026 · US: non-cancer drugs approved in 2018, 180 insurer policies

Each number counts decisions, not patients, and is not a prediction for this asset.

3 · How drugs in the same category with MARA Rating band B++ (Marginal) were decided by major pharmaceutical market.

United States
illustrative record: 17 commercial insurers
this group: non-cancer drugs, n 180 policies



42% (n 76) consistent with the FDA label · **58%** (n 104) more restrictive than the label

Germany
illustrative record
n 30



17% (n 5) added benefit for all patient groups · **53%** (n 16) for some patient groups only · **30%** (n 9) no added benefit

United Kingdom
illustrative record
n 40



55% (n 22) recommended as approved · 10% (n 4) narrower patient group · 15% (n 6) managed access · **20%** (n 8) not recommended | of the 8: 1 later recommended as approved on resubmission; 1 later funded under managed access on resubmission

France
illustrative record
n 28



43% (n 12) improvement recognised, ASMR I–IV (I–III n 3, IV n 9) · **50%** (n 14) received ASMR V · **7%** (n 2) reimbursement refused | 14% (n 4) reimbursed for part of the indication only

green = paid as approved · **yellow** = fewer patients than the label · **grey** = paid for everyone, added benefit not recognised in full · **red** = not paid

United States. Illustrative record of coverage policies one year after FDA approval. Consistent = coverage criteria match the FDA label.

Germany. Every approved medicine is reimbursed at launch; the G-BA verdict (added benefit for all / some / no patient groups) frames the negotiated price. Orphan-by-law procedures (benefit deemed by law) are not included in this record; an orphan-designated drug assessed in a full procedure is.

United Kingdom. Favourable means NICE recommended the drug for the whole licensed population it assessed, at its first appraisal. Confidential price agreements are the normal condition of a positive decision and do not count against it. Not favourable means one of three things: recommended only for a narrower group of patients; recommended only within managed access, where the drug is funded for a limited time and the decision is taken again later; or not recommended.

France. Reimbursement (SMR) is decided first; a drug refused reimbursement gets no improvement grade. Among reimbursed drugs, the improvement grade over existing care (ASMR I–IV, best grade across patient groups) frames the price.

Percentages are rounded and may not sum to 100. Method: mararating.com/methodology/

FOR YOUR DILIGENCE FILE — CITE AS:

Market access risk assessment for Samplinib in an illustrative indication, performed independently by MARA Rating Company AG (B++, Marginal), issued August 12th, 2026, under method MARA 2.0. Rating SMPL-DEMO-01.

The rating and its reasoning are permanently available online — scan the code for the permanent record.

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Reasoning behind the rating

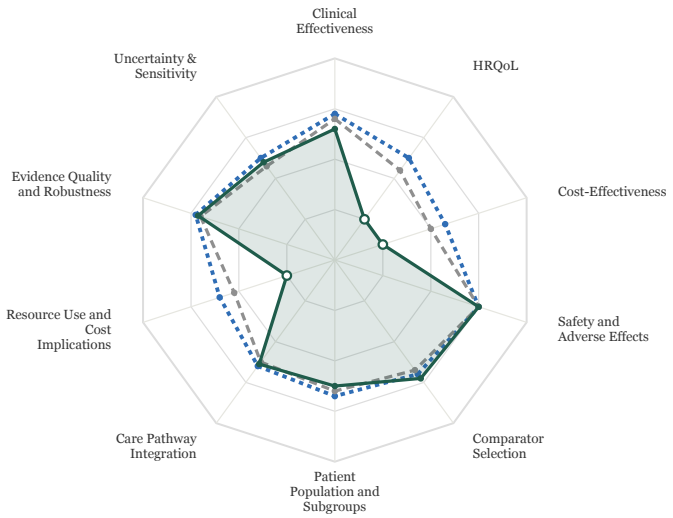
Ten payer-side domains, each graded under a versioned, consistent method with the reasoning attached — so the conclusion on page 1 can be examined, domain by domain.

Domain	Grade	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



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 domains, next to the average shapes of its therapeutic area and of all rated drugs. The overall scores are compared on page 1, under the gauge. Averages describe groups of past rated drugs — context for the reader, not an expectation for this asset.