

# European Physician & Payer Forum

*Crucial Market Insight from Physicians and Payers in Europe*

European Physician & Payer Forum reveals how payer policy actually impacts prescribing practices in the real world and is the industry's only syndicated primary market research product that includes insights from both physicians and payers to get a true sense of how both parties shape the top five European pharmaceutical markets. European Physician & Payer Forum offers analysis of the EU5: France, Germany, Italy, Spain and the United Kingdom.

By drawing on insights from physicians and payers, European Physician & Payer Forum pinpoints key market access levers and barriers to help you understand what will drive/restrict your brand's performance in each market, so that you can invest in the right market access solutions. European Physician & Payer Forum reports feature direct feedback from clinicians with large practices as well as viewpoints from payers and insight into the impact of events on specific markets. The reports are based on surveys with at least 250 practicing physicians and interviews with 15 - 20 payers. Payer interviews provide insights from members of France's Transparency Commission, advisors to the Agenzia Italiana del Farmaco, members of Germany's Gemeinsamer Bundesausschuß der Ärzte, Zahnärzte, Krankenhäuser und Krankenkassen (GBA) and advisors to the United Kingdom's National Institute for Health and Clinical Excellence. All interviewed payers are decision-makers involved in determining and regulating access to key brands under study. Each report gives you:

## **Bottom-line impact of survey results**

Decision Resources' therapeutic area experts break down key survey findings with Decision Resources' proprietary epidemiological data to reveal the financial "so what?" of the results.

## **Concise analysis**

Reports provide a thorough analysis of the business background necessary to understand the context of the research. Each report provides prevalence/incidence, key disease targets and a summary of attributes of key drugs.

## **Features & Benefits**

- 1-3 years (current outlook)
- Qualitative forecast detail
- European-specific coverage
- Surveys of at least 250 practicing physicians and interviews with 15 - 20 payers in the EU5
- PowerPoint format allows for easy incorporation of data into presentations
- Learn how and why prescribing patterns may change in light of a major event
- Discover how reimbursement patterns may change in light of a major event
- Determine how European payers intend to use cost controls to guide prescribing

## **Key Users**

- Market Access
- Global Market Research
- Brand Management
- European Market Research
- Business Development (Licensing)




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## Sample questions European Physician & Payer Forum can help answer:

- What mechanisms do European payers use in this market to influence to what extent a product is used?
- What are the country-specific hurdles in terms of physicians adopting an emerging therapy?
- How do prescribing patterns for key brands reflect the different market access barriers that exist in each of the EU5?
- How do reimbursement constraints rank against other market access hurdles for key brands/classes?
- Is brand-specific under-performance a result of clinician perceptions of brand value, or is it a result of payer restrictions?
- What are practicing physicians' perceptions of emerging therapies?
- What motivates physicians' treatment decisions?
- In multi-specialism markets, does a primary care physician's use of treatment vary from that of a specialist?

## Sample European Physician & Payer Forum slides:



### Dollar Value of Select Survey Findings

**Scenario 1: Dollar value of change in Avastin share in metastatic CaB patients over the next 12 months**


**Assumptions:** Assumptions: We assume 20 and 16 cycles per course for Avastin in the first-line and second-line metastatic CaB settings respectively. We assume 80% compliance for Avastin in the first-line setting. We do not include a UK forecast for Avastin within the next 12 months.

| Country | Price per Cycle | Line of Therapy | 2009 DTP | 2011 DTP |
|---------|-----------------|-----------------|----------|----------|
| France  | \$6,580         | First-line      | 8,246    | 7,846    |
|         |                 | Second-line     | 7,116    | 6,716    |
| Germany | \$5,944         | First-line      | 18,627   | 18,327   |
|         |                 | Second-line     | 16,096   | 15,796   |
| Italy   | \$5,302         | First-line      | 9,198    | 8,998    |
|         |                 | Second-line     | 7,952    | 7,752    |
| Spain   | \$6,146         | First-line      | 4,264    | 4,164    |
|         |                 | Second-line     | 3,686    | 3,586    |

*According to our survey data, sales of Avastin in the first-line setting will increase by 30% over the next 12 months.*

Note: DTP = Drug-treatable population

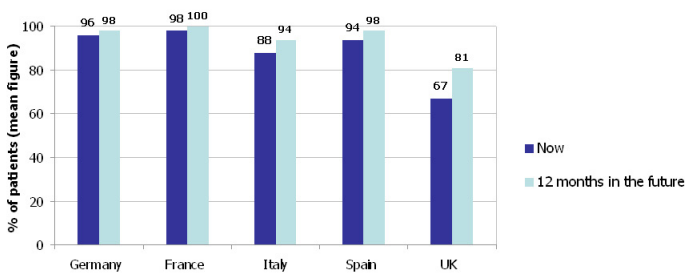
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### Survey Analysis: Avastin Uptake for CaB in Europe

*Nearly all surveyed physicians in Germany, France, Italy, and Spain prescribe Avastin for CaB. In the United Kingdom, prescribing of Avastin is hindered by reimbursement obstacles.*

**Percentage of Oncologists Who Prescribe Avastin for CaB**



| Country | Now (%) | 12 months in the future (%) |
|---------|---------|-----------------------------|
| Germany | 96      | 98                          |
| France  | 98      | 100                         |
| Italy   | 88      | 94                          |
| Spain   | 94      | 98                          |
| UK      | 67      | 81                          |

- The EMEA approved Avastin in combination with paclitaxel for the first-line treatment of metastatic CaB in March 2007. In July 2009, the EMEA approved a broader label for Avastin, allowing it to be combined with Sanofi -Aventis' Taxotere (docetaxel).
- As a prerequisite for survey inclusion, surveyed oncologists had to treat patients with CaB.
- The majority of surveyed European oncologists prescribe Avastin to their CaB patients. The lower level of prescribing for Avastin in the UK is due to NICE's negative ruling on the use of this agent in the treatment of CaB. Despite the fact that NICE does not recommend use of Avastin by the NHS, 67% of surveyed UK oncologists prescribe Avastin to some patients (presumably to patients with private insurance or who pay for the drug out-of-pocket).
- The number of oncologists prescribing Avastin for CaB will increase in all surveyed European countries over the next 12 months. In France, 100% of all surveyed oncologist anticipate that that they will prescribe Avastin for CaB in 12 months time.

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