

Emerging Markets Physician & Payer Forum

*Physician & Payer Insights of New and Growing
Pharmaceutical Markets*



Emerging Markets Physician & Payer Forum 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 key emerging markets. Emerging Markets Physician & Payer Forum offers analysis of China, South Korea, Brazil and Mexico.

Emerging Markets Physician & Payer Forum enables drug developers to understand how payer policy actually impacts prescribing practices in the real world. By drawing on insights from physicians and payers, Emerging Markets Physician & Payer Forum pinpoints key market access levers and barriers that highlight what will drive or restrict a brand's performance, so that drug developers can invest in the most appropriate market access solutions.

By understanding the viewpoints and prescribing habits of physicians and the perspectives of payers, drug developers and marketers can better prepare for key market events that are critical to their success. Emerging Markets 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. Each report is based on surveys with 100 practicing physicians and interviews with eight payers. All interviewed payers are decision-makers involved in determining and regulating access to key brands under study.

Each report gives you:

- Analysis of primary data from prescribers and payers by therapeutic area experts and market access experts
- Bottom-line impact of survey results; Decision Resources' analysts break down the key survey findings to reveal the financial "so what?" of the results
- Commercial context; each report provides a concise, targeted analysis of the business background necessary to understand the context of the research. Key epidemiological data, key disease targets and a summary of attributes of key drugs, highlighting their strengths and weaknesses, help optimize strategic planning

Features & Benefits

- Qualitative and quantitative primary research; surveys of 100 practicing physicians and interviews with eight payers
- Near-term outlook: 1-3 years
- Emerging markets-specific coverage
- PowerPoint format allows for easy incorporation of data into presentations
- Discover how primary data reveals the impact of market access levers and barriers on prescribing
- Determine how payers in emerging markets intend to use cost controls to guide prescribing

Key Users

- Global Market Research
- Global Government Affairs
- New Product Planning
- Commercial Analysis




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Sample questions Emerging Markets Physician & Payer Forum can help you answer:

- What does an analysis of prescribing patterns for oral antidiabetic agents reveal about market access barriers that exist in China and South Korea?
- How do physician incentives impact prescribing in South Korea?
- How do differences in prescriber perceptions of Western-branded agents versus generic equivalents impact the market access landscape?
- In several discount scenarios, how much power would price discounts have to shift prescribing?
- How does the impact of payer policies vary between drug classes, and between private and public patients? How do reimbursement constraints rank against other market access hurdles?
- Do differences in reimbursement of oral versus intravenous agents affect prescribing trends?
- What are the country-specific hurdles in terms of physicians adopting an emerging therapy?

Sample Emerging Markets Physician & Payer Forum slides:



Payer Opinion on the Likely Reimbursement Environment for Galvus and Tradjenta in China

As the third and fourth DPP-IV inhibitors entering China's type 2 diabetes market, Galvus and Tradjenta will have to clear higher hurdles than their predecessors when seeking inclusion in the NRDL and PRDLs.

- Interviewed payers voice their doubts about the reimbursement of later market entrants in the DPP-IV inhibitor drug class. Galvus is expected to launch in China in 2013 and physicians and patients to be less familiar with Galvus, expanding the NRDL. Furthermore, Tradjenta is expected to be included in the 2013 NRDL.
- After the release of the next version of the NRDL to interviewed payers, Tradjenta might have a chance in early 2014 and its price is more attractive than Galvus.


Insight from interviewed payers on possible reimbursement:

"These drugs need to be differentiated from the previous ones for government reimbursement."

"It will be harder for these drugs to get on the reimbursement agents."

"The major changes in PRDLs often follow the updates where the development is not equal. PRDLs are allowed only impacts the reimbursement in that province. Even if a drug is listed on the PRDLs."

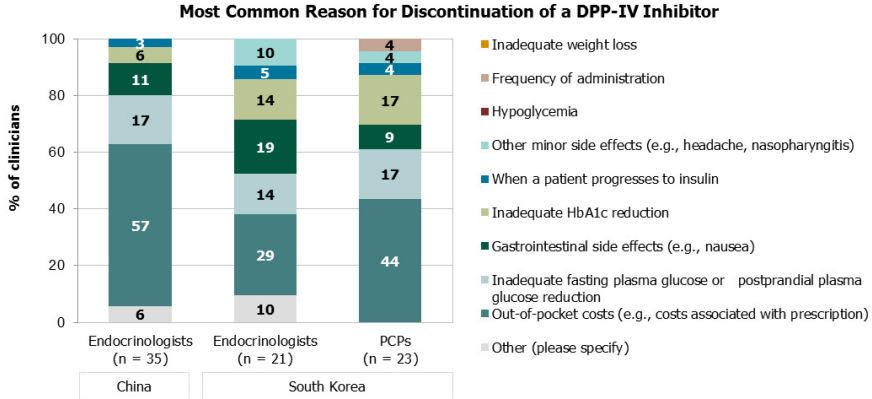
"Price is crucial. In my region, we often see negotiation discounted to a certain level."



Survey Analysis: Most Common Reason for Discontinuation of a DPP-IV Inhibitor

In both China and South Korea, survey respondents say out-of-pocket cost is the most common reason for discontinuation of a DPP-IV inhibitor therapy.

Most Common Reason for Discontinuation of a DPP-IV Inhibitor



Country	Clinician Type	Out-of-pocket costs	Inadequate efficacy	Other minor side effects	When a patient progresses to insulin	Gastrointestinal side effects	Inadequate HbA1c reduction	Hypoglycemia	Frequency of administration	Inadequate weight loss	Other
China	Endocrinologists (n=35)	57	17	11	6	3	0	0	0	0	0
	Endocrinologists (n=21)	29	14	19	10	5	10	0	0	0	0
	PCPs (n=23)	44	17	9	4	4	4	0	0	0	0
South Korea	Endocrinologists (n=21)	28	14	19	10	5	14	0	0	0	0
	Endocrinologists (n=21)	28	14	19	10	5	14	0	0	0	0
	PCPs (n=23)	34	17	9	4	4	4	0	0	0	0

- > As expected, given lack of reimbursement of DPP-IV inhibitors in China, and partial reimbursement in South Korea, more than half of surveyed DPP-IV inhibitor-prescribers in China say the most common reason for discontinuing therapy with DPP-IV inhibitors is out-of-pocket costs. Only 29% of South Korean endocrinologists cite this reason although 44% of PCPs do so.
- > Inadequate efficacy (fasting plasma glucose, postprandial plasma glucose reduction, or inadequate HbA1c reduction) is the most common reason for only 23% of surveyed Chinese endocrinologists, 28% of South Korean endocrinologists, and 34% of Chinese PCPs.



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