

U.S. Physician & Payer Forum

*Crucial Market Insight from
Physicians and Payers*

U.S. Physician & Payer Forum is the industry's only syndicated primary market research product that includes insights from both physicians and HMO/PPO pharmacy directors to get a true sense of how both parties shape a market.

By understanding the viewpoints and prescribing habits of physicians and the perspectives of HMO/PPO pharmacy directors on the front lines of the healthcare industry, drug developers can better prepare for key market events critical to their success. U.S. Physician & Payer Forum reports feature direct feedback from clinicians with large practices as well as viewpoints from the managed care sector and insight into the impact of events on specific markets. Each report gives you:

Dollar impact of survey results

Decision Resources' analysts break down the key survey findings to reveal the financial "so what?" of the results.

Commercial context

Reports provide a thorough analysis of the business background necessary to understand the context of the research. It provides US prevalence/incidence, longitudinal sales trends, key disease targets, and a summary of attributes of key drugs for all relevant players.

Surveys with PPOs

As PPOs become more common in the managed care space, Decision Resources now includes surveys with formulary directors from major PPOs as well as HMOs.

Features & Benefits

- 1-year (current outlook)
- Qualitative forecast detail
- U.S.-specific coverage
- Survey of 140+ clinicians with large practices/appropriate specialists and 20 HMO/PPO pharmacy directors
- 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 MCO pharmacy directors intend to use cost control to guide prescribing

Key Users

- Global Market Research
- Brand Management
- U.S. Market Research
- Business Development (Licensing)




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Sample questions U.S. Physician & Payer Forum can help answer:


- What are practicing physicians' perceptions of emerging therapies?
- What are the hurdles in terms of physicians adopting an emerging therapy?
- How do payers influence to what extent a product is used?
- What does the reimbursement environment look like?
- What motivates physicians' treatment decisions?
- Does a PCP's use of treatment vary from that of a specialist?
- How do practicing physicians expect to use emerging therapies?

Sample U.S. Physician & Payer slides:



Dollar Value of Select Survey Findings

Survey Finding	U.S. Assumptions (2009)	Dollar Impact of Survey Findings for U.S. Market (\$)
<p>56% of oncologists expect Tarceva and Avastin in combination to meet their efficacy requirements for second-line use.</p> <p>Oncologists who expect the Tarceva/Avastin combination to meet their efficacy requirements anticipate prescribing this combination to 45% of their eligible second-line patients.</p>	<p>■ In 2009, 103,490 NSCLC patients will fail first-line therapy and remain alive long enough to be</p>	
<p>31% of surveyed oncologists say they would use Tarceva and Avastin first line for unresectable NSCLC if it were approved for second-line use.</p> <p>On average, oncologists who say they would use this combination first line say they would do so in 30% of patients.</p>		
<p>55% of surveyed oncologists expect Herceptin/Avastin in combination to meet their efficacy requirements for use in early-stage CaB.</p> <p>Oncologists who expect the Herceptin/Avastin to meet their efficacy requirements anticipate using the combination in 56% of eligible patients.</p>		



Survey Analysis: Penetration of Avastin in Locally Advanced versus Metastatic versus Recurrent NSCLC

Oncologists perceive that the benefit of Avastin is greater among patients with metastatic disease.

Percentage of NSCLC Subpopulations Receiving Avastin

Subpopulation	% of patients
Unresectable locally advanced non-squamous NSCLC	38%
Unresectable metastatic non-squamous NSCLC	51%
Unresectable recurrent non-squamous NSCLC	40%

- Avastin, in combination with Paraplatin (Bristol-Myers Squibb's carboplatin) and Taxol (Bristol-Myers Squibb's paclitaxel, generics), is approved for first-line treatment of patients with unresectable, locally advanced, recurrent, or metastatic nonsquamous NSCLC. Avastin was approved in the United States for NSCLC in October 2006.
- Surveyed oncologists estimate that among nonsquamous, unresectable NSCLC patients, 38% of locally advanced patients, 51% of metastatic patients, and 40% of recurrent patients receive Avastin. On the next slide, surveyed oncologists explain how they select patients for treatment with Avastin.



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Vital Biopharmaceutical Insights and Analytics for Experts from Experts

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