



Case Study: Pharma Market Research

Introduction to Evidence-Based Marketing

Prepared for Rutgers iJobs
September 26, 2016



Agenda

- | | |
|----------------|--|
| 4:30 – 4:45 pm | Challenge of Adherence in Pharma: Case Study |
| 4:45 – 5:30 pm | Breakout Groups – Applying the Evidence |
| 5:30 – 6:00 pm | Team Presentation & Discussion |



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Return on Focus: Our Unique *EVIDENCE-BASED MARKETING* Approach



EVIDENCE-BASED MARKETING (EBM) is our tool that enables the integration of internal evidence with external strategic expertise and normative values

Best Marketing/
Research
Evidence

Objective
Strategic and
Marketing
Expertise

Normative,
Comparative,
& Analogous
Industry Values



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Adherence Overview & Principles

Ensuring Standard Definitions & Baseline Knowledge



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Patient Adherence Rates Haven't Changed Substantially

“Adherence rates average around 50% and range from 0% to over 100%, and there is no evidence for substantial change in the past 50 years.”

-Nieuwlaat et al. 2014

Source: Nieuwlaat et al, Interventions for Enhancing Medication Adherence – Cochrane Collaboration, 2014.

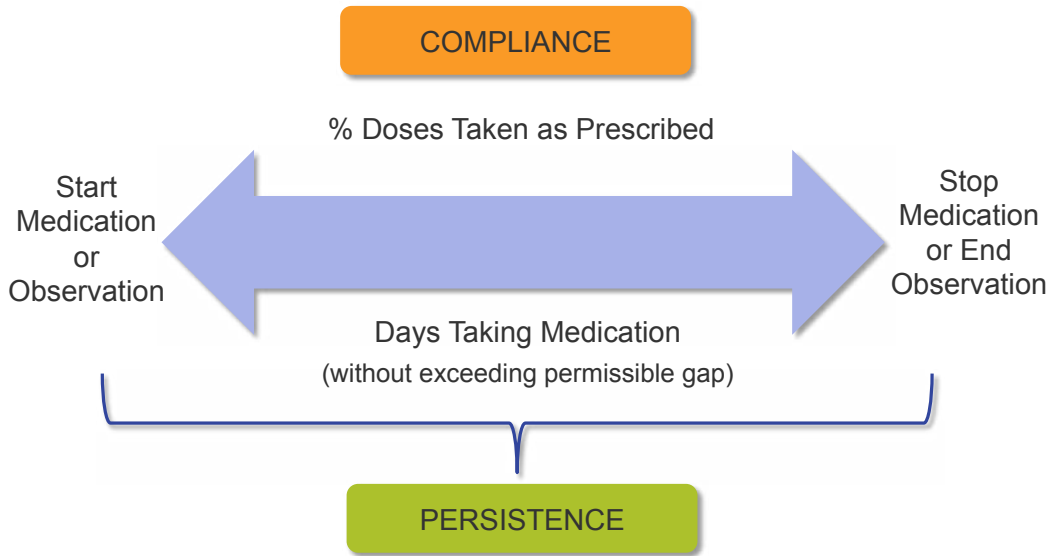
Definition of Adherence

Adherence:

The extent to which the patient continues the agreed-upon mode of treatment under limited supervision when faced with conflicting demands, as distinguished from compliance or maintenance.

Source: The American Heritage Medical Dictionary online at www.medical.yourdictionary.com/adherence. Accessed December 2015.

Adherence Includes Both Compliance and Persistency



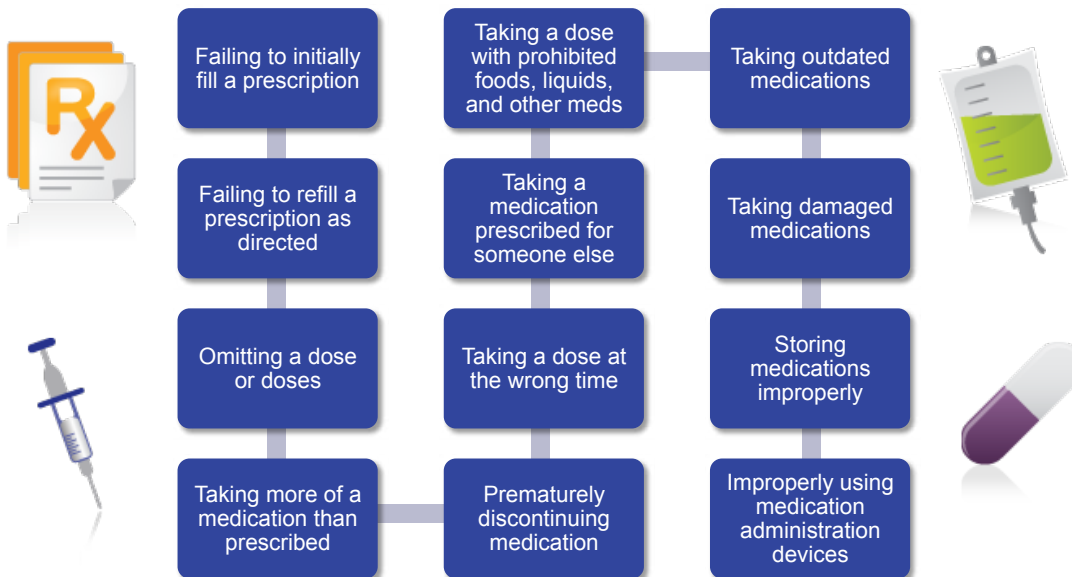
Source: Cramer, JA et al. Medication Compliance and Persistence: Terminology and Definitions. International Society for Pharmacoeconomics and Outcomes Research (ISPOR). 2008;11;44-47.



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Manifestations of Non-Adherence



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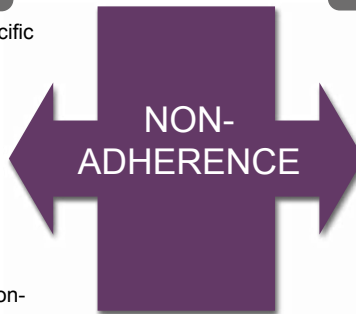


Extent of Non-Adherent Behavior



INTENTIONAL

- Occurs when a patient makes a specific decision not to take the prescribed medication
- Results from three factors¹
 - Lack of information about the advantages and disadvantages of treatment
 - Benefits of treatment are not readily apparent
 - Psychological adaptation required to see oneself as in need of treatment
- Shown to comprise about 20% of non-adherent behavior in breast cancer patients²



NON-INTENTIONAL

- Occurs when a patient forgets to take the medication or inadvertently takes it incorrectly
- Examples include:
 - Missing an occasional dose
 - Not taking a drug for short or long periods of time
 - Changing the dose schedule or quantity
- Shown to comprise about 80% of non-adherent behavior in breast cancer patients²

Isolating the type and extent of non-adherence impacting your brand is essential prior to selecting an investment strategy

1. Elwyn G, et al. 'Doing prescribing': how doctors can be more effective. *Brit Med J.* 2003;327:864-7. 2. Atkins L, Fallowfield L. International and non-intentional non-adherence to medication among breast cancer patients. *Eur J Cancer.* 2006;42:2271-2276.



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Patients and Physicians Both Play a Role in Treatment Adherence



PATIENTS



Types of Non-Adherent Behavior

- Never filling a prescription
- Skipping doses
- Failure to comply with medication instructions
- Excessive medication use
- Failing to refill a prescription as directed
- Discontinuing therapy without consulting physician

PHYSICIANS



Types of Non-Adherent Behavior

- Discontinuing treatment due to side effects or inefficacy without engaging in practices known to alleviate these issues (i.e., dose reduction, titration)
- Failing to renew a prescription in a timely manner
- Selecting the wrong patients for a therapy from the outset



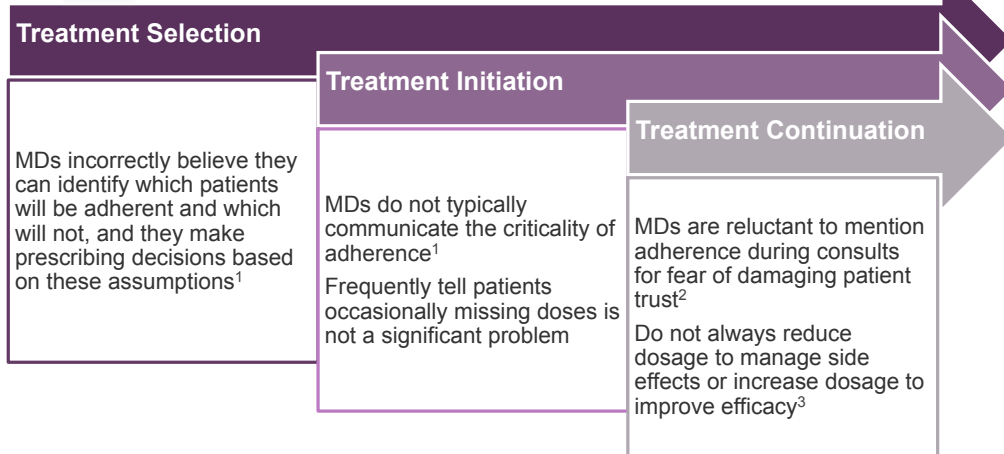
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Physicians Key Culprit to Adherence Throughout the Treatment Continuum



Physician impact on non-adherence is multi-factorial and is often substantially underestimated



1. McHorney et al. The Adherence Estimator: a brief, proximal screener for patient propensity to adhere to prescription medications for chronic disease. *Current Medical Research and Opinion*, 2009. 2. Denois VR, et al. "Adherence with oral chemotherapy: results from a qualitative study of the behavior and representations of patients and oncologists." *Eur J Cancer Care*. 2010. 3. Osterberg et al. Adherence to Medication. *NEJM*, August 2005.



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Factors Affecting Patient Adherence To Oral Cancer Therapy

Patient-Specific Factors	Patient Health Benefits <ul style="list-style-type: none"> Belief in value of therapy Health Literacy Understanding of treatment plan 	Patient History <ul style="list-style-type: none"> Non-adherence Mental Illness Substance Abuse Unstable housing 	Family/Social Support <ul style="list-style-type: none"> Caregiver assistance at office visits and during at-home 	Cost of Treatment <ul style="list-style-type: none"> Access to patient-assistance programs or health insurance 	Elderly-Specific Factors <ul style="list-style-type: none"> Cognitive factors Physical limitations Polypharmacy due to multiple comorbidities
	Treatment-Related Factors	Complexity of Treatment <ul style="list-style-type: none"> Dose frequency Timing of dose Number of concomitant medications 	Behavior Changes Required <ul style="list-style-type: none"> Food and alcohol restrictions 	Duration of Therapy <ul style="list-style-type: none"> Length of time on treatment 	Side Effects <ul style="list-style-type: none"> Frequency Severity Type Management
HCP-Related Factors		Relationship with HCP <ul style="list-style-type: none"> Supervision Monitoring Communication Referrals Follow-up 	Convenience and Location <ul style="list-style-type: none"> Location Availability (hours) Ease of scheduling 	Continuity of Care <ul style="list-style-type: none"> Consistent quality care over time 	Colocation of Services <ul style="list-style-type: none"> Proximity of provider and services

Source: Wood et al., A review on adherence management in patients on oral cancer therapies, *Eur J of Onc Nursing*, 2012.



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Gleevec Case Study

Brand Manager for 60 minutes



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Gleevec Case Study

- You're the Brand Manager for Gleevec for the treatment of CML (chronic myeloid leukemia)
- Before the introduction of Gleevec the survival rate of CML patients after one year was between 25% to 50%
- Gleevec changed CML from a fatal cancer into a manageable chronic condition
 - 5 Year survival rate is 95%
- Non-adherence to Gleevec therapy affects cytogenetic and molecular responses



"You would think that cancer patients would be more motivated to keep taking their drug, and so the finding [non-adherence] is rather counterintuitive" – Dr. Nick Barber

CML patients are no more adherence to their medication than patients on high blood pressure medications



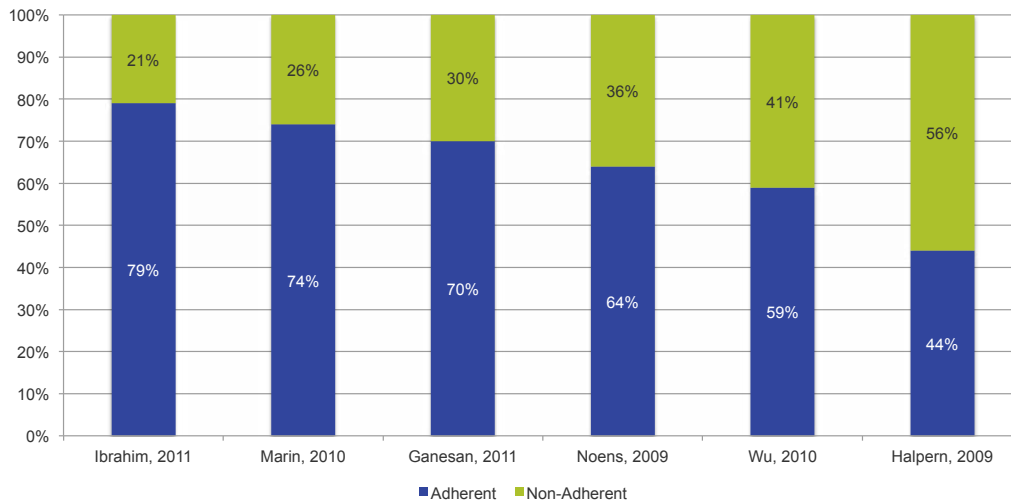
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Gleevec Adherence Rates Range from 44% to 79%



Published Adherence Rates for Gleevec*



*Note the studies have different sample sizes, timeframes, and measures of adherence

Source: Noens, et al. Measurement of Adherence to BR-ABL Inhibitor Therapy in Chronic Myeloid Leukemia: Current Situation and Future Challenges, 2013



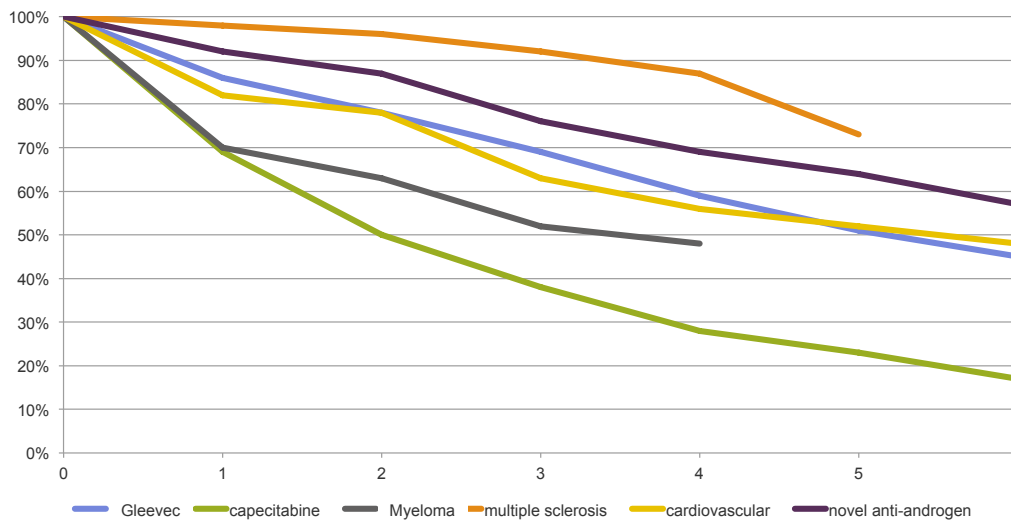
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Gleevec Adherence Curve Resembles Popular Anti-Hypertensive Medication



Comparative Curves for Oral Agents



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Address 3 Key Questions You Must Address

1

What are the top 3 factors of non-adherence for Gleevec CML patients?

2

What is your evidence to support your selection?

3

What adherence-enhancing interventions (AEIs) have been shown to mitigate factors you've identified in question #1?

Source: ROF Statement of Work.



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Work Within Your Breakout Groups

Team 1

Na

Can

Chris

Bhavna

Charles

Vaishali

Team 2

Larry

Serom

Pierre-Antoine

Dharm

Jiaxin

Le

Team 3

Itzamarie

Ying

Sarah

Matthew

Victor

Mingyue

Team 4

Ricardo

Liping

Nicholas

Pragati

Kalkal

Lisheng



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Apply the Pre-Read Evidence to Support Your Answers

Critical Review
Patient adherence to tyrosine kinase inhibitors in myeloid leukemia
Elis J. Jabbou¹, Hagop Kantarjian¹, Lisa Eliasson², A. Alex E. Hubbard³, Chris Paul⁴, Jamie Bryant⁵, Mattia C. Lyraghin⁶, Anshu Puri⁷, Hannah Small⁸

Anti-Tumour Enhancing Interventions for Oral Chemotherapy: A Systematic Review
Tim Mathes¹, Surya-Lee Anzole¹, David Pieper², M. Jan Kavookjian³, Saranraj Wittayanukorn, M.S., Ph.D. (c.)

Interventions for adherence with oral chemotherapy in hematological malignancies: A systematic review
Jan Kavookjian, Ph.D.¹, Saranraj Wittayanukorn, M.S., Ph.D. (c.)



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Key Considerations

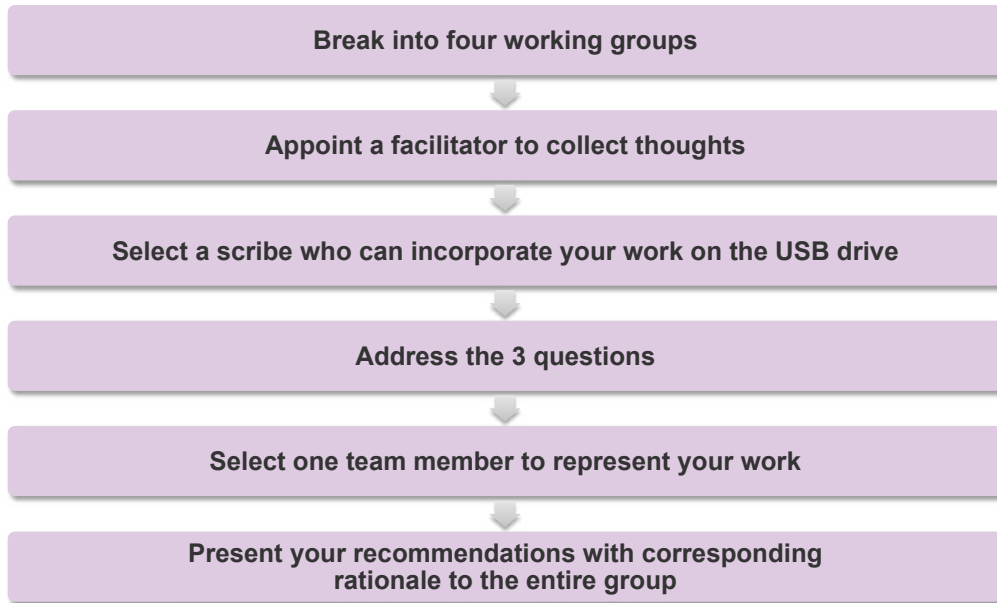
- What are the top 3 factors you would focus on?
- What is your supporting evidence?
- Which stakeholder is in the best position to address the factor?
- How quickly do you expect to see an impact?
- How would you measure the impact?
- What outstanding key business questions remain before you can put your plan in place?



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What We're Asking You to Do



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On the Thumb Drive

Framework

Patient-Specific Factors	Patient Health Benefits <ul style="list-style-type: none"> Belief in value of therapy Health Literacy Understanding of treatment plan 	Patient History <ul style="list-style-type: none"> Non-adherence Mental illness Substance Abuse Unstable housing 	Family/Social Support <ul style="list-style-type: none"> Caregiver assistance at office visits and during at-home 	Cost of Treatment <ul style="list-style-type: none"> Access to patient-assistance programs or health insurance 	Elderly-Specific Factors <ul style="list-style-type: none"> Cognitive factors Physical limitations Polypharma due to multiple comorbidities
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Worksheets

Work Sheet – Patient Specific Factors			
	Factor	Supporting Evidence	Proven Interventions
CML Patient-Specific Factors			

Work Sheet – Treatment Related Factors			
	Factor	Supporting Evidence	Proven Interventions
CML Treatment-Related Factors			

Work Sheet – HCP Related Factors			
	Factor	Supporting Evidence	Proven Interventions
CML Treatment-Related Factors			



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GO!
You have 60 Minutes...



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Group Presentations



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Discussion

- Did all the groups identify the same 3 factors?
Why or Why not?
- What surprised you about the evidence in the papers?
- What evidence was missing that you thought might have helped you with the assignment?



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