



SAS Optimizes Drug Launch Through Improved Physician Targeting

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IN THIS PERSPECTIVE

This Health Industry Insights Perspective discusses how a leading pharmaceutical company utilized predictive modeling capabilities provided by the SAS for Physician Targeting solution to improve its initial product uptake among prescribers.

Background

Pharmaceutical companies are plagued by patent expirations and weakened product pipelines. Consequently, when a new product is approved and ultimately introduced, it is now more vital than ever for companies to properly execute product launch and generate maximum uptake by the market. However, product success is highly dependent upon physicians choosing to prescribe the drug that makes physician targeting, promotion, and education of vital importance.

Traditionally, when generating physician target lists in primary care markets, brand teams have principally looked at which physicians prescribe the most in a particular market, how many prescriptions they write, and how many patients they see with the condition relative to the drug. These are useful metrics, but predictive modeling tools can provide insight that far exceeds this level of examination by including many additional variables into the decision process. For example, if you are launching a drug that treats GERD, physician prescribing habits in other areas like diabetes and asthma might seem irrelevant, but in actuality they may have a negative correlation, which would be important to identify. If physicians prescribe in several markets, they likely follow new products in several markets and have dozens of sales reps regularly visiting their office. Physicians focusing more uniquely on GERD may only have two or three sales reps visiting them and might choose to prescribe your product much quicker. Insights like these are common benefits of predictive modeling utilization.

A recent example of this is presented in the sections that follow.

The Situation

A leading pharmaceutical company recently launched a new drug to treat hepatitis C — a market with significant unmet medical needs. Based on its initial launch assumptions, using existing data from market proxies (considering there was no real effective treatment or market), the company chose to target 15,000 primary care physicians and 11,000 gastroenterologists spanning decile 1–10 who were prescribing related drugs and 12,000 gastroenterologists who did not prescribe any products yet in the related market.

When launching a product into a well-established market, companies often analyze existing data to see which physicians were early prescribers of competing drugs, to help identify physicians for their initial target list. For markets that are somewhat new, companies typically perform primary research, such as surveys and interviews, to come up with their initial targets. However, in both new and existing markets, companies can dramatically course correct their target lists by performing analytical exercises every two to three weeks, during the first few months a drug is on the market.

The Analysis

Three weeks after launching its product, the company realized that more than half (56%) of all physicians writing prescriptions for the new product were not on its target list and began utilizing SAS for Physician Targeting to analyze the data on hand.

They had suspected that whether a physician already wrote scripts for a product in a related market was not a good indicator and from market research knew that many doctors were excited about the potential of this new drug.

From the data mining analysis with SAS, the manufacturer discovered that asthma and diabetes — both unrelated markets — were negative predictors to adopting new hepatitis products, so PCPs who prescribed these were less likely to prescribe its drug. Conversely, female physicians or those who had adopted other products quickly were identified as better targets than those who had simply prescribed products from related areas.

Physician Target Optimization

Based on the company's analysis, out of the 38,000 physicians it was targeting, 17,000 (46%) were good targets, but the other 20,000 (54%) should theoretically be replaced with better targets available in the marketplace.

However, even though the analytical results called for swapping in 20,000 new physicians, there were limitations that needed to be considered. Many of them were already regularly visited by a company sales rep to detail other existing products, so those physicians were not eligible to be replaced. After applying these constraints, the company was eventually able to swap out 4,200 doctors out of the 20,000 lower probability targets, and it did so early enough into the launch so that relationship disruption from changing the call plan was minimal.

The Results

During weeks four through six, 2,285 doctors wrote prescriptions. The overlap group (physicians in both original target list and newly modeled list) contained 1,056 MDs who wrote one or more Rx's (46%), the old group of physicians who had been dropped had 156 MDs write Rx's (7%), and the new group that replaced them had 224 (10%) MDs write Rx's. Overall, the target optimization exercise, performed just three weeks after product launch, generated a 43% lift in physicians writing prescriptions. When analyzed over the entire six-week period, the optimized list generated 50% more revenue than the original target list.

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