

Are you missing valuable healthcare provider system data?

Gain more control over your oncology brand
and its market share



Discover 6 widespread gaps and find out if they are preventing your product from achieving launch success and consistent growth

In most areas of clinical medicine, payers play one of the most important roles in deciding which prescription drugs in the U.S. are accessible and affordable for patients. But the rules and key players in oncology are vastly different.

When it comes to cancer drugs, healthcare provider organizations wield much more power over what is accessible and what is prescribed.

For pharma companies, this has led to the million-dollar question:

How can we increase our brand's market share if we don't have data around which products providers are making accessible?

Through OncoGenius, oncology brand and access leaders get timely data around oncology drug management decision-making at the provider system level.

Read on to learn more about 6 pervasive gaps in oncology brand strategies and evaluate how well you are using healthcare system-level data to support your brand.

ONCOLOGY BRAND GAP SELF-ASSESSMENT

GAP 01

Insufficient resources to monitor provider decisions

Being able to track healthcare system providers' market-shaping decisions gives oncology brand leaders the power to see patterns of behavior and position their products for maximum uptake at the local level.

Self-Evaluate

I am successfully monitoring shifts in healthcare provider organization access.

DISAGREE 1 2 3 4 5 AGREE

GAP 02

Lack of hard evidence

Without access to reliable data, oncology leaders have traditionally relied on anecdotal evidence to guide strategy. Research has involved looking at similar products and case studies within the same cancer type. Not surprising, this approach has led to faulty strategies and confounding results.

Self-Evaluate

I rely on measurable data to understand healthcare provider organization preferences or restrictions for my brand.

DISAGREE 1 2 3 4 5 AGREE

GAP 03

Absence of treatment plan insight

Hospitals, oncology care healthcare systems and community-based practices use treatment plans (aka protocols) to guide individual HCPs to prescribe certain cancer drugs. A product's presence on — or elimination from — these treatment plans are key drivers of product uptake rates in an increasing number of top healthcare provider organizations.

Self-Evaluate

I am well informed of which oncology products appear on providers' treatment plans or protocols.

DISAGREE 1 2 3 4 5 AGREE

GAP 04

Inability to talk to decision makers

Oncology-certified pharmacists, oncologists and other advisors inside healthcare organizations are critical to deciding whether a cancer drug is prescribed. Having access to these people to find out what they are restricting or preferring can lead to valuable insights. But oncology leaders don't typically have the time or resources to develop and nurture these kinds of connections.

Self-Evaluate

I have relationships with the key decision makers who determine whether my brand is readily available to HCPs.

DISAGREE 1 2 3 4 5 AGREE

GAP 05

Lack of clinical pathways acumen

Where an oncology product falls on a clinical pathway impacts when and to whom it is prescribed. But when you don't know if you're on a pathway or where you're positioned, you can't plan or respond to maximize your pathway position.

Self-Evaluate

I am confident where my brand is on healthcare provider organization pathways and how to maximize uptake at organizations that use pathways.

DISAGREE 1 2 3 4 5 AGREE

GAP 06

Scarcity of culprits outside of market access

When utilization of a brand goes down, pharma leaders often point the finger at market access for lack of a better option. Market access might be a common culprit, but it isn't always to blame.

Self-Evaluate

If my brand's utilization fluctuates, I'm confident I know why and how to respond.

DISAGREE 1 2 3 4 5 AGREE

How did you do?

If you aren't happy with your self-evaluation results, you're not alone.

With OncoGenius, oncology brand and access leaders get timely data around oncology drug management decision-making at the provider system level. We give them a view into the formularies, treatment plans and clinical pathways that are influencing pull-through of their products and competing products at the local level.

Parity law made oncology an outlier

The shift in decision-making power to favor providers came about thanks to the 2019 Cancer Drug Parity Act. This key piece of legislation requires health plans to provide no less favorable cost sharing for prescribed, patient-administered anticancer medications approved by the Food and Drug Administration — essentially ensuring that medication cost is not a factor in physician and patient decisions.

As a result, leaders on hospital system advisory boards and in oncology provider groups are deciding which treatments to incorporate into treatment plans and clinical pathways for their cancer patients, as opposed to commercial health plan providers, Medicare and Medicaid.

While HCPs, individual patients and advocacy groups largely agree that this law is in the best interests of patients, it introduces layers of complexity and ambiguity for oncology brands.

What could you accomplish if you knew what 88+ of the most relevant U.S. cancer care organizations were prescribing? Contact Bruce Edelen at: bruce.edelen@precisionvh.com.