To:
 Dain, Bradley[Bradley.Dain@pharma.com]

 From:
 Munera, Catherine

 Location:
 10C

 Importance:
 Normal

 Subject:
 FW: Patient level data - please see attachment for agenda

 Start Date/Time:
 Tue 1/16/2007 9:30:00 AM

 End Date/Time:
 Tue 1/16/2007 10:30:00 AM

 12-21-06 agenda.doc
 Purdue Overview Dec192006.ppt

When: Tuesday, January 16, 2007 9:30 AM-10:30 AM (GMT-05:00) Eastern Time (US & Canada). Where: 10C

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Could you please come to this meeting?

From: Newman, Michelle Sent: Tuesday, January 02, 2007 1:29 PM To: Barmore, Robert; Curley, Patrick; Fisher, Windell; Innaurato, Mike; Lewandowski, Gary; Munera, Catherine; Natarajan, Sayee; Pardo, Scott; Raghavar, Rajesh; Rosen, David; Rusu, Paula; Udell, Andrew; Winston, Robert; Newman, Michelle Subject: Patient level data - please see attachment for agenda When: Tuesday, January 16, 2007 9:30 AM-10:30 AM (GMT-05:00) Eastern Time (US & Canada). Where: 10C

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Attached please find the agenda for the upcoming meeting as well as the IMS patient level presentation from 12-19-06.

<<12-21-06 agenda.doc>> <<Purdue Overview Dec192006.ppt>>



**Non-Responsive** 

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IMS is now the only provider who is able to leverage all three 'types' of patientlevel information.

This is important because depending on your intelligence need, one 'type' may be more appropriate...

For example, if you are looking to track the effectiveness of a recent marketing campaign, you would want to look at LRx / Medical Switch-Sourced Information, as it is timely, and can be tracked at the physician-level. If you are looking to quantify patient-flow through the healthcare system as part of your strategic planning process, you would want to look at the health plan claims information, as it is the most comprehensive, complete view of this.





- Our information strategy allows clients to seamlessly integrate new insights with the intelligence they are currently using
- The important point here is that each layer of information builds on one another...tying together seamlessly....

## Starting with a robust foundation...

- The foundation is built off of an understanding of the complete universe of sales (based on DDD and reference files) and prescription data, where IMS has greater than 70% of retail and mail. Also-we are **the only** source of long-term care information
- ... IMS APLD builds on that strong foundation with longitudinal prescription information...
- It's the strong base that enables you to support the full force of longitudinal prescription information
- We have 50% coverage contracted currently which will be rolled into our information databases
- And we just recently signed two of the top three PBMs to long-term contracts to supply information to us; new contracts give us about 28% of the entire market— visibility to all pharmacies
- The PBM information allows us to understand movement between various channels, sizing any type of travel you
  might not be able to identify in other ways
- ... and health and medical claims information....
- By adding in the largest independent health plan claims database in the US (the PharMetrics database) and medical switch data, you are now able to get a more complete picture of the flow of patients through the healthcare system, so that you are better able to identify areas of opportunity (i.e. you can see treated/untreated patients), understand physician treatment behaviors (i.e. treatment by line of therapy, etc.), and understand the types of patients being treated with your brand vs. competitors. Once again, all of this information seamlessly ties to the strong foundation.
- A quick note-we do have the medical switch information, we just haven't rolled it into our products yet-this will likely occur mid 2006

## Why not just APLD alone?

• If you pulled out any one of these you have a much less stable information set –only IMS ties its APLD (LRx, health plan and medical switch) numbers back to the numbers that you've been using to run your business for years-so that you can confidently and seamlessly make better strategic and tactical decisions.



Integrated claims data provides insights into how physicians are actually treating patients by following the patient's "journey" over time. For example, we can tell which specialties are being seen across the continuum of care, what diagnoses are being assigned, and which services and treatments are being administered. Enrollment data ensures that we can accurately follow this journey over time.



Now I'd like to spend a few minutes discussing our capabilities... The PharMetrics patient-centric database.....



The IMS LRx database...















Dynamic Capture Rate (DRx) is the share of physicians' active therapy decisions

DRx, as a leading indicator of TRx trends, is reliable  $\sim$ 80% of the time, versus the current gold standard NRx, which is reliable  $\sim$ 50% of the time

DRx can detect trend shifts on average 8 weeks before observable in TRx

- Lead times range between 4 and 24 weeks
- IMS is conducting further investigation to
- understand lead time ranges

Because its focus is on the dynamic or active component of the market, DRx can provide a clearer view of the relationship between sales and marketing initiatives and brand performance







- A. 6,530 (2.1%) prescribers fall into TRx deciles 8-10 while only 3,193 (1.0%) fall into New to Brand deciles 8-10
  - This indicates that much more precise targeting will reach the key prescribers who drive new therapy starts and switches in the market
- B. 166,852 (52.6%) prescribers had no new therapy starts or switches in the time period
  - These physicians are only responsible for patient maintenance, not new therapy initiation
  - 1,310 (0.4%) of these prescribers had a TRx decile of 5 or greater
- C. Only 72,229 (22.8%) prescribers fall into the same decile using both metrics
- D. 225,978 (71.3%) prescribers have a lower New to Brand decile
- E. Only 18,889 (6.0%) have a higher New to Brand decile
- F. 48,217 (15.2%) prescribers drop by two deciles or more when comparing TRxs vs. NTS/SW deciles

• Implying that regular deciling may overstate the true value of these prescribers with regard to their new business potential





		TOP 1		PRESC RA			3, 2004 - G 13 WEE									
Market Sales Force	Product A	EV	EarlyView with LRx Alerts													
Territory	:1234PCPA		R13W	NRx Market Share (%)												
	and a stra		INKX	Sep'04	Sep'04	Sep'04	Sep'04	Oct'04				Oct'84	Nov'04	Nov'04	Nov'04	Nov'84
Summary	Product	Trend	VOL	09/03	09/10	09/17	09/24	10/01	10/08	10/15	10/22	10/29	11/05	11/12	11/19	11/26
TOP PRESCRIBERS	Product A	D	683	37.9	37.3	55.1	58.5	50.8	57.3	47.3	57.8	33.1	58.4	43.1	56.2	20.7
	Product B	N	482	50.5	28.7	37	26.7	37.7	26.2	31.2	32.8	25.9	27.2	39.6	26.2	42.7
	Product D	N	190	8.2	11.1	. 7	13.2	. 7	14.5	16.2	5.6	34.5	11.1	0.5	11.7	16
	Product C	N	102	3.5	22.9	0.9	1.6	4.4	2	5.3	4.1	6.5	3.4	8.8	5.9	20.5
	MKT VOL		1457	127	131	96	100	105	142	112	110	136	94	105	104	94
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ALLEN, TRACY L	Product A	U	45	0	25.4	20.2	100	53.6	31.1	41.7	77.2	100	0	65.3	75.7	100
MS# 1864779 (1)	Product B	D	35	100	61.9	79.8	0	46.4	58	58.3	22.8	0	0	34.7	24.3	0
905 UNION STREET	Product C	N	5	0	12.7	0	0	0	10.9	0	0	0	100	0	0	0
	MKT VOL		84	3	13	- 6	5	12	6	6	11	- 4	2	10	5	2
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ME 0401 Herybolan Addistant 0 Product A patients stay on therapy an Prestor, Ravito G Mark 062003 (2) 3 GARLAND ROAD WESLOW ME 04001 MESLOW	Product A Product B	U		80	100	62.5	0		0		100	0	0	100		
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