

# Adherence Programs

## Brand Expectations for Retention Programs

*Pharma marketers can best understand the adherence benefit of retention programs through the patient profile enrolled in the program and the incremental Rx filled per patient. Using meaningful market norms derived from actual Rx-based analyses, brand managers can realistically forecast program performance and effectively allocate spending to generate a positive ROI.*

**C**o-pay cards, glossy information packets, patient support programs and a host of other tactics have become a mainstay of pharmaceutical marketing as brands fight to not just convert new patients, but also keep their existing patients from converting to branded competitors and generic alternatives, or from stopping treatment altogether. These programs are often undertaken at great expense while actionable measures of ROI have remained elusive.

Adherence requires a degree of compliance with physician instructions as well as persistence in continuing therapy over time. The equation grows in complexity when patient profile is introduced. For example, patients who have been adherent for the past year will likely continue to be adherent, regardless of whether or not they decide to enroll in a retention program today. On the other hand, the retention program is likely to have a much larger impact on patients who started treatment a week prior to enrollment as they may be experiencing side effects or may have not yet made Rx treatment a consistent part of their routines.

### Benchmarking adherence

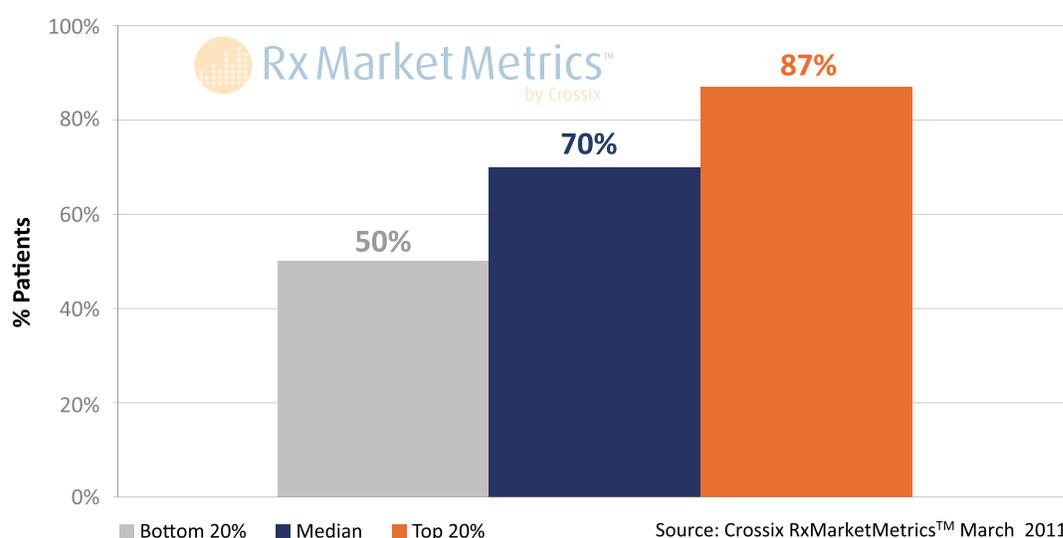
As a result of the complex interplay between patient pro-

file, persistence and compliance, brands are often left in the dark when allocating budget toward retention programs. It is difficult to plan without a reasonable expectation of what kind of patients will be driven to the program and what impact the program will have. Crossix RxMarketMetrics sheds light on the questions surrounding adherence using meaningful norms that can help guide brands in their planning efforts.

### Targeting the right patients

Patient profile is a critical factor of program benefit. A retention program is designed to communicate with existing patients, but it is unrealistic to expect all enrollees to be existing patients. While there may be a benefit from enrolling non-patients who later begin therapy, those patients will typically benefit more from a program tailored toward conversion.

Figure 1: Percentage of Existing Patients



If a program can never expect all enrollees to be existing patients, what constitutes a “successful” measure of targeting?

The bottom twenty percent of programs acquires one existing patient in every two enrollees, while the top twenty percent acquires nine existing patients in every ten enrollees. Clearly there is a large range between programs, but the top twenty percent shows that even the most stringent program

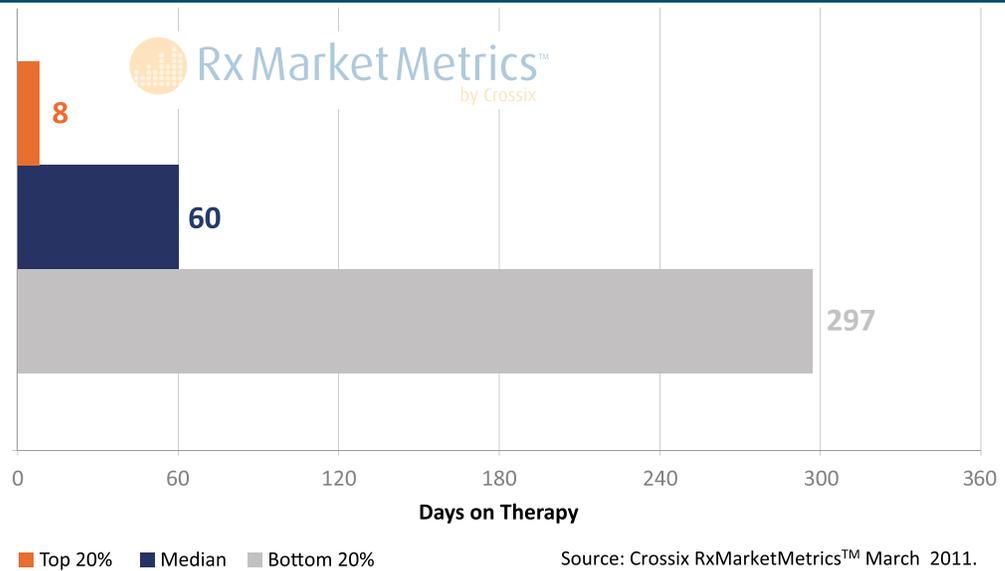
design, screening requirements and enrollment vehicles will not attract and enroll only existing patients. (See Figure 1.)

In addition, as described earlier, the benefit can vary among existing patients depending on length of therapy. In general, the longer a patient has been persistent in therapy prior to enrollment, the less impact a program will have.

*In general, brands should aim to spend under the value of a single script on each patient that enrolls, given that the average adherence benefit is less than one Rx per person.*

Again, there is a large range in patient profiles among these programs with the top twenty percent enrolling patients approximately one week after start of treatment, while the

**Figure 2: Median Length of Therapy (prior to enrollment)**



median program enrolls patients two months following start of treatment. The bottom twenty percent does not enroll patients until nearly ten months after start of treatment. (See Figure 2.)

Simply enrolling a large number of individuals is not enough. The patient profile benchmarks show a wide gap separating the top programs from the bottom and encourage brands to make every effort to enroll existing patients who have recently started therapy.

### Achieving ROI positive benefit

While patient profile informs targeting (and likely results), the benefit that a retention program derives from existing patients drives its ROI. For ROI purposes, retention benefit is best measured as *Incremental Rx Filled (net of control)*. The Rx benefit is incremental over the Rx fills of a control group of non-enrolled patients with similar Rx usage patterns, co-pay

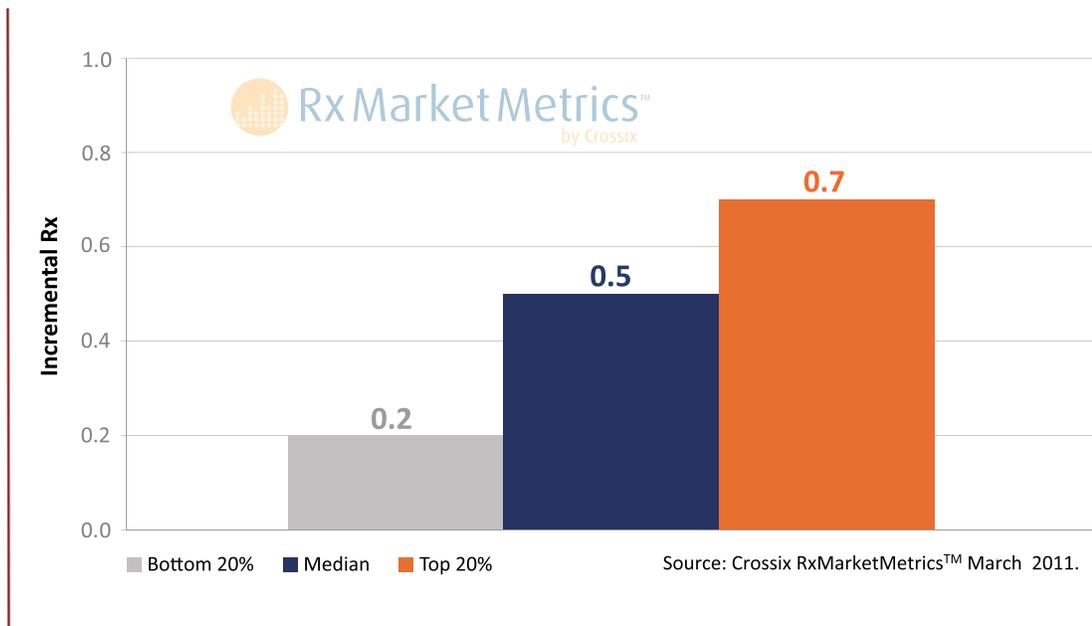
#### About Crossix RxMarketMetrics

Prescription drug information drawn from Crossix RxMarketMetrics™, market benchmarks for performance of patient adherence and consumer marketing activities based on thousands of actual Rx analyses including more than 600 consumer marketing tactics across a broad range of therapeutic categories.

Campaigns included in RxMarketMetrics aggregated for the chronic, lifestyle and specialty/biologic markets and derived from actual, anonymized and aggregated results of consumer marketing campaigns for dozens of leading pharmaceutical brands ranging from direct response (DR) to general awareness and branding campaigns (GA), and multi-channel, from Web to Print to TV.

Normative Rx-based measures include conversion rates and curves, retention rates and curves, and Rx patient profiles specific to the market, channel and tactic. Benchmarks are further broken down by campaign specifics, such as purpose, level of branding, creative, offer type, response channel and fulfillment stream.



**Figure 3: 6-Month Incremental Rx Filled/Patient (net of control)**

levels, lengths of therapy and ages and genders, effectively controlling for differences in patient profile.

The median six month benefit of adherence programs is 0.5 incremental Rx per patient with the top twenty percent achieving 0.7 incremental Rx per patient (see Figure 3). While over a longer period of time, such as 12 months post enrollment in a program, the benefit may continue and grow somewhat, that growth would not likely more than double. The equation for evaluating ROI can be simplified by comparing Rx benefit to variable cost. A program will be ROI positive if a brand spends less on enrolling and communicating with each existing patient than the dollar value of the incremental Rx derived from each existing patient. In general, brands should aim to spend under the value of a single script on each patient that enrolls, given that the average adherence benefit is less than one Rx per person.

### Acting on this information

When planning execution, brands may consider ways to drive the right profiles cost-effectively through the selection of the right enrollment channels, tactics and offers. For example, a program may enroll a higher rate of existing patients by investing less in media and more in point-of-care tactics. Improvements to online and telephone screeners can help differentiate between patients thinking about starting therapy from those who have already begun. Questions could address not only current treatment, but also length of treatment, with existing patients segmented into those at risk of non-adherence

and those more likely already adherent. Brands may want to fulfill non-patients separately through a different program (and later assess performance through a conversion analysis).

While ultimate measurement of realized adherence benefit must wait until a program matures, early measurement of patient profile can help optimize and influence program performance. Effective use of Rx analytics can ensure that a program is headed in the right direction.

If some or all of the program tactics do not drive the desired patient audience, brands now have the tools to monitor and address their execution, driving more successful outcomes for the patients and the programs.

These market benchmarks serve to inform the execution of successful adherence programs by both setting performance expectations and informing resource allocation. While there are many non-financial reasons to drive adherence, such as creating better patient outcomes by increasing treatment safety and demonstrating efficacy through compliant drug use, the ultimate measure of program benefit is still driven by the number of patients enrolled, i.e., scale, and the incremental fills those patients get at their pharmacy.

Early indicators of targeting can be paired with adherence benefit benchmarks to quickly allow more optimized performance and accurately forecast program ROI. While benchmarks vary between tactics, markets, offers, and channels, the overall benchmarks serve as good indicators of expected performance across execution strategies. Marketers now have data-driven tools available to more efficiently allocate resources at planning, rapidly evaluate programs and ultimately improve outcomes for programs and patients.

*This is a third installment of an ongoing series on Rx market metrics of various consumer marketing activities. For more information, see the Crossix RxMarketMetrics™ website ([www.rxmarketmetrics.com](http://www.rxmarketmetrics.com)), from Crossix Solutions Inc., an Rx-based consumer analytics company ([www.crossix.com](http://www.crossix.com)).*