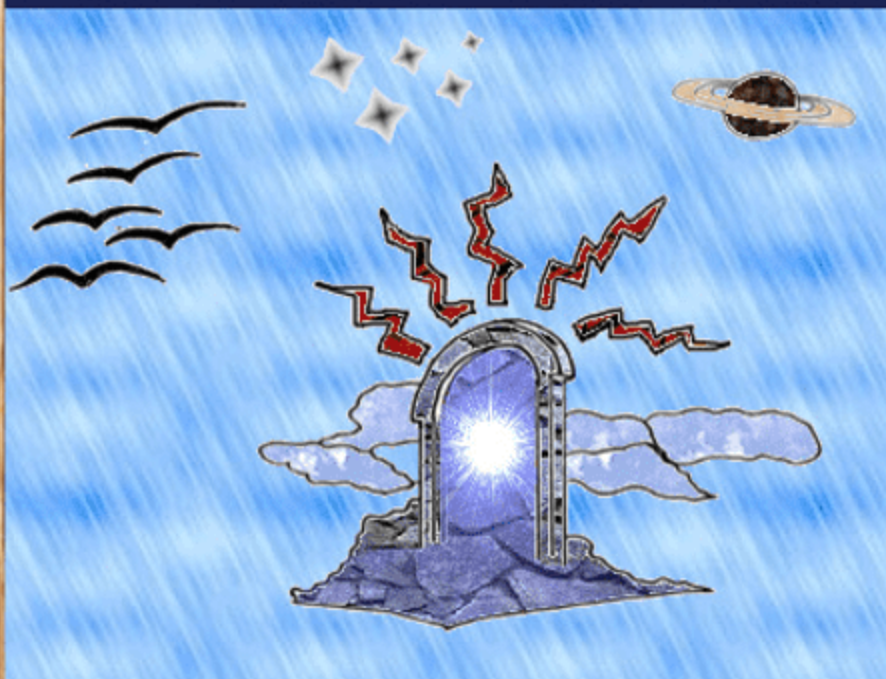# Specialty Class on Thursday June 4 in Chicago

Jean Patrick Tsang, PhD & MBA (INSEAD)

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You: Why should I attend this class? Give me 7 good reasons.

1. Specialty is soaring and nothing is bucking the trend. Three substantiating facts. First, sales of SP Pharma just crossed $100 billion last year. Second, 6 of the top 10 drugs in 2016, most agree, will be specialty drugs and they are Humira, Enbrel, Remicade, Revlimid, Sofosbuvir, and Eylea. Third, the biologics pipeline counts no less than 907 molecules.

2. The data is messy and dirty, and there are ways to make things better, if you know how. For starters, J-codes are fuzzy compared with NDC-11 and they appear on the CMS-1500 which is separate from the NCPDP. Reimbursement can take place under medical benefit or pharmacy benefit, and in some cases under both benefits for the same product for the same payer. Several sources have to be pulled together to reconstruct the market of a TA, orals and injectibles on the one hand and IV's administered in the office on the other. Data feeds coming from SP's, despite financial incentives put in place to boost accuracy, completeness, and timeliness, continue to be subpar. The good news is there are proven techniques to bolster the data.

3. One of the biggest frustrations is absence of the Payer Id in SP data. This is no accident. It's because Payers are asking SP's explicitly not to communicate their id's to drug manufacturers, in the hopes of denying drug manufacturers the ability to quickly craft strategies to counter the Payer's last move. We are pleased to say we cracked this "masking" problem and will describe the underlying principles of the approach.

4. Analysis of the data is very hard because the "scaffolding" is not there. By scaffolding, we mean additional pieces of information that need to be added to the data before analysis can commence. Case in point: Lines of therapy. The data does not indicate when a line of therapy ends and when another starts. This is cruelly missing and has to be constructed first before attempting to answer market share by line of therapy questions for instance. We'll explain the nuts and bolts of how to build scaffolds.

5. There are lots of databases out there, each with its own strengths and weaknesses. The first issue is we may not know the strengths and weaknesses of the databases we deployed, which may compromise the integrity of the insights gleaned. Second, we may not bring the right databases to bear when answering a question for the simple - and lame - reason that we did not know that the databases we should have used existed in the first place. We cover the most useful databases, those that should be in every

analyst's toolbox. These include SP/hub data, open and closed PLD data sets, physician-level data, payer data, syndicated data sources, hub-spoke structure of IDN's, EMR data, etc.

6. Good analyses require a good understanding of the larger picture. That's why we cover companion diagnostics, IDN consolidation, emergence of orals in IV spaces, rise of EMR's, biosimilars, BTD designation, migration of IV to infusion centers, measures to cap OOP's, healthcare apps (Happtique, DiabetesManager, AliveECG/Alivecor, iExaminer, DoctorMole, Proloquo2Go, etc.), orphan drugs "gold rush", and foundations.

7. Answers to questions people are asking. We'll provide answers to 21 of the most insightful questions attendees of previous sessions have asked. We also have a quiz to highlight salient facts about SP. Don't fret. They are conducted anonymously to keep the focus on learning, not on judging.

Additional reasons:

(1) You'll learn in one day what took us years to realize and sort out.

(2) You are guaranteed to learn a thing or two even as a seasoned expert.

(3) Those that run the class are very knowledgeable and to the point. They will answer your questions.

(4) The venue is very pleasant.

(5) You'll meet cool, bright, like-minded attendees you can relate with.

(6) The price is a real steal given the scope and depth of what we'll cover.

(7) You'll remember this class for years to come.

Below is an agenda for the day:

8.45 - 9.00	Introduction
9.00 - 9.30	Why SP is Hard?
9.30 - 10.30	Implications of Drug Distribution
10.30 - 10.45	Break
10.45 - 11.30	Seeing the Larger Picture
11.30 - 12.30	Data Sources and Challenges
12.30 - 1.30	Lunch
1.30 - 2.15	Scaffolding for Analysis
2.15 - 3.00	Case Studies
3.00 - 3.15	Break
3.15 - 3.45	Lessons Learned
3.45 - 4.25	Questions & Answers - Quiz
4.25 - 4.30	Wrap-Up

Class size is limited to ensure quality interactions and is on a first-come first-served basis.
Date: Thursday, June 4, 2015.
Venue: The Westin Chicago North Shore on 601 N. Milwaukee Avenue, Wheeling, IL 60090 -- Phone: (847) 777-6500.
To reserve a room at the Bayser preferred rate, please call (888)-627-8531.

The admission is a very reasonable $1,195. You can either sign up on our website's registration page or by calling Shunmugam at (847) 679-8265. Ask about our group discounts for parties of 4 or more. For more information about the class, please visit our Specialty Pharma website. Look forward to seeing you at the Westin in Wheeling, IL.

JP Tsang, PhD & MBA (INSEAD)

Founder & President

Jean-Patrick Tsang is the Founder and President of Bayser, a Chicago-based consulting firm dedicated to pharmaceuticals sales and marketing. JP has worked on 250+ projects to date including ROI optimization, data strategy, and study design to mention just these. JP publishes and gives talks on a regular basis and runs one-day classes on various subjects related to data and analysis.

In a previous life, JP deployed Artificial Intelligence to automate the design of payloads for satellites and was the adviser of two PhD Students. JP holds a Ph.D. in Artificial Intelligence from Grenoble University and an MBA from INSEAD in France. He was also the Recipient of the PMSA Lifetime Achievement Award in 2015. He can be reached at (847) 920-1000 or bayser@bayser.com.
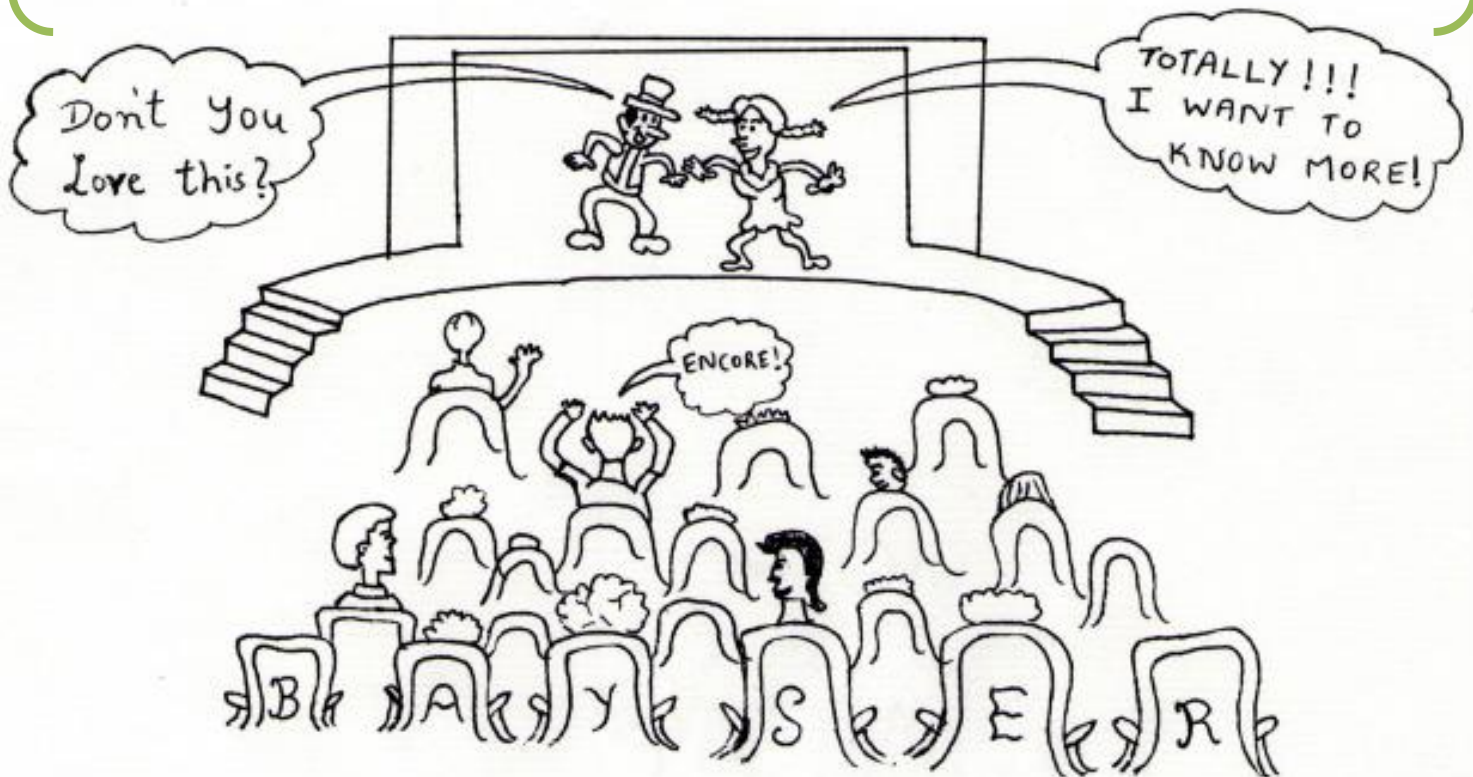
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