Gastroenterology Market Segments and Personas - 2020

MARKET SEGMENTS BY PERSONA

CROHN'S DISEASE FOCUS

ULCERATIVE COLITIS FOCUS

MARKET SEGMENTS BY SETTING^

CONTROLLERS

PATIENT-CENTRIC

LAGGARDS

DOCTOR-CENTRIC

Entrenched prescribing patterns – 1L aTNFs

More diverse prescribing in general especially at 1L

Open to newer brands like Stelara – use 2nd line or in specific occasions

Use of newer brands, particularly Stelara (replaced Humira as SC of choice)

Driven by doctor benefits – convenient to prescribe, 'group think' prescribing etc

Driven by patient benefits – convenience, safety, simplicity etc

Impacted by setting – will change prescribing behaviours in Public vs Private

Not impacted by setting – behave the same in Public or Private

PUBLIC ONLY
Crohn's Disease

35% of public prescribers

treat

17% of bio-naive patients → 40% Stelara | 53% Humira

PUBLIC & PRIVATE
Crohn's Disease

40% of public & private prescribers

treat

60% of bio-naive patients → 38% Stelara | 54% Humira

PRIVATE ONLY
Crohn's Disease

25% of public prescribers

treat

23% of bio-naive patients → 34% Stelara | 57% Humira

Ulcerative colitis

42% Public | 58% Private

Comfortable with TNFs 1L but little else beyond this

Lack familiarity with newer brands like Stelara, and could refer patients for these

Driven more by doctor benefits – what is 'safe' for them to prescribe and do

Note: for UC there is likely a mix of all 3 persona's in the Private Only setting

^Source: Segments calculated from Nostradata prescription analysis May 2020

SEGMENTATION WORKSHEET

Click ? for detailed information and insights

Janssen Immunology

PHARMACEUTICAL COMPANIES OF Johnson & Johnson

What are segments and personas?

Defining Customer Segments and Personas helps to inform how to tailor value propositions and customer engagement models for different customer types aligned to their needs and preferences

Segments

Segmentation is the process of dividing a market and customer base using defined criteria to create smaller group of customers who have similar interests and market potential

Objective

Segmentation will allow Janssen to identify relevant groups of customers, tailor your value proposition for each segment, aligned to the segment's growth drivers

Personas

Persona profiling is the structured activity of collecting and analysing information about customers to understand who your customers are, how they want to interact with your company and how they currently perceive your products and services

Objective

Customer profiling aims to describe types (personas) of customers based on their preferences and characteristics, to inform product, marketing and customer engagement approaches

CONTROLLERS

‘Controlling the decision-making’

IBD Specialist

Patient-centric

- Entrenched prescribing behaviour – aTNFs use
- Although open to new products - prescribe Stelara 2nd line
- Make prescribing decisions in a doctor-centric manner and influenced by group think
- Will change prescribing behaviour depending on their setting

Largest group, who prove confident and knowledgeable about IBD but slower to evolve their management approach

“Format is less important to me. The first decision is what’s best for the patient efficacy and safety-wise. Format comes later on, if it needs to be discussed at all. Most patients are happy with what I recommend.”

“I’m not a believer in using something just because its new, so if I think IV is best, I’ll sell that more if I have to.”

Understanding of IBD

- Knowledgeable about IBD and trends (eg. Biomarkers, new biologics etc)
- Believe in tailoring treatment but more so in their own ability to deliver this (without pt. input)
- Tend to see most patients as in denial or struggling to come to terms with their IBD or Crohn’s
- Hence justify approach

Approach to IBD

- Tend to talk about the disease and treatment – less so about quality of life and social/emotional issues
- Will talk to patients and spend time with the discussing options
- But conscious of steering them towards their preferred treatment
- Delegate education and support to Nurses where possible
- Driven by personal experience and perceptions of colleague prescribing

An important group for Janssen who seem slower to embrace Stelara, in part because of its format which they associate with patients who ‘prove’ themselves more accepting of their disease

CONTROLLERS

For Controllers, Stelara has a strong base on which to build, with the aim being to continue to chip away at their TNF preference and target the Private setting

"It doesn't give you those 'wow moments' you see with Remicade whee you have these very sick patients and days later they're fine, but it's a good go-to for sub cut and a good 2L to have."

"If I was given shares in any brand, I'd take the ones for Stelara. I think it has advantages over the others, but it just needs more time for us to get used to it and trust it like we do the TNFs."

- Interestingly, Stelara is generally appreciated by Controllers – they like Janssen and the brand, but have yet to be convinced of its benefits over established TNFs for most patients
- A few factors are holding the back:
  - Rationally – TNFs are easier to prescribe and familiar to use, with the weight of evidence behind them
  - Socially – they sense most Gastros use TNFs still and feel better about doing the same vs Stelara which is still 'new' in their eyes
  - Emotionally – they're comfortable where they are, so much so, that they would rather defend TNFs than move to something less familiar even if they can see advantages
- Janssen brand support will be key – sense they will move towards Stelara, albeit slowly…and with convincing from KOLs and the like

Controllers need proof – show Stelara is being widely adopted, show patients prefer it or it meets their needs, show how it can facilitate patient acceptance of their disease…

ENABLERS

‘Enabling the empowered patient’

IBD Specialist | Patient-centric

- More diverse in their prescribing
- Use Stelara 1st line
- Very patient-centric and place high value on quality of life
- Prescribe the same across both public & private settings

Driving area of IBD and Crohn’s manage ahead, and see Stelara (and future brands) as a vehicle to allow this

“I think options like Stelara allow patients a much greater flexibility, and when you talk to patients, this is what they really want. To live a normal life without medication interfering.”

“I learnt over many years how to talk to patients, but it all comes down to time. Once I decided to spend at least 45mins with patients in that first consultation, everything changed for me.”

Understanding of IBD

- Knowledgeable about IBD and trends (eg. Biomarkers, new biologics etc)
- Believe in tailoring treatment and do so by understanding the patients needs
- Acknowledge most patients can be in denial or struggling to come to terms with their IBD or Crohn’s, but see their job as to move them towards acceptance

Approach to IBD

- Spend more time with patients – 45mins to 1hr consultations
- Talk about the patients life and their feelings – encourage this and try to find treatment to meet needs
- Focus on patient education
- Offer treatments and look for patient input, only providing direction if the patient is uncertain
- Driven by patient needs and outcomes

A group who appreciate what Stelara has to offer and tending to adopt more and more in 1L, although they risk being attracted to ‘new’ options in the longer term future...

ENABLERS

While Stelara already resonates with Enablers, reinforcing brand messages and delivering a positive brand experience is key to long term success...

"The hard part with Stelara is that its not a TNF... we've been told for years that its all about TNFs in Crohn's, so to pivot wasn't easy at first. But its been fine. Patients have responded very well. And for example, the last patient I gave it to flew to Europe for an extended holiday and he told me not having to think about his Crohn's made the holiday for him...so that means a lot."

- Stelara has a number of brand features which tick the box for patient centric thinkers...
  - As effective and safe as the TNFs
  - More convenient than any other brand
  - Well supported – Janssen seen as leaders in the field
  - Less immune suppression and no need for thiopurine an additional advantage
  - Showing better durability
  - Clearly an 'upgrade' over Humira in CD and AbbVie being less supportive than in the past
- A brand with features which match their drivers of prescribing, and so, uptake has been strong...
- Can afford to continue a focus on patient outcomes – What does 'durability' mean for patients? Etc
  - And how does the Stelara PSP fit into this also?

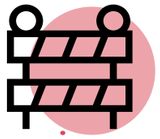
Enablers will be tempted by Skyrizi in particular with its efficacy and dosing convenience so important to create brand engagement now...

LAGGARDS

‘Falling behind the pack’

General Gastro | Doctor-centric

- Very comfortable with aTNFs – not very open to new products
- Likely to refer patient for use of new brands like Stelara
- Very doctor-centric – what’s safe for them to prescribe – much more paternalistic approach



Less viable target, struggling to keep up-to-date

“If I think about the next few years and more biologics coming in, it’s a little worrying. I cant see how I’ll have the time to see all the Reps!”

“It's things like I know Stelara has a higher starting dose, but I couldn’t tell you what it is.”

Understanding of IBD

- Confident in the fundamentals of IBD and Crohn’s
- But not as up-to-date as colleagues and worry about falling behind
- Not aiming for personalized or tailored treatment and wonder if this is possible
- Considering moving away from biologics and IBD if complexity increases

Approach to IBD

- Tend to tell the patient what to do and how – wont tend to engage in deeper patient understanding
- Talk to ‘solutions’ more than ‘problems’ – get to treatment quickly after a diagnosis
- Tend to leave patient education and support to Nurses, if available
- Driven by familiarity – talk to and use what they know best

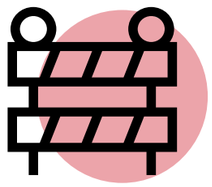
At this stage, a group who remain TNF loyalists, less so out of a belief in the data or any clinical advantages, but more so out of familiarity and confidence to use…

LAGGARDS

For Laggards, Stelara can follow a similar messaging strategy to Controllers, albeit, they may be a lesser target for Janssen

"Its pretty hard to argue against the dosing frequency vs Humira, so as a sub cut, its attractive. But I'll be honest and say I don't have much experience with it."

- Laggards are yet to invest time and energy into the Stelara brand experience
  - They have limited knowledge and confidence on which to do so
- The key will be sorting out who amongst this group will 'drop out' of biologic prescribing as the market becomes more crowded vs who will remain as a low volume prescriber
  - It could be worth keeping in contact with those intending to continue prescribing, as they can be convinced of Stelara benefits with support
  - But will need a degree of hand-holding to drive uptake
- Again, Janssen brand support will be key – Like Controllers, they will move towards Stelara, albeit slowly…and with convincing from KOLs etc



A group of less value to Janssen at this stage, but one to keep an eye on…

Patient vs Doctor centricity is more complicated to establish, but is and often found fundamental difference in approach amongst HCPs...

PATIENT-CENTRIC		DOCTOR-CENTRIC
Solicits and acknowledges patient concerns and builds the consultation around these	⟷	Sets the agenda for the consultation around the health issue and avoids patient concerns
Asks for patient feedback and their thoughts	⟷	Assumes patients will give feedback and volunteer thoughts if important
Encourages patients to express their feelings – about their disease, treatment, care etc	⟷	Tends to focus conversation away from feelings – towards science/data, past patients etc
Solicits patient involvement in decision-making – wants the patient to buy into treatment	⟷	Regards decision-making as largely based on physician judgement – Dr knows best

While evident in many markets, this dynamic is critical in IBD and Crohn's given the nature of the doctor:patient relationship and how it relates to brand prescribing and behaviour...

Patient vs Doctor centricity can be found in how Gastros talk to IBD and Crohn's itself...

IBD/CD

PATIENT-CENTRIC

- Quick to acknowledge the impact of IBD on patient's QoL
  - Mentally and physically
- Talk to IBD being 'rewarding' to treat
- Talk to 'enjoying' treating IBD and managing patients – one acknowledged disliking it at first, but now finding the interactions rewarding

"It's a rare thing in gastroenterology in as much as you form long term relationships with patients and they really value what you do for them. They start very confused, frustrated and hopefully end up in a much better headspace."

DOCTOR-CENTRIC

- Can also acknowledge the impact on patient's QoL and the devastating impact IBD and CD can have
- But quick to talk to the 'challenge' or managing it, or the 'struggle' or 'complications' that come with managing CD in particular
- Less sense of 'enjoyment' around managing IBD and Crohn's

"CD is a serious thing, and patients need to know this. I speak to them about the likelihood of obstruction, the possibility they will require surgery and for women in child bearing years I talk about impact on the baby and fertility."

How a Gastro talks to treating IBD is a clue – is it rewarding and satisfying, or challenging and frustrating to manage thee patients?

PUBLIC IBD SPECIALIST

National specialists and KOLs sitting in large public hospitals, with IBD nurse support, they treat a large numbers of IBD patients and are experienced with prescribing Biologics - typically infusions

Description & Attributes	• IBD specialists primarily sitting in large **Public hospitals** • Likely to be **national KOLs** • **Generally supported by IBD nurses**, but beholden to politics associated with large hospitals	Prescribing Behaviours	• **Experienced in prescribing biologics,** and incentivised to prescribe infusion products within the hospital (300-100 patients on biologics) • **Driven to prescribe based on research and evidence,** and more likely to provide whole of health solution -taking advantage of hospital resources • Will receive **complex patients from GPs and Privates,** who may or may not return to that practice
Needs	• **Less likely to use PSP** - "that's my nurses job" (but may use CSP for dose escalations) • Interested in clinical papers rather than marketing promo material, and **keeping up to date with/ participating in clinical trials**	Channel Preferences	• Visited by **AMs and MSLs, greater preference for F2F education from Reps & Med Ed Events** • Likely to attend **international conferences,** or keep up to date with international insights/content • **Less digitally savvy**, often challenged by older technology and **digital firewalls** in the Public setting

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PRIVATE IBD CLINICIAN

Specialists (and potentially KOLs) that sit in a Private practice, they have limited consultation times, no admin/ nurse support, and treat large numbers of patients

Description & Attributes	• IBD specific HCPs primarily sitting in Private clinic • Likely to be **national KOLs** • **Lack of dedicated IBD nurse** support placing a lot of logistics burden on them	Prescribing Behaviours	• More focused on **convenience** to themselves and patient • More **likely to prescribe Stelara** (100-200 patients on Biologics) • May refer to Public specialists in special cases, more likely to **receive complex patients** from GPs and generals
Needs	• More likely to **take advantage of additional services** i.e. PSP, and Compassionate Supply • **Superior patient experience** and maintaining prestige is important to them	Channel Preferences	• Visited by AMs but **less likely to be engaged by MSLs** • will allocate less time for Pharma calls due to monetary objectives • **Greater desire for advanced technologies to support their patients and their efforts to keep up to date**

GENERAL GASTROENTEROLOGIST

Local HCPs that see a broad range of GI patients - only a few IBD cases a year, they are less likely to prescribe Biologics, and have less engagement with Janssen

Description & Attributes	• General gastroenterologists that see a broad range of GI patients • Likely to have only **5-10 IBD specific patients/year** • More likely to be rural/ regional and isolated	Prescribing Behaviours	• **Heavily influenced by the KOLs** and peer 2 peer advocacy • **Limited expertise prescribing Biologics,** any experience will be prescribing Humira (the product they are likely to stick with) • **will often refer patient to a specialist if first line fails** and Biologics required (this heavily influenced by location, and individual relationship with large centres)
Needs	• **Rely heavily on value add offerings,** such as the PSP • **Difficult to see,** so when receiving a rep visit they want concise and a focus on quick wins	Channel Preferences	• Typically don't fall into A targets and receive **less frequent AM visits** • **Less likely to attend IBD specific events** considering it's a smaller part of their therapeutic area • **Will attend local dinners/ med ed events,** not international conferences on IBD

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Public only	Public only	Public & private	Public & private	Private only
Controllers	Enablers	Controllers	Enablers	Laggards
Doctor-centric	Patient-centric	Doctor-centric	Patient-centric	Doctor-centric
☐ PCC ☐ KOL	☐ PCC ☐ KOL	☐ PCC ☐ KOL	☐ PCC ☐ KOL	☐ PCC ☐ KOL
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