BLOOMBERG INTELLIGENCE / SYMPHONY HEALTH SOLUTIONS
FAQS & DATA RELEASE DATES

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SYMPHONY HEALTH SOLUTIONS INTEGRATED DATAVERSE™ (IDV) - FAQS

Question Number	Question	How is IDV™ different than "Legacy"?
	Summary	
1	What is the new Integrated Dataverse (IDV)?	• Integrated Dataverse™ (IDV) is the most comprehensive and interconnected source of healthcare data in the industry, bringing together vast claims resources – medical, hospital, and prescription – with rich point-of-sale prescription data, non-retail invoice data, and demographic data. IDV™ offers one consistent market view across prescriber, payer, and patient dimensions, answering key questions and facilitating critical commercial processes within sales, marketing, and managed markets.

2	What changes can I expect to see when comparing IDV to Legacy PHAST data?	• Due to additional content and changes to methodology, Bloomberg terminal users can expect so see the following:
		  ○ Reported volume for the mail order channel and specialty products may increase for specific brands due to the increase sample coverage in markets such as Antineoplastic & Immunomodulating Agents
		  ○ In general, reported volume for brands have declined due to improvements in capturing sold prescriptions
		  ○ Increased accuracy and alignment with pharma ex-factory sales via new methodology that emphasizes **Rxs sold** (vs Rxs dispensed)
		  ○ Projected Puerto Rico data available as a standard offering with PHAST where we now report projected prescriptions written and dispensed in PR
		  ○ More Over the Counter supplies within the retail channel (specifically in the Diabetes therapeutic area)

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3	What is the difference between sold and dispensed prescriptions?	• "Sold prescriptions" is the count of prescriptions that were purchased by a patient and left the pharmacy bin • "Dispensed prescriptions" is the count of prescriptions that were submitted, filled by the pharmacy, and ready for pick up. This count includes prescriptions that may have been re-shelved if ultimately the patient did not make the purchase
4	What is the Retail and Mail Order coverage in IDV?	• 90% Retail • 64% Mail Order
5	How did SHS increase its coverage in these channels?	• Symphony's significant investment in specialty and mail order suppliers has increased sample and reduced instances of blocked products
6	Which PHAST audit data contains the new IDV projected prescription data?	• PHAST Retail Prescription Weekly and Monthly • PHAST Integrated (the retail portion only)
7	Does PHAST Institution (NonRetail) data change?	• No, the sell into the non-retail institutions is not impacted by IDV
	Volume and Sample Changes in IDV	

8	Why are the projected IDV volumes lower than Legacy?	• The sample size in the IDV retail and mail order repositories increased with the addition of over 8,000 retail and mail order pharmacies to the sample. While this addition allows for more robust inputs into the sample, projected volumes may be lower.
		  o Projected volumes may be lower due to reporting of "sold" Rx's (i.e., the script was accepted by the patient) vs "dispensed/filled" (i.e., the script was put in the bin, but was not sold).
		  o A portion of the Rx transactions included in the prior data were the initial transaction and not the final 'sold' transaction. By reflecting only sold volume in the projection, there may be differences in the final projected volume.

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	Brand Specific Changes in IDV	
9	Why did my Generic/Brand share shift?	• Market shares and Generic/Brand rates will be different in IDV due to a shift in the mix of pharmacies in the IDV sample, and the reporting of final disposition of sold Rxs. o Because more "independent" pharmacies are captured in the IDV sample, the patient population and mix of drugs dispensed is different. Generally, independent pharmacies exhibit a higher generic drug dispensing rate than chain pharmacies in urban areas. o Because IDV reports the sold Rx (vs. dispensed Rx), generic substitution for branded drugs will change the Generic/Brand mix and/or market share.
10	Why do some brands/therapeutic classes have different impacts than others in IDV?	• Brands with high Abandonment/Reversal rates may see lower Rx volumes and market shares in IDV because IDV reports volume based on sold prescriptions vs. dispensed. • Brands and therapeutic classes that are more heavily dispensed through a Retail pharmacy may have a higher impact due to auto-fill practices and the frequency when patients don't pick up their prescription. • Specialty brands that are dispensed through mail order typically have less of an impact because of the type of disease state they are treating. Patients typically don't send their prescription back through the mail once they've received it.
11	What is the difference in TRx volume at the national level for IDV	• For the year 2014, there is approximately a 2% decrease in overall Total Rx Volume, with the majority of volume in the Retail Channel and Generic product category.
12	What is the difference in TRx volume at the national level for IDV for branded products?	• For the year 2014, there is approximately a 4% decrease in overall Total Rx Volume.

Question Number	Question	How is IDV™ different than "Legacy"?
13	What is the difference in TRx volume at the national level for IDV for Generic products?	• For the year 2014, there is approximately a 1% decrease in overall Total Rx Volume.
14	What is the difference in TRx volume at the national level for IDV for the top 25 Branded products?	• For the year 2014, there is approximately a 4% decrease in overall Total Rx Volume.
15	What is the difference in TRx volume at the national level for IDV for the top 25 Generic products?	• For the year 2014, there is approximately a 1% decrease in overall Total Rx Volume.
16	What is the difference in TRx volume at the state level for IDV?	• Changes in TRx volume across geographies vary slightly, yet remain consistent with the national average.
Methodology Questions		

17	Will the projection methodology change when transitioning to IDV?	• The IDV Sample and Universe considers more robust inputs derived from the integration of our Point of Service (POS) and Lifecycle claims data assets.
		  o The increase in sample size and reporting of "observable facts" provides tighter confidence intervals for projected volumes and shares
		• The projection methodology remains the same in IDV:
		  o 100% of projected Rx volume is assigned to prescribers (no zip default)
		  o Adjusts for product specific sample biases by dispensing COT
		  o Projection factors are calculated based on identical units (Rx to Rx, not $ to Rx)
		  o Projection zones are fixed and aligned to account for geographic and socio-demographic variance
		  o All Rxs are prescriber linked and reported as integers; there are no fractional Rx counts

8	What about reporting for Puerto Rico in IDV?	• The new IDV projected offering includes Puerto Rico Rxs.

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