



Commercializing specialty pharmaceuticals: Raising the game on channel strategy and analytics

Executive summary

Specialty pharmaceuticals make up a growing share of the pipeline for many biopharmaceutical companies. Over the next five years, these drugs are expected to account for nearly half (47%) of the revenue generated by the pharmacy industry—up from 38% in 2020 and 29% in 2015.¹ To be successful in this space, biopharma companies should determine how to work effectively with their specialty channel partners to build automated and secure data systems and next-gen analytics. Those that do it well can have a more complete picture of the patient journey, a closed-loop feedback on the effectiveness of their commercial activities, and information about patient outcomes, affordability, and access. This could create operational efficiencies and generate real-world evidence related to health-economic outcomes that biopharma companies can share with payers and providers to improve benefit designs and clinical guidelines.

This report discusses specialty channel strategy, channel partner selection, and channel analytics. It is based on interviews with 20 industry experts, secondary research, and Deloitte client experiences.

We propose a product archetype framework that can help biopharma companies develop strategies and make informed channel decisions. These archetypes are based on product, patient, and market characteristics, such as understanding of the disease, clarity around the standard of care and reimbursement pathways, competitive intensity, and patient population.

We use product archetype examples to guide the reader through three elements of channel strategy and execution:

1. **Formulate strategy** (ask questions to guide strategic choices):

- How open should the distribution model be?
- What is the site of administration?
- What level of clinical services and adherence support is needed?
- What reimbursement support and financial assistance is needed (e.g., copayments, vouchers, free drugs)? For how many, and for what types of patients, is support needed?
- What are the regulatory and compliance considerations?



2. **Operationalize with data:** Well-designed data capture and management can provide insight into the patient journey. It can also improve visibility into market activities around product usage and movement through the supply chain.
3. **Evaluate with analytics:** Channel data doesn't always translate into insights and action for the right user. Our view is that biopharma companies should double down on analytics. A modern analytics platform should compliantly deliver role-appropriate insights and recommend action steps to the right user at the right time. It should also offer an enterprise-wide view into channel and product performance and support legal and compliance activities.

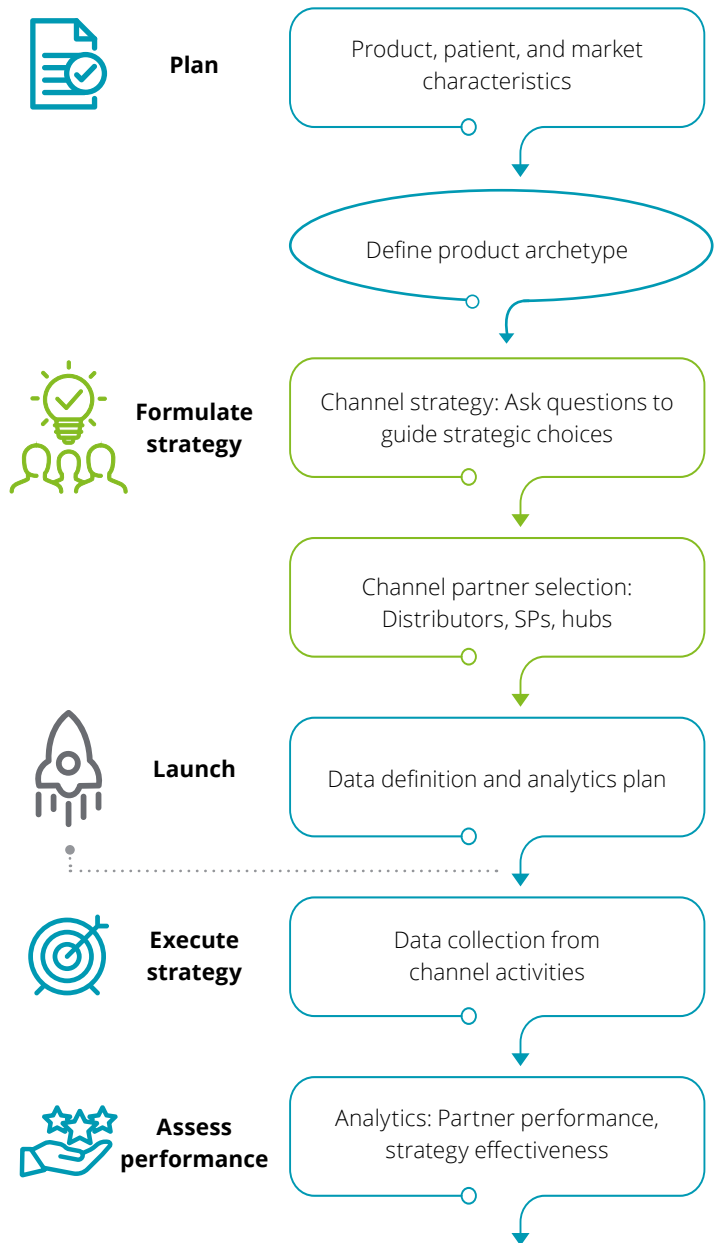
Introduction

Fierce competition, larger and more diverse product portfolios, and increased regulatory and political scrutiny could push biopharma companies to become more efficient and purposeful in how they launch and manage their product portfolios. They should pay close attention to how they respond to market and regulatory developments, and how they evaluate the effectiveness of their own—and of their channel partners'—activities. In this report, the focus is on channel strategy and channel partner selection (see figure 1).

As a component of commercial strategy, channel strategy deals with the logistics of delivering products and services to the customer, the design of value-added services around the product, and information flow (e.g., how sales, product usage, and patient-related data is gathered).² Channel strategy has significant mutual dependencies with another component of commercial strategy—market access—especially as vertical consolidation and new payment models blur the lines between payers, purchasers, customers, and channel participants. Most PBMs and large health systems now own specialty pharmacies, distributors operate hub services and provide pharmacy

systems to specialty pharmacies, and providers in value-based arrangements can have influence over benefit designs. The right channel strategy developed in close coordination with the market access strategy can mean the difference between a successful product launch and failure to meet forecasts.³

Figure 1. Channel strategy development and execution activities covered in this report



About this study

We wanted to understand the landscape and interplay between various participants in the specialty drug channel (e.g., biopharma companies, specialty pharmacies (SPs), hub service providers, and distributors). We also wanted to consider the value each channel partner brings, how partnerships work, how organizations make channel decisions, and where opportunities exist.

Between February and April 2021, The Deloitte Center for Health Solutions interviewed 20 industry experts. Interviewed respondents represented specialty pharmacies, biopharma companies, technology companies that are developing solutions around specialty drugs, and industry associations.

Source: Deloitte analysis.

Product archetype framework

While we recognize that each specialty product is associated with a unique set of considerations, we suggest biopharma companies group their products into archetypes based on product and market characteristics outlined below.

- **Product characteristics:** Drug handling requirements, mode of administration, therapy complexity, safety profile, and typical administration sites (e.g., home, outpatient, hospital)
- **Disease-area maturity:** Level of understanding of disease etiology, manifestation and progression, existence and degree of agreement on the standard of care, and existence and clarity around reimbursement pathways
- **Competitive intensity:** Direct competition from generics, biosimilars, and other brands in the same therapeutic class; and indirect competition from drugs in other therapeutic classes

- **Patient characteristics:** Size of the patient population, patient demographics, types of physicians that diagnose and treat the illness, and how the patient population is distributed by payer

Some product archetypes, like oncology, would align with a single therapeutic area (TA). Other archetypes may include products from multiple TAs, like treatments for rare diseases. We use these archetypes to illustrate where strategic choices substantively differ while recognizing that the archetypes might not reflect every possible product and are not mutually exclusive.

This report illustrates channel strategy and channel partner selection for three of these archetypes: high-volume specialty, infused oncology, and rare diseases.

Figure 2. Specialty product archetypes

	Product characteristics	Disease area maturity	Competitive intensity	Patient characteristics
High-volume specialty (e.g., immunology, specialty generics, biosimilars)	Most products in this archetype are injectables and many can be administered at home. For most products, clinical and safety issues are well understood, and multiple indications are common.	Consensus usually exists around the standard of care and reimbursement pathways are well defined.	High	Considerable variability depending on TA. Many products serve an adult population that skews older, with the corresponding payer mix.
Oncology: infused	Considerable safety and side effect issues. Most products are provider-administered.	Standards of care are available, but no consensus exists. There is variability between radiation and medical oncologists.	Moderate	Most diagnoses are among middle-aged or older patients; some are pediatric cancers. Most are treated by medical oncologists.
Oncology: oral solids	Considerable safety and side effect issues			
Rare diseases	Limited clinical information or safety data due to small and poorly understood patient populations	Products often have a novel mechanism of action. There is typically a high unmet need in the market, however existing reimbursement pathways inadequately meet those needs, creating opportunities for novel pathways.	Low	Long path to diagnosis, and most patients cycle through multiple specialists. Many rare diseases are diagnosed in pediatric patients for whom the payer mix may include commercial, Medicaid/ CHIP, or TRICARE.
Cell and gene therapy	Provider-administered, could be concentrated in academic medical centers; complex manufacturing and supply chains	Novel mechanism of action, high unmet need, reimbursement pathways are ill-defined.	Low	High variability in patient types; small populations; individualized therapy (e.g., autologous gene therapy)



Research findings

Formulate channel strategy

Here are five questions that can help biopharma companies develop a channel strategy and navigate their strategic choices:

Question 1: How open should we make the distribution model?

When choosing a distribution model, a biopharma company typically has several goals:

- Maximize customer (patient and provider) access to the product and improve the customer experience
- Provide clinical and educational support to customers around complex specialty therapies
- Minimize supply chain costs and maximize efficiencies
- Meet regulatory requirements

In an *open distribution model*, a biopharma company can establish agreements with multiple distributors, and products are available to a large number of pharmacies, clinics, or hospitals. This model is most suitable for products used in large patient populations without stringent risk evaluation and mitigation strategy (REMS) requirements (see question 5 “What are regulatory and compliance considerations?” for description).

In the *limited distribution model*, a biopharma company establishes agreements with a smaller set of distributors and specialty pharmacies. This model is suitable for drugs used by small to mid-size patient populations. It might also be used for products that have

more complex clinical requirements, more severe side effects, and stricter REMS programs. Channel partners in a limited distribution model should be able to deliver a broader set of services around patient management, reimbursement support, and data capture. Better visibility into product usage, the patient journey, and inventory are key benefits of limited distribution over the open distribution model. However, providers and patients could find it difficult to access the product if the number of contracted specialty pharmacies is too small, or if those pharmacies are not in payers’ networks.

In an *exclusive distribution model*, the biopharma company establishes an agreement with a single distributor or contracts directly with a small set of specialty pharmacies.⁴ This model is used for extremely small patient populations, such as rare diseases.

According to Adam Fein, CEO of Drug Channels Institute, most specialty product launches in recent years were made through limited or exclusive distribution models.⁵ This includes 10%-15% of patient-administered specialty drugs that go through the direct manufacturer-to-pharmacy channel.⁶

“The size of your network really depends on the size of your patient base and the demand. You don’t want to overwhelm one pharmacy because it’s going to impact the turnaround time and the ability to meet the needs of your patient base. But you don’t want to have so many pharmacies that you’re not able to aggregate the data and really control them.”

—Senior director, payer strategy and marketing, biopharma company

Question 2: What is the site of administration?

The site of administration (e.g., home, clinic, hospital) can be a factor in channel and payer decisions.

Consider infused products, which can be reimbursed under the pharmacy benefit when self-infused at home, or under the medical benefit when administered in clinical settings. Administering providers should be able to access these drugs through their typical or preferred channel (e.g., a specialty pharmacy, a hospital pharmacy, a group purchasing organization (GPO), or a full-line or specialty distributor). Specialty pharmacies or distributors should have relationships with administering providers, in-house or outsourced home infusion capabilities, and a large geographic presence. With some infused drugs, contracted specialty pharmacies and/or distributors should have capabilities to deliver provider training around administration protocols and management of side effects, such as hypersensitivity or anaphylactic reactions.⁷

Question 3: What level of clinical services and adherence support is needed?

A high level of specialized clinical support might be required for products used to treat complex or rare diseases. Many specialty pharmacies are well-positioned to provide these services. In many instances, however, there is value when these services are supplemented by a hub provider. Clinical activities might include patient education around the condition and medications, training for the patient and/or health care practitioner (e.g., drug administration, mixing or reconstituting agents, monitoring for side-effects), answers to medication-related queries, side-effect management, and adherence support.

Question 4: What reimbursement support and financial assistance is needed? For how many and for what types of patients?

The extent of reimbursement support activities—and anticipated demand for financial assistance—can determine the level of hub services a biopharma company is likely to need. For products that are expected to face significant access challenges, a full-service hub may be necessary. This could include a well-staffed call center to answer questions from patients and health care practitioners, carry out benefits investigations and reimbursement support (prior authorizations (PAs), justifications of medical necessity, coding and billing information for health care practitioners), provide patient education, and ship free samples. Ideally, the availability of free samples should match the demand. Sample supplies might need to be larger for first-in-class therapies. Underestimating demand may delay the start of a therapy, whereas overestimation could result in high inventory costs and product expirations.

Our respondents discussed products that fall into the grey zone between specialty and retail on price but still require clinical management and patient support (e.g., some HIV, ophthalmic, or

dermatologic drugs). Such products, known as specialty-light, might require scaled-back hub services like support with PAs, appeals, and copays.⁸

“Maybe, if it’s been five days and the pharmacy is still having issues administratively getting this drug approved. In that case, flip it back to the hub and let them resolve the access issues.”

—Director, market access, biopharma company

Question 5: What are the regulatory and compliance considerations?

Arrangements with channel participants could pose conflicts of interest or risks. It is a good practice to involve legal and compliance colleagues early in the process. While not a comprehensive list, some compliance considerations may include:

- REMS is a regulatory requirement created to reduce the occurrence and/or severity of certain serious risks associated with a drug. Some REMS programs require that patients receive counseling. They might also require that clinicians who prescribe and/or administer the drug are properly trained and certified, that their credentials are up to date, and that dispensing sites have appropriate storage and safety protocols in place. Other REMS programs include only communication requirements, such as fact sheets, letters, and websites.
- Patient privacy protections under Health Insurance Portability and Accountability Act (HIPAA) require Business Associate agreements between the hub, providers, and specialty pharmacies. Additionally, channel data available to biopharma companies should be deidentified, and data firewalls should exist between patient assistance service staff and sales and marketing staff for in-house hub services. Business rules around data access should follow the need-to-know principle and meet data storage requirements. Only authorized users should be able to access the data elements that are minimally necessary for them to complete the required task and only at the time when the task needs to be performed.
- Treatment of service fees in US government price calculations should meet the bona fide service-fees test.⁹ The fees paid to pharmacies and distributors should reflect the fair market value, and their treatment in pricing calculations should be documented.
- The design of patient assistance programs should consider the payer mix and corresponding regulatory requirements. For instance, beneficiaries in federal programs are not eligible for manufacturers’ copay/voucher assistance. Going forward, if a biopharma company wishes to exclude the value of its patient assistance program (such as free drug samples or financial assistance) from best price and government price calculations, all value from the program should accrue to the patient.

Figure 3. Illustration of strategic choices for three product archetypes

	High-volume specialty	Infused oncology	Rare diseases
Decisions			
Distribution model	Open, subject to REMS	Limited. Consider drop-ship option for large infusion centers, strict cold-chain requirements, or short expiration dates.	Exclusive, possibly direct contracting with one or two SPs. Over time, the size of addressable population could shrink, as most patients with the condition begin receiving treatment. This would mean fewer newly diagnosed patients per year. In case of curative treatment and no new indications, demand should decrease over time.
Site of administration	Channel choices should enable broad access to the product	Channel partners should have infusion capabilities or relationships.	It is especially important that an SP has relationships and data sharing with treating providers when the therapy requires a hospital stay, in-clinic administration, or ongoing follow-up with lab tests and diagnostic monitoring.
Reimbursement support	Varied by payer; PA, medical necessity, financial assistance	Considerations for medical AND pharmacy benefits; PA, medical necessity, coding assistance	PA, medical necessity, coding assistance, financial assistance
Clinical services and adherence support	Moderate	High for home infusion, lower for provider-administered	Highly specialized clinical expertise; SPs should be able to support education of provider and patient community
Regulatory and compliance	If there is REMS, assign to distributors	Assign REMS to distributor	Assign REMS to SP

Source: Deloitte analysis.

Channel partner evaluation and selection

Biopharma companies should try to match capabilities of channel partners with their needs around customer service, education requirements, data, and product handling.

Distributors

In addition to physically moving the product, distributors purchase and take legal ownership of pharmaceuticals and manage both inventory and credit risk. Three full-line distributors (AmerisourceBergen, McKesson, and Cardinal Health), along with their subsidiaries, are responsible for 97% of the specialty drug volume.¹⁰ Smaller full-line distributors and specialty distributors tend to serve smaller customers or focus on niche markets, such as certain geographies (e.g., Puerto Rico), product categories (e.g., generics or blood products), or specific patient populations (e.g., military, long-term care, or prisons).

The choice of the distribution model, the type of distributor, and the distributor’s service line can have downstream channel implications, as one specialty pharmacy executive explains:

“Say, I have a discounted rate on the distributor’s full-line, but not with their plasma and biologics or with their specialty service line. So, when a manufacturer chooses to place a product into plasma and biologics only, I don’t get a discount. But if you put it in full-line, it allows us to get our discount and we’re not going to come back to you and say ‘Ouch, we’re getting hurt on reimbursement.’”

—Senior vice president, trade relations, specialty pharmacy

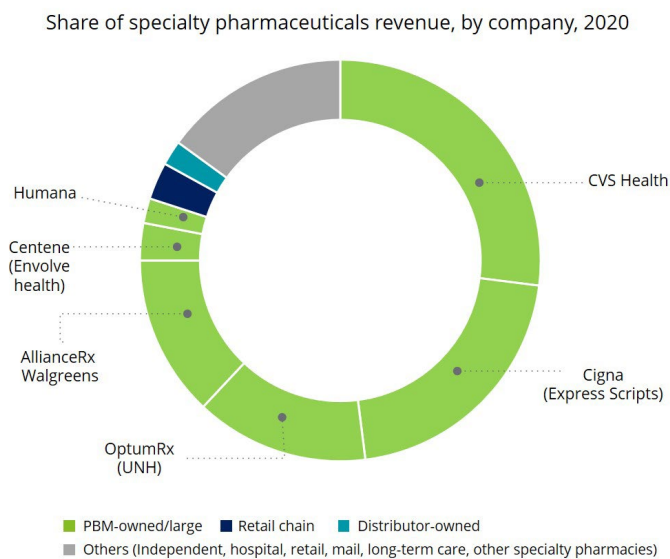
Specialty pharmacies

The specialty pharmacy market is consolidating. Four large specialty pharmacies—all of which are associated with pharmacy benefit managers (PBMs)—handle about 75% of the specialty volume (figure 4). Their size gives them considerable leverage with distributors and biopharma companies. Furthermore, their prescription volume, visibility into pharmacy and medical claim history, and analytic capabilities can make them valuable data collaborators. For instance, large PBM-owned specialty pharmacies can help validate a biopharma company’s launch forecasts around condition prevalence, size of the patient population, geographic distribution, demographic and payer segmentation, or support real-world evidence generation. Some biopharma executives told us that contracting with PBM-owned specialty pharmacies is unavoidable. They also said they cannot go to market without them, especially if this is what their competitors do.

Retail chains and independent specialty pharmacies have some scale, even though they account for a small slice of the overall volume of specialty drugs. We heard repeatedly that biopharma companies value independents and their ability to develop specialized clinical expertise and to provide personalized patient care. Their high-touch customer service approach extends to physician practices, too. Independent specialty pharmacies typically keep practice staff and patients in the loop on the status of the referral (e.g., PA, approval, payer request for additional documentation, or shipment tracking information).

Even though hospital-owned specialty pharmacies have grown over the last couple years, they account for a small share of specialty drug volume. However, they have greater access to patient health records,

Figure 4: Top players control major market share of specialty drugs by revenue



Source: The 2021 economic report on US pharmacies and pharmacy benefit managers, Drug channels.



a close relationship with prescribers, and greater clinical autonomy than other types of specialty pharmacies. Clinical pharmacists can be embedded in clinics and serve as formal members of the care team. They might consult with prescribing physicians and can modify dosage, change medications, and add or stop other drugs for safety (drug-drug, drug-lab) or side effect considerations, typically under collaborative practice agreements.

“If the clinic administers a product in our infusion center, we bring the patient in and draw the labs to make sure it is safe to provide the medication. If the labs are not good, we do not provide the medication. In this case, if the medication is white-bagged by an outside PBM and stocked with us, it gets wasted – a huge cost to the health plan.”

—Director, specialty pharmacy services, health system

In addition to clinical and data capabilities, most biopharma companies are interested in specialty pharmacies that offer new technologies and innovative services. For instance, some specialty pharmacies have developed predictive artificial intelligence models that identify patients who might be at risk of non-adherence or adverse events. These models can be used for proactive patient outreach and/or counseling. High levels of digital engagement at some specialty pharmacies can help improve patient adherence. Moreover, innovative approaches to outcome measurement (such as a digitally administered walk test or an emergency button for multiple sclerosis patients) can help avert emergency room visits or hospitalizations. PBM-owned and large independent specialty pharmacies are most likely to boast such capabilities because they require high patient volumes and large amounts of data.

“Whatever pharmacy network you choose to go with dictates your success with reaching the end users of your product, your prescribers.”

—Director, specialty pharmacy and institutional strategy, biopharma company

Hub services

Hub services began as patient call centers for select complex medicines and have now expanded to a full suite of support services, ranging from financial assistance to patient education, adherence, and data management.¹¹

When evaluating external hub providers, biopharma companies should look for a track record, expertise, and staffing that can deliver clinical and data services in a manner that is compatible with the biopharma company’s internal analytic systems. Processes used by hubs should be reliable and secure and able to combine data from multiple specialty pharmacies, identify inconsistencies and duplication, and accurately merge, link, and de-identify records.

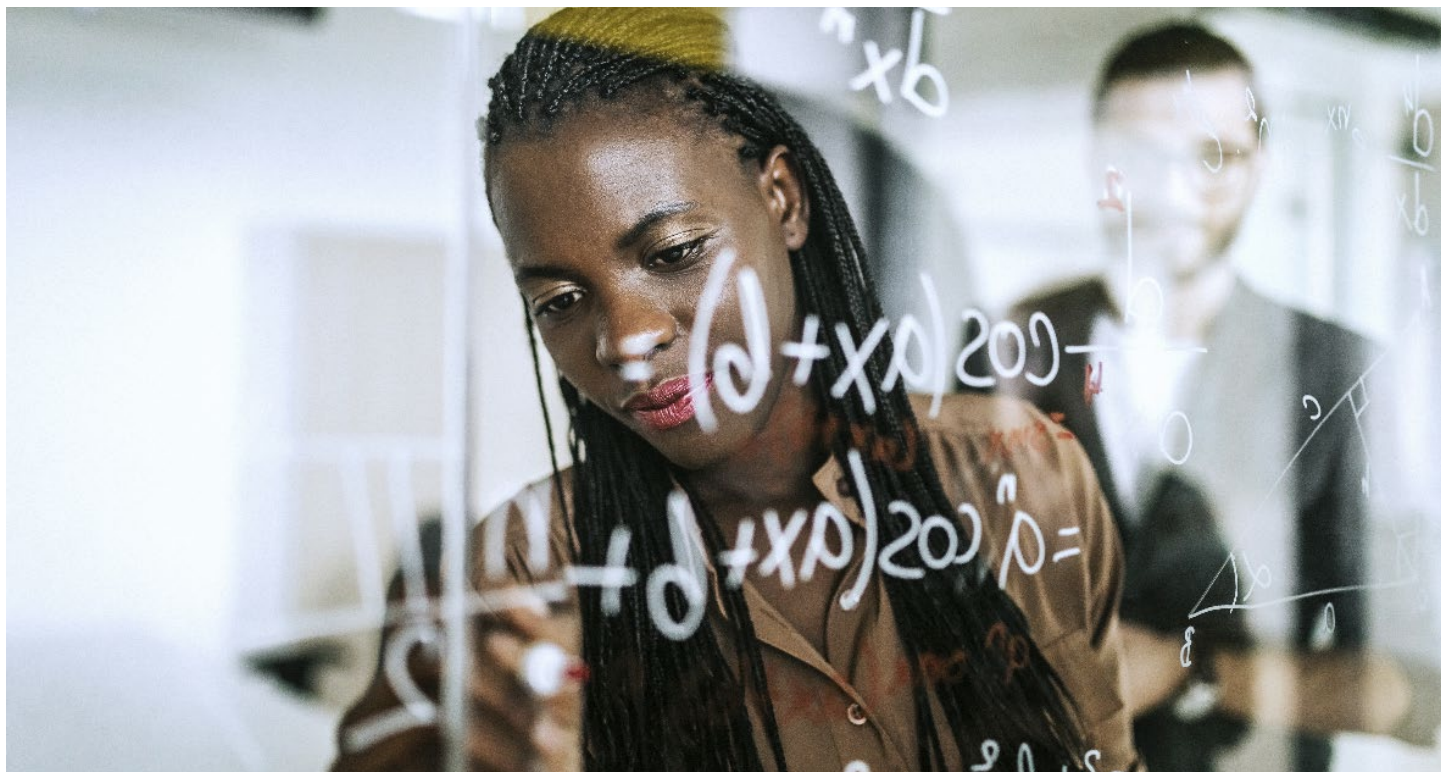
Figure 5 illustrates how channel strategy for three product archetypes can result in three vastly different channel choices.



Figure 5. Channel choice illustrations for three product archetypes

	High-volume specialty	Infused oncology	Rare diseases
Channel partner considerations			
Distributor	Distributors that can enable broad product availability in the market.	Full-line or specialty distributor could enable availability to non-contracted SPs and providers. Most oncology clinics work with specialty distributors.	Specialty distributor
Specialty pharmacies	Any willing pharmacy (subject to REMS and accreditation requirements)	SP should have strong logistical capabilities around infusion services and cold chain.	Can be one SP operator, as long as it can meet all the requirements: product fulfillment, inventory management, clinical support, REMS, and hub services. Alternative is two SPs. Due to the unique clinical needs and treatment complexity, SPs should have dedicated staff to provide reimbursement services, support the product, and educate and cultivate the relationship with physicians.
Hub	Non-mandatory hub	Mandatory hub can ensure consistency in data and patient support services when product is fulfilled by non-contract SP.	Hub-related decision is contingent upon SP selection depending on the scope of services assigned to SP.
Channel choice decision	Multiple full-line distributors. One of these distributors can be contracted for hub services.	Specialty distributor that owns infusion centers or cancer clinics OR Specialty distributor + large home infusion company	Distributor affiliated with a network of SPs and can provide hub services OR Direct contract with one or two SP operators with clinical expertise and scale to provide clinical and hub services

Source: Deloitte analysis.



Operationalize with data: How to measure success?

Well-designed data capture and management can provide visibility into the patient journey and offer insight into market activities around product usage and movement. Our respondents told us that in recent years, data has become a key point of contract negotiations. This suggests that the value of data—and the sophistication around how data is used—is growing.

Respondents said they primarily use data to monitor *post-launch activities* (e.g., to understand how the drug performs against competitors, to measure the effectiveness of sales efforts, to determine the level of access with specific payers, and to understand the clinical performance of the drug in the real world). Here are a few examples of common metrics, but there are many others that can help biopharma companies evaluate their products and channel partners:

- Time to fill (how long does it take to ship the drug after the script is received?) and fill rate (the ratio of dispensed drugs to total requested scripts)
- Referral status (prescription sent to specialty pharmacy, PA submitted, request for additional medical documentation)
- Adherence measures (medication possession ratio or proportion of days covered, length on therapy)
- Number of new medication starts, medication stops, and reasons for medication stops
- Medication switching

- Adjudication status, denials, and appeals with different payers
- Adverse event reporting and off-label use

Our respondents told us that independent specialty pharmacies tend to offer greater flexibility and frequency with data submission and depth of data investigations. This allows them to go back and review previous records (for example, in response to a newly identified adverse event).

Granular and timely detail, especially when combined with prescriber and insurance-level information, can help identify potential opportunities for field sales and market access teams. However, under an open distribution no-hub scenario, data flowing through third-party data aggregators can be limited. This might be one reason biopharma companies tend to prefer limited distribution models.

“Say, 50 patients stopped [taking] your drug within the first six months, and they all get bucketed into three reasons: a side effect, couldn’t reach the patient, or doctor pulled the script back. Not much you can do with this...”

—Director, specialty pharmacy and institutional strategy, biopharma company

In figure 6, we illustrate how data can shed light into channel activities using our three product archetype examples: high-volume specialty, infused oncology, and rare disease.

Figure 6. Examples of key business questions for three product archetypes

Market performance domains	High-volume specialty	Infused oncology	Rare diseases	Sample data sources
Payers	Which payers drive utilization? How does patient access vary by payer?	What effect does benefit design have on utilization, dose management, and adherence?	How does patient access vary by payer?	SP prescription data, copay and voucher redemption, hub data
Competitors	How does my product compare to competing products?			Competitor patient prescription data
Efficiency and volume	What clinical protocols are used in the real world? Which therapies are used first-line, second-line, third-line?	Where can we improve access through targeted prescriber, office, and/or payer intervention? How does the hub perform operationally and is there a need to modify staffing? How do wholesalers adhere to limited distribution?	How quickly are new patient starts decreasing over time? How/when should we scale down production? When should we reevaluate SP and hub services?	Anonymous longitudinal patient data (ALPD), EHRs, claims
Patient experience	Where are the main access hurdles and how can we improve? Do SPs and institutional accounts order excess inventory? To what extent do specific SPs/ accounts contribute to total volume?			Hub data, SP prescription data, hub CRM data, EDI 867, account master, patient kit and brochure ordering data
Clinical	Where are the main challenges with patient adherence and where is the greatest patient drop-off? Root causes for patient drop-off? How does the hub affect adherence?	Root causes for patient drop-off?	How do patients respond to treatment?	Hub data, SP prescription data, digital companion
			What clinical data (diagnosis history, lab values) can help understand disease history and progression? How do patients respond to treatment?	Adverse event reporting, ALPD, EHR, claims, hub data, digital companion

Source: Deloitte analysis.

Evaluate with analytics

While biopharma companies often go through a lot of effort to get channel data, this data does not consistently translate into insights and action. Biopharma companies have opportunities to raise their game on analytics, especially to capture aspects of the patient journey. A modern analytics platform should deliver role-appropriate insights and recommend action steps to the right user at the right time, while still complying with applicable regulations. We list a few examples in figure 7.

Furthermore, analytic platforms should enable an enterprise-wide perspective on channel and customer performance, product performance at the level of brand, franchise, TA, and overall product

portfolio against benchmarks and forecasts. These platforms also should support legal and compliance activities around fair market value assessments and pharmacovigilance. To achieve this, they should combine data from multiple sources, such as:

- Prescription data from contracted specialty pharmacies and hubs or from a customer relationship management (CRM) platform
- Distributor data (e.g., EDI 867 Product transfer and resale report)
- Competitor prescription data
- Copay and voucher redemption information
- Deidentified EHR and claims data
- Digital companions (personal devices, mobile apps)


Figure 7. Examples of role-appropriate analytic insights and business decisions

Role	Insights	Business decisions
Field reimbursement manager; Patient services	What is current patient status?	How can I expedite health care practitioner and patient support?
Field sales	How is patient journey affected when practices do and don't use hubs?	Which practices have high referral denials and how should we identify the right practitioner (administrator, medical assistant, or physician) for outreach?
Trade relations manager	How do the accounts (SPs, IDNs, GPOs) perform within the defined networks? Do accounts meet their contractual obligations on data requirements? Which accounts invoice for services not performed?	Should we continue contracting with these accounts?
Supply chain manager	Which accounts carry extra inventory? Which accounts have higher rates of product returns and expirations?	How should we work with the distributor or account to optimize inventory management?
Brand manager	How do brands and accounts perform relative to each other and internal benchmarks?	What are the specific areas where the brand underperforms?
Franchise leadership	How do brands and accounts perform relative to each other and internal benchmarks?	How do different brands in the franchise perform, how does my TA compare to overall product portfolio and benchmarks?
TA leadership	How do brands and accounts perform relative to each other and internal benchmarks?	How do different brands in the franchise perform, how does my TA compare to overall product portfolio and benchmarks?
Channel strategy	How do open vs. limited distribution contribute to total volume across product portfolio and product archetypes?	Should we revisit distribution models?
Medical affairs	What adverse events do we see more or fewer of in the real world? Which are most associated with patient drop off? Which types of patients respond better or worse to treatment?	Should we update patient management recommendations?

Source: Deloitte analysis.

Conclusions

Automated and secure data systems—along with next-gen analytic platforms that enable enterprise-wide view into channel and product dynamic and support legal and compliance activities—can be essential for successful commercialization of specialty drugs. These data and analytics capabilities can help biopharma companies create a complete and close to real-time picture of the patient journey and a

clear understanding of the effectiveness of commercial activities and channel partner performance. The resulting ability to make business decisions timely and agilely can position them to compete effectively in an increasingly complex landscape. 

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Project team:

Sarah Thomas developed the project concept, provided project oversight, and helped organize the findings for the paper. **Bushra Naaz** managed project execution, including primary and secondary research, and writing of the paper. **Madhushree Wagh** performed secondary research and analysis of interview findings. **Danielle Johnson** contributed to instrument development, interpretation of the findings, and draft reviews.

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About the Authors

Jason Eldred

Managing Director
Deloitte Consulting LLP
jeldred@deloitte.com
+1 (215) 405-7891
[linkedin.com/in/jason-eldred-1641a3](https://www.linkedin.com/in/jason-eldred-1641a3)

Jason is a Managing Director in Deloitte Consulting's Life Sciences Digital Practice, with over 25 years of experience in healthcare and pharmaceuticals, including industry experience at a large pharmaceutical manufacturer. Jason leads pricing and market access area within Life Sciences commercial practice. He pioneers methods of using emerging technologies and health care information to drive performance and optimization. He has strong technical and analytical expertise coupled with business acumen in the areas of market access, revenue management, order management, commercial operations, patient services and drug pricing.

Brian Corvino

Managing Director
Deloitte Consulting LLP
bcorvino@deloitte.com
+1 (215) 405-5598

Brian is a Managing Director with Deloitte Consulting and Value, Access, and Pricing Practice Leader. He has almost 20 years of Life Sciences Commercial Strategy experience, having served most of the world's largest life sciences clients, in the areas of market access, pricing, commercial and launch strategy. He has dedicated his career to advancing new perspectives on the growing challenge of sustainable pricing, affordability, access, and value capture for traditional, specialty, oncology and increasingly transformative drug therapies in cell & gene and rare diseases – having served >250 unique products.

George Van Antwerp

Managing Director
Deloitte Consulting LLP
gvanantwerp@deloitte.com
+1 (314) 342-4976

George is a Managing Director within the Strategy & Operations practice of Deloitte Consulting LLP. He is a leader in the pharmacy practice and works on strategic projects within life sciences, health plans, retail pharmacy, specialty pharmacy, PBMs, and integrated delivery networks. This has included work around pharmacy adherence, Medicare operations, specialty pharmacy strategy, PBM contracting, medical rebates, medication assisted therapy, retail and PBM go to market strategies, and multiple M&A projects. He also leads the Brand and Industry Insights for the U.S. Healthcare practice and the pharmacy practice.

Natasha Elsner

Market Insights Manager, Deloitte Center for Health Solutions,
Deloitte Services LP
nelsner@deloitte.com
+1 (215) 282-1087

Natasha is a research manager with the Deloitte Center for Health Solutions. She has spent more than 10 years in market research serving health care clients. With extensive experience in research methodology and data analysis, Natasha conducts cross-sector research at the Center. Natasha holds a master's degree in survey research and methodology.



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