OVERVIEW
Ulcerative Colitis (UC) & Crohn’s disease (CD) are common inflammatory bowel diseases (IBD) currently affecting the lives of 1.6 million Americans. The introduction of new biologics has changed the face of treatment for moderate-to-severe patients, and this trend is set to continue with new entrants expected in 2018 as well as a full pipeline of novel agents. With an increasing number of options available, biologic switching in both UC and CD over the past 12 months continues to increase and is the market segment which offers the most opportunity for use for any new agents.

RealWorld Dynamix™: Biologic New Starts and Restarts in IBD (US) will help you to understand the patterns and drivers of treatment initiations in this dynamic and changing market. By analyzing patient level data for patients who recently initiated biologic therapy for the first time, or restarted after a period off of biologic therapy, real insights into prescribing behavior can be unearthed in these dynamic segments of the market. The resulting dataset is a rich source of insights with multiple applications, including the quantitative definition of the winners and losers by patient segment. This report will be an invaluable resource for addressing some of the key strategic issues and opportunities facing brands in the IBD space. An excellent augmentation to claims data, this study captures the clinician’s perspective on why biologic therapy was started (or re-started) and why a specific brand was chosen, the treatment pathway that the patient took leading to the decision to start biologic therapy, and the future treatment intentions should the current therapy choice prove to be suboptimal. In addition to patient demographics and treatment history, diagnostics tests, clinical assessments, and laboratory values are included to provide insight into the clinical course of the disease and treatment pathways.

SAMPLE & METHODOLOGY
RealWorld Dynamix™: Biologic New Starts and Restarts in IBD (US) is based on a robust and deep patient chart analysis of ~1000 UC and CD patients who were started on their first biologic, or restarted on a biologic after a break in treatment, within the past three months. Each physician completes an in-depth medical history of their last 3 to 7 patients who meet the study inclusion criteria.

KEY QUESTIONS ANSWERED
- How rapidly are alternate MOA biologics moving into the first-line biologic setting?
- To what extent does market access influence brand choice in the first-line setting?
- What factors influence the decision to begin biologic therapy and does this vary by patient segment?
- What will physicians prescribe next when current treatments fail and how does this alter the future market dynamics?
- What role do payers and patients play in the treatment decisions?
- Where do pipeline agents have the most upside assuming approval?
- What constitutes a ‘drug holiday’ and how prevalent is this practice?