The High-Impact Pharma QBR: the system and the template

The QBR gets everyone's attention four times a year. This document shows it as the anchor of a management system on one page, then gives the pages to run it, from what each function brings to the opening of the next QBR.

Brand	Quarter	Meeting date

DEFINITION

A High-Impact Pharma QBR is a quarterly business review run as the anchor of a Realization Management system, which detects signals and executes interventions to remove friction for patients and HCPs. It is connected, continuous, vigilant and accountable, and AI makes it practical. Its purpose is to maximize both patient and commercial impact.

WHAT IT TAKES An intervention mindset, tailored workflows and a platform for continuity

An intervention mindset

The QBR stops being a report on the quarter. Each signal of friction is answered with an intervention that carries its value, its cost, an accountable owner and a date to judge it.

Parts 5, 6

Tailored workflows

No two companies run the QBR the same way. The frameworks, workflows, business rules and blueprints are fitted to how the company prepares, decides and follows through.

Parts 1 to 4

A platform for continuity

Decisions, owners and results carry from one QBR to the next, so nothing is rebuilt from a blank template.

Part 7

THE MAP Five attributes, and the part of this template that delivers each

ATTRIBUTE	WHAT IT MEANS	WHAT IT GIVES THE BUSINESS	USE
Connected	Every function brings its evidence into one picture, with each figure tied to its source and period.	The meeting is spent on the decision, and nobody argues about whose numbers are right.	Part 1
Accountable	Every decision and intervention carries its value, its cost, an accountable owner and a date to judge it.	Budget goes to what delivers value, and stops going to what does not.	Part 5
Vigilant	Signals of friction for patients and HCPs are detected between QBRs, as they develop.	Problems are seen in weeks, while there is still time to act.	Parts 4, 6
Continuous	Each QBR opens with what the last one's decisions delivered.	Confidence through continuity, and a growing record of what works for this brand.	Part 7
AI-enabled	AI does the integration, and people keep the judgment.	Weeks of preparation go back to the brand team.	Part 8

HOW TO USE IT One quarter, in four steps

PART 1

Before the meeting

Each function brings its evidence, and every figure is settled before anyone presents.

PARTS 2 TO 5

In the meeting

Ninety minutes in a fixed order, ending in decisions that are quantified and recorded.

PART 6

Between QBRs

Signals of friction are logged as they are detected, each with the intervention that answers it.

PART 7

The next QBR

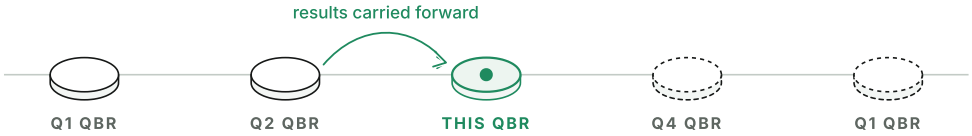
It opens with what the last decisions delivered, against what was recorded at approval.

THE HIGH-IMPACT PHARMA QBR · THE SYSTEM ON ONE PAGE

THE QBR AS THE ANCHOR OF A MANAGEMENT SYSTEM

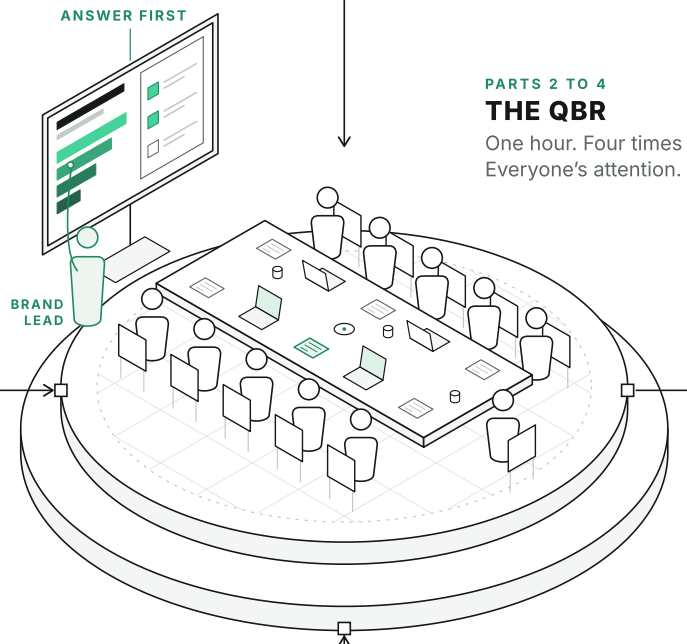
A dynamic system that detects signals and executes interventions to remove friction.

PART 7
CONTINUOUS
Each QBR opens with what the last one's decisions delivered. Confidence builds through continuity.



PART 1
CONNECTED
Six functions, one picture. Every figure tied to its source and period.

- Brand
- Finance
- Analytics
- Market access
- Patient services
- Medical affairs



PARTS 2 TO 4
THE QBR
One hour. Four times a year. Everyone's attention.

PART 5
ACCOUNTABLE
Every decision carries its value, its cost, an accountable owner and a date to judge it.

- Decision, quantified
- Accountable owner
- Date to judge it

TO MAXIMIZE

- Patient impact
- Commercial impact

PART 6
VIGILANT
Patients and HCPs do not live in quarters. Signals of friction are detected as they develop.

PART 8
AI-ENABLED
AI does the integration. People keep the judgment.

AI reads, joins and cites the data as it arrives

SIGNALS DETECTED

INTERVENTIONS EXECUTED



THE REAL-TIME WORLD OF PATIENTS AND HCPs, BETWEEN QBRs

BEYOND THE DECISION · WHAT IT GIVES EACH GROUP

Executives
A QBR they can decide from, with the evidence settled.

Commercial leaders
A view of what past decisions delivered, and where to commit next.

Brand teams
Weeks of preparation back, and a record instead of a story to defend.

Patients
Barriers seen and removed sooner, so more start and stay on treatment.

CONNECTED · BEFORE THE MEETING

PART 1 What each function brings

Every function brings its part of the QBR. Give each contributor their own list; the brand lead brings the answer and the ask.

BRAND LEAD

The answer and the ask

- [ ] The stage worth fixing first, quantified
- [ ] Each decision with its value, cost and accountable owner
- [ ] Earlier decisions brought back, with what they delivered
- [ ] Targets for next quarter, stage by stage

FINANCE

The P&L

- [ ] Net revenue against plan, forecast and prior year
- [ ] Gross-to-net, with deductions itemized
- [ ] The economics of each proposed decision
- [ ] The quarter approved and locked

ANALYTICS AND INSIGHTS

The ladder and the market

- [ ] The ladder, L0 to L4, from one set of sources
- [ ] Planned scripts from the brand plan, for L0
- [ ] A benchmark for each stage, with its source
- [ ] Competitor launches, label changes and trial readouts

MARKET ACCESS

Coverage and the first fill

- [ ] Payer and formulary changes, with lives covered
- [ ] Prior authorization denials and rejected claims, tied to L1
- [ ] Coverage changes coming next quarter, by payer

PATIENT SERVICES AND HUB

Starting and staying on therapy

- [ ] Why filled patients did not start (L2)
- [ ] Each support program's result against its expected lift
- [ ] The share of patients each program reaches

MEDICAL AFFAIRS

What is clinically right

- [ ] The share of each stage's losses that is clinically appropriate
- [ ] Label, guideline and safety updates that affect a stage
- [ ] Medical programs listed, never valued as commercial interventions

THE EVIDENCE RECORD Settle each figure before anyone presents

A finance forecast running through September and a dispensing report closing in August are both correct. They cannot support a comparison that treats them as the same period. Record these five things for every figure the QBR relies on.

RECORD	WHAT THE QBR MAKES CLEAR	SETTLED
Source	The file, system or analysis the figure came from, with its version or extraction date.	☐
Period	The period represented, and the date through which the source is complete.	☐
Population	The patients, prescriptions, accounts or transactions included, with exclusions stated.	☐
Definition	The counting rule, unit and denominator, including how reversals and duplicates are treated.	☐
Approval	The function accountable for the figure, and any qualification that limits its use.	☐

A count of prescriptions, a count of patients and a count of fills describe three different things. A funnel assembled from all three describes none of them.

THE QBR · IN THE MEETING

PART 2 Agenda for a ninety-minute QBR

	ITEM	LEADS	TIME
1	**The answer first.** The stage worth fixing first, quantified, and the decisions asked for today.	Brand lead	10 min
2	**Since the last QBR.** Each earlier decision and what it delivered, against what was recorded at approval.	Brand lead, patient services	15 min
3	**Scorecard and financials.** Measures against target; net revenue against plan, with the bridge.	Brand lead, finance	15 min
4	**Where value leaks.** The ladder, L0 to L4: planned scripts to month 12, each stage against its benchmark.	Brand analytics	15 min
5	**Access and competitive.** What changed outside, tied to the stage it affects.	Market access	10 min
6	**Decisions needed.** Each decision quantified and taken in the meeting, with an accountable owner and a date to judge it.	Portfolio head	15 min
7	**Targets and actions.** Next quarter's targets by stage; every action with one accountable owner.	Brand lead	10 min

Give decisions their own slot. If time runs short, cut the detailed evidence, not the decision.

PART 3 What goes in each section

	SECTION AND THE QUESTION IT ANSWERS	SHOW	READY
01	**The answer first** What should we do?	The stage worth fixing first, quantified; performance against plan; the decisions asked for.	☐
02	**Scorecard** Are we on track?	The agreed measures against target, marked on, near or off target, with the change from last quarter.	☐
03	**Brand financials** Where did the money go?	Net revenue against plan, forecast and prior year; gross-to-net; a bridge split into volume, price and inventory.	☐
04	**Where value leaks** Where are patients lost?	The ladder, L0 to L4 (Part 4): planned scripts to month 12; each stage against its benchmark; value lost and recoverable.	☐
05	**Market access and competitive** What changed outside?	Payer and coverage changes, prior authorization trends, competitor launches and label changes, each tied to a stage.	☐
06	**Interventions and results** Did last quarter's decisions work?	What the last QBR decided and whether it delivered, measured in the funnel; each intervention's value and cost a year.	☐
07	**Decisions needed** What do we need from you?	The barrier, the evidence, the recommended option, value at stake, cost, an accountable owner and the cost of waiting (Part 5).	☐
08	**Targets for next quarter** What will we hold ourselves to?	Target leakage for each stage, so the next QBR can say whether the plan worked.	☐
09	**Actions and owners** Who does what by when?	Every action with one accountable owner and a date, carried forward until closed.	☐

THE QBR · IN THE MEETING

THE DECK

Deck outline

01 **The answer.** Four figures, the stage worth fixing first, three messages and the ask.

02 **Since the last QBR.** Each decision taken last quarter and what it delivered.

03 **Scorecard.** On, near or off target, with the change from last quarter.

04 **Financials.** Net revenue against plan, forecast and prior year; gross-to-net; the bridge.

05 **Where value leaks.** The ladder, L0 to L4, each loss valued, recoverable value marked.

06 **Key findings.** One slide per finding: the stage, its trend, its benchmark, what drives it.

07 **Access and competitive.** Payer, coverage and competitor changes by stage.

08 **Interventions.** Value a year against cost a year for each one running.

09 **Decisions needed.** Value at stake, cost, accountable owner and the cost of waiting.

10 **Next steps.** Targets by stage and actions with owners and dates. Appendix after.

Write every slide title as the takeaway ("Early adherence is where value is lost"), not the topic ("Adherence"). Cite the source and period of every figure.

VIGILANT · WHAT TO WATCH

PART 4

The value leakage ladder: the stages to collect every quarter

Most QBRs report scripts and revenue. The ladder follows one quarter's patients from the scripts the plan called for to therapy at month 12, and values every stage in between.

STAGE	COLLECT EVERY QUARTER	WHAT A STANDARD QBR SHOWS INSTEAD	TRACKED
L0 Demand Planned → written	Scripts written against the scripts the brand plan called for; the gap valued at a year on therapy and judged against the plan.	NBRx against forecast, with no value attached.	☐
L1 Access and adjudication Written → filled	Scripts that never become a first fill: rejected, reversed or abandoned at the pharmacy.	TRx, which counts only what was dispensed.	☐
L2 Enrollment and initiation Filled → started	Patients whose script is filled but who never start therapy: hub enrollment, benefits checks, the first dose.	Hub activity counts, not patients lost.	☐
L3 Early adherence Started → day 90	Patients who start therapy and stop before day 90.	An average compliance rate, if anything.	☐
L4 Long-term persistence Day 90 → month 12	Patients on therapy at day 90 who are gone by month 12.	An occasional persistence study.	☐

For every stage, also keep its benchmark, the value lost there, how much is recoverable, and the share of losses that is clinically appropriate (never counted as recoverable). Keep the same sources each quarter, so the trend compares like for like.

THE FOUR MEASURES

What the ladder adds up to

Earned value
Net revenue the quarter's prescriptions would deliver over the agreed treatment horizon. Potential, not revenue booked.

Realized value
Net revenue from observed paid treatment for the same patients, on Finance's approved method.

Value at risk
Earned minus realized. A gap to investigate, of which only part is addressable.

Realization Yield
Realized divided by earned, on the same populations and horizons.

ACCOUNTABLE · IN THE MEETING

PART 5 The decision record

A decision can be judged later only if its expectation was written down when it was approved. Fill one record for each decision asked for, before the meeting. The example is the one worked through in the QIBR white paper.

RECORD	EXAMPLE	THIS DECISION
Decision requested	*Fund one quarter of access support for 200 eligible patients*	
Approved cost	*$300,000 incremental*	
Central assumption	*15 point improvement in first-fill probability, 30 additional first fills*	
Expected result	*$540,000 incremental net revenue, $132,000 contribution after program cost*	
Breakeven	*21 additional first fills, about 10.4 points*	
Accountable owner	*Patient services lead, with market access*	
Evidence for the next QBR	*First-fill results for the agreed population and period, actual cost, access changes*	
Date to judge it	*When twelve-month cohort results mature*	

Every figure in the example is an illustrative assumption, not an industry benchmark or a QIBR customer result.

THREE CASES Quantify the decision so Finance can rebuild it

Show a lower, a central and an upper case. When a business case shows only upside, nobody tests it. Showing the downside invites the questions that make the decision sound.

ASSUMPTION OR RESULT	LOWER	CENTRAL	UPPER
Improvement expected (points)			
Additional patients			
Incremental net revenue			
Contribution before cost			
Cost			
Expected incremental contribution			

NOTES Decisions taken today

DECISION	VALUE A YEAR	COST A YEAR	ACCOUNTABLE OWNER	DATE TO JUDGE IT

VIGILANT · BETWEEN QBRS

PART 6 The signals and interventions log

Patients and HCPs do not exist neatly in quarters. Keep one log between QBRs: each signal of friction as it is detected, and the intervention that answers it. Bring the log to the next QBR.

SIGNAL DETECTED	STAGE	DATE SEEN	SOURCE	INTERVENTION	ACCOUNTABLE OWNER	STATUS
Payer policy change at a national plan	*L1*	*Oct 14*	*Market access*	*Prior authorization support*	*Market access lead*	*Running*

Signals worth logging: a payer policy change, a rise in rejected first fills (L1), a hub enrollment delay (L2), patients stopping early (L3). The first row is an example.

CONTINUOUS · THE NEXT QBR

PART 7 Open the next QBR with what the decisions delivered

A program can launch on schedule and change nothing. Separate two questions that are often merged: was the action delivered, and did it deliver value. A decision stays open until it has a measured result.

DECISION	EXPECTED AT APPROVAL	OBSERVED	COST: PLANNED, ACTUAL	CONTINUE, AMEND OR STOP	WHY

Keep the original expectation visible.
Open with what was implemented, what it cost, and how the observed result compares with what was recorded at approval.

Give the evidence its own clock.
An operational measure may be readable at the next QBR while the financial result is immature. An early signal does not establish the twelve-month contribution.

Separate the intervention from everything else that moved.
Payer policy, patient mix and a second initiative can shift the same measure. Say what the evidence supports and where attribution stays open.

AI-ENABLED · ALL YEAR

PART 8 What AI takes over, and what stays with people

Joining five functions' data, tying every figure to its source and keeping track of every commitment used to take more analyst time than any brand could spare, so the brand team did the integration by hand. AI changes what is practical.

THE WORK	WHAT AI DOES	WHAT STAYS WITH PEOPLE
Reading the sources	Reads finance packs, payer updates and patient services reports as they arrive.	Approving each input.
One picture	Brings the functions' data together into one picture of the brand.	Agreeing the definitions and periods.
Building the QBR	Assembles it with each figure tied to its source and period, and redoes it when a number changes.	Checking the figures the decision rests on.
The story	Drafts it from the cited figures and flags where two sources disagree.	Interpreting the results and owning the recommendation.
The record	Helps keep decisions and results up to date between QBRs.	Deciding to continue, amend or stop.

Three conditions: every figure traces back to a source a person can check; the work runs on aggregate data, with no individual patient or prescriber records; the people accountable for the brand approve the inputs and own the recommendation.

START HERE Start with one brand and one decision

1. Take the most recent QBR for one brand, and one commitment leadership will ask about again.
2. Establish whether the record holds enough to judge what was approved. The gaps are the specification for the next QBR.
3. Agree the available data and who approves each input. Settle the populations and the reporting periods.
4. Run one QBR in this order, and reopen it the quarter after.

WITH QIBR Four services for the first quarters

The QBR Value Diagnostic	Examines one brand's gaps and quantifies them commercially, which produces the brand's own figure rather than an industry one.
Platform Configuration	Tailors QIBR's pre-defined frameworks, workflows, business rules and blueprints to the way the company runs its QBR, and prepares the approved sources for use in QIBR or in the company's own approved AI environment, with every figure traced to its source.
Facilitated QBRs	Support the discussion while the team adopts the new order. The first two quarters are where the habit is set or lost.
Realization Coaching	Continues between meetings, holding progress against commitments while there is still time to adjust.

See it on your own brand qibr.ai

QIBR is pharma QBR software. It builds the QBR in one click from the brand's own data, with every figure cited to its source and its period, and opens each quarter with what the last decisions delivered. The pharma QBR, rebuilt around value.