

# Understand the doctors, *not just the list.*

HCP Planner profiles your HCP list by **what each doctor actually diagnoses, prescribes and treats** — the evidence foundation for media and creative that changes behavior.

Clinical signal, not specialty proxy

Self-serve, in-platform

Audience in minutes

# We plan media and creative around doctors we **only know as a list.**

A generic list or a specialty bucket tells you a doctor's **label** — not how they behave in the clinic. So strategy and creative start from an assumption instead of evidence, and no one can actually prove the audience is right.

- **What a list gives you**

A name, an NPI, and a specialty guess. Enough to fill a spreadsheet — not enough to understand a clinician or move them.

- **What behavior change needs**

What each doctor actually diagnoses, prescribes and treats — the real clinical signal behind how they practice and decide.

# Strategy built on a proxy is strategy you **can't defend.**

The moment a client asks "why these doctors, why this message," a specialty proxy has no answer. The work drifts to generic — and generic creative doesn't move a clinician, whether as a clinician or as a person.

- Targeting you can't explain — only justify after the fact.
- Creative grounded in a hunch about the audience — not in how they actually behave.
- Spend and attention reaching doctors who don't even treat the condition.

# Profile your list by what each doctor **actually diagnoses, prescribes and treats.**

HCP Planner replaces the specialty proxy with **real clinical signal** — an evidence-based picture of who treats the condition and how they show up clinically. Evidence your own team builds, not an assumption you inherit.

- **Clinical signal, not proxy**

Profiles built on real ICD-10, NDC and PX activity — what doctors do, not what a label implies.

- **Who actually treats it**

See the providers genuinely active in a diagnosis or drug class — identified by evidence, not assumption.

- **A picture you can show**

An audience your team built and can put in front of a client with real confidence.

# From a list of NPIs to a defensible audience — in minutes.

No queries, no scripts, no waiting on another team. Your strategists run it **directly, in-platform**, and export an audience they can stand behind — ready for the next brief.

## 01

- **Upload your list**

Drop your NPIs as a pipe-delimited CSV. Validated automatically and grouped by segment.

## 02

- **Define the clinical context**

Search ICD-10, NDC and PX codes into named clinical groups — each one a lens to profile through.

## 03

- **Profile & export**

Profile every segment, then export as XLSX or Parquet — targeting you can stand behind.

ICD-10 · NDC · PX

CSV · JSON · XLSX · Parquet

NPI validation automatic

In-platform — no scripts

# Sharper media and sharper creative — work you can defend to the client.

The deep understanding of doctors — as clinicians and as people — that compelling, behavior-change creative depends on. Built by your team, self-serve, in minutes.

- **Media you can defend**

Every HCP in the audience is there for a clinical reason you can show.

- **Creative grounded in behavior**

Messaging built on how doctors actually practice and decide — not a guess.

- **Self-serve, in minutes**

Your team owns the evidence — no scripts, no queue, no handoffs.

- **NEXT STEP**

Pick a live brand and let's profile its HCP list this quarter — then bring the evidence into the room. Walkthrough with **Vladislav Ryvkin**, Product owner · HCP Planner.