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Takeda UK charts a new course for growth

“Wind sucks. It doesn't blow. When you face the wind, you turn your back to the event that causes it,” remarks managing director of Takeda UK, Hiro Fukutomi. “Same with healthcare – we get fixed in ways of looking at things that no longer reflect what's actually going on. But at Takeda, we pride ourselves on seeing things as they really are, and responding accordingly.”

It's certainly true that Takeda has form when it comes to anticipating the effects of structural change in healthcare provision. As the first to implement the key account management approach to meeting patient needs with its network of locally autonomous regional account directors (RADs), Takeda UK in 2004 pioneered the model that has subsequently been adopted by the industry as a whole. But now the winds of change are sucking from yet another direction, the UK leadership team sees the need to alter course, with a fresh agenda to compensate for the patent expiry of two current products by entering new therapy areas, launching new molecules and building new partnerships. These changes will underpin the next phase in the company's growth in the UK.

“It's easy to forget what a radical shift the RAD model represented when it was first introduced; now the model is well established and working so well there's a perception in some quarters that we've just been coasting along since then,” observes strategic marketing director



Hiro Fukutomi

Jon Neal. “The facts couldn't be more different: Takeda has grown by almost 200% in the UK over the past five years, and the past 12 months have seen our sales curve climb more steeply than ever.”

This phenomenal growth has mainly been driven by strategic flair. Amias (candesartan cilexetil) the UK's market leading angiotensin receptor blocker for hypertension and heart failure, exemplifies the effectiveness of Takeda's integrated sales and marketing approach, establishing clear competitive differentiation and market leadership despite a minimal representative share of voice. Similarly (and quite apart from external factors such as the rosiglitazone controversy), the way that the company's two thiazolidinedione products

pioglitazone (Actos) and pioglitazone/metformin combination (Competact) have outperformed a crowded diabetes market underlines both the strength of Takeda's relationships with payers and the powerful advocacy programme that resulted from an integrated team approach.

Another recent growth driver has been the success of Prostap (leuprorelin), the luteinizing hormone-releasing hormone analogue for treating prostate cancer. Here, if evidence were needed, is proof of the Takeda effect, with sales and marketing functions working closely to revitalise a product that had shown flat sales for five years. When the licence reverted to Takeda in July 2009, the value proposition was

redefined, robust customer account plans and advocate networks were put in place and, working at every level from procurement hubs and hospital consultants in the relevant disciplines to medicines management pharmacists and practice-based and NHS commissioners, appropriate partnership solutions were devised. The new campaign was rolled out early in 2010, in an increasingly competitive and commoditised market, but despite new entrants and increasing price pressures, sales began to climb.

Uptake has been phenomenal ever since – in patient treatment months, Prostagin now has the highest absolute volume growth in the class and has gained more than 5% market share since the transfer of marketing authorisation. Prostagin was incorporated within Takeda's portfolio in less than 12 months, establishing an efficient template for adding similar products in future.

This obviously augurs well for the company's new emphasis on diverse new therapy areas, including renal medicine and oncology, to complement its strengths in primary care. Inevitably, there are obstacles to be overcome; and market access – a major hurdle for any oncology company – will be crucial. The leadership team recognises the need to apply the same culture of partnership working with the NHS to its dealings with the National Institute for Health and Clinical Excellence and other reimbursement bodies. Its first test in this respect involves Mepact (mifamurtide), Takeda's recently

launched medicine for osteosarcoma, a rare bone cancer, which is currently undergoing appraisal.

"We're a lean, agile organisation that's wholly committed to working in partnership with providers," says Neal. "And by integrating our marketing, medical, compliance, pharmacovigilance, business intelligence and market access resources, we now have the flexibility to deliver exactly what each customer needs. In a recent NHS survey, for example, 58% of providers nominated Takeda as the company that offered more 'service solutions that add value to my organisation' than any other."

"Our priority is to prepare ourselves for change before it happens," explains medical director Dr Simon McErlane. "Alongside the devolution of power to the practice consortium level, we now find ourselves with a sizeable and growing secondary care remit. So in addition to the RADs, we have responded to the

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changes from an internal and external perspective and have several customer facing teams that will meet the needs of our customers. And to operate effectively in this complex environment, they in turn need more comprehensive support from head office to ensure we remain commercially innovative. Our approach has proven that being ethical and keeping patients central to our strategy is something that customers genuinely value, so as we enter new therapy areas we'll build on the lessons of the past five years to ensure that people who would benefit from our medicines continue to have access to them."

The company has evolved accordingly, with a focused, well-structured head office support team ensuring the flexibility to deliver against such challenges in any therapy area. "For our customers it means the best of both worlds," adds Fukutomi. "The same deep knowledge of the therapy area, the same creative relationships at senior level, but now with many customer-facing teams operating at all levels of the NHS. We have a more rounded capability: more resources, better support, new checks and balances. Our unwavering focus on the patient remains, of course – it's fundamental to what we call Takeda-ism, the values that underpin the Takeda way. Therefore, where our hand can be strengthened by complementary capabilities, we're also open to working with other partners who share our vision."

"As developers of four of the world's leading medicines (candesartan, pioglitazone, lansoprazole and leuprorelin) and with a track record of innovation in UK operations to help improve patient outcomes, we're punching well above our weight in the UK," concludes Neal. "And now that we've fine-tuned our organisation to prioritise growth through innovation, our customers will find the new Takeda an increasingly valuable ally in the fight against disease. Although we're talking about evolutionary rather than revolutionary change, our customers are already noticing the difference and we're confident we now have the right approach in place to build on our success of the past five years as we move into new therapy areas."



Jon Neal

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