

Two recent studies show pharma is still flailing when it comes to market access and launch success. Katrina Megget finds industry needs to wake up and smell the coffee



The road less travelled

Once upon a time, there was a saying: have drug, got reps, will prosper. Not anymore. A drug might have all the bells and whistles but that doesn't mean it will reach the patient, a company might have an army of sales representatives but that doesn't mean healthcare professionals are going to buy in. Nimble isn't often a word used to describe pharma, but in this new reality this is exactly what industry has to become.

However, according to two recent reports, the inconvenient truth is pharma still hasn't grasped the basics of this new reality. The proof makes depressing reading – only eight promoted brands out of 1,300 launches in 2009 met the criteria for launch excellence – market dominance, promotional effectiveness and market penetration – in two or more countries, as established in the final of a trilogy of *Launch Excellence* studies by IMS Health (see box over and p22-23).

Globally fewer launches are achieving a 5% share of their therapy market one year after launch – the UK is down to less than 15% of launches meeting this mark – while market penetration has also dramatically declined. And the picture is little better post-launch, with less than 20% of drugs showing improved uptake between six and 18 months following market introduction. And it's wishful thinking for a company to create an upward turn in the so-called 'dynamic' market (new, switch and add patients), which represents 10% of the total, as the window for improving prescribing success is a mere three months after market launch. If this looks gloomy, IMS says this downward trend has "exacerbated" since 2006, when the study trilogy began.

"Most people realise that focusing on detailing isn't going to work now," says Marc Hennebert, consulting principal at IMS Health UK. "They need to focus on different things. No one has the silver >



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Redefining the Value Proposition

The recent roundtable meeting to discuss the implications of the IMS survey and data was a real eye-opener, but in many ways it confirmed the things that many of us had already suspected.



Pharma companies that have not organised themselves appropriately and whose organisations are not efficient enough to cope with the added pressures of global launch will fail. I think those who have been in the industry long enough can all give examples of both good and bad practice in this area!!

The era of salesforce dominance is either ending or ended in most markets – doctors, governments and consumers have all moved on and the days of this blunt weapon, the equivalent of television to consumer marketing, are certainly numbered – Amen!!

But to me the key aspect is the emergence of the importance of the value proposition for the product. Historically we have always looked at this as a side-show, the pharmoeconomic justification for the product, developed separately and only used to debate access issues. But what if we re-define this to mean an encapsulation of all that makes our product valuable to its stakeholders – from physicians, payers and consumers.

In this way the value proposition actually contains the product positioning and brand values and together these give it an economic context. By looking at our new products in a new way, perhaps the brand proposition can finally get beyond the classic efficacy, safety and tolerability arena, roughly top-dressed with ‘emotion’, which has been the feature of older pharmaceutical marketing.

In this context, the traditional definitions of brand positioning and essence may be going the same way as the traditional salesforce!

Dinosaur steak anyone?

Max Jackson, chief executive, EMEA & APAC, Sudler & Hennessey



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Eight excellent launches in 2009:

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|---|---|
| Acomplia (rimonabant) | Eurimpharm (anti-obesity) |
| Atripla (efavirenz/ emtricitabine/ tenofovir) | Gilead Sciences (HIV) |
| Gardasil (vaccine) | Merck & Co (HPV infection/ cervical cancer) |
| Strattera (atomoxetine) | Lilly (attention deficit disorder) |
| Champix (varenicline) | Pfizer (smoking cessation) |
| Pradaxa (clabigatran etexilate) | Boehringer Ingelheim (oral thrombin inhibitor) |
| Xarelto (rivaroxaban) | Bayer (antithrombotic) |
| Stelara (ustekinumab) | Johnson & Johnson (psoriasis) |

bullet right now, but many companies are rethinking the way they go to market and rethinking their commercial model. This doesn't mean detailing is no longer relevant, just that it's no longer sufficient."

Indeed, according to a Cegedim Dendrite study of 194 European pharma executives, 88% say it is important to change their strategy to face market access challenges, with 83% having already introduced key account managers to address this and 70% having changed their messaging to demonstrate the provision of value to healthcare providers. However, the survey shows many shortfalls in pharma's approach to this restructuring – only 7% strongly agree they can identify the relevant stakeholders and only 12% claim they are able to influence them "well" or "very well". Perhaps even more surprisingly, only 35% of companies say they are capturing information about what drives these stakeholders and how they make decisions – despite believing that understanding these very drivers is one of the most critical factors in an effective market access strategy.

Dominic Owens, planning director at Seven Stones, notes how glaring this discrepancy is. "We have seen situations on secondary care brands where they

have done a lot of KOL work and they don't think they need to speak to anyone else beyond the payers and KOLs; yet we've got tracking studies that show the majority of the market isn't ready for the product, doesn't believe in it and doesn't want it... but the clients have no cross-media planning tools to help them choose the right media for each audience and balance it against their budgets."

David Round, UK general manager at Cegedim Dendrite, is surprised by the discrepancies in the survey. "It's one thing to know who these people are but it's another to understand how they all interact and what their priorities are," he says. "Pharma is capturing information about stakeholders but it's not enough. They know who they are, how important they are and their influence, but one of the key finds is they don't understand what drives these people – is it based on finance, best health provision or novel treatment? And that's what pharma needs to know. If you don't know why they buy a product or not it's more difficult to influence the prescription."

A work in progress

This lack of stakeholder engagement is one of industry's failings when it comes to launch success, Hennebert says. Key account management might be the quick fix answer, he adds, but it's not that easy. "You can design new KAM models, but there's a retooling and reskilling that has to take place in the transition and that's still a work in progress."

The same applies to getting the value proposition right, he says – which, of course, is dependent on stakeholder engagement. This in turn should drive the branding and positioning of that brand. Max Jackson, chief executive, EMEA and APAC, at Sudler & Hennessey, says everyone is "guilty" of building the branding the wrong way. "We build it from the clinical data submission, which is efficacy, tolerability and safety. So low and behold we get messages about efficacy, tolerability and safety and then we emotionally lather it up – let's make the efficacy emotional, let's have a smiley person. So we're building it from the wrong proposition. They should be built from the value proposition because that's what's selling on the ground."

As Selwyn Leaner, creative director at Learner Adams Bones, warns, what

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60 SECONDS on... MARKET ACCESS

Anne Cunningham
Director
Insight Research Group



Why is market access strategy so important?

Achieving brand success in the modern NHS (and independent sector)

means engaging with an expanded range of stakeholders. It's vital to have a strong communications strategy that encourages clinicians to prescribe your brand, and persuades those who control finances or influence services that your product delivers superior value.

When should you be thinking about a market access strategy?

A clear strategy must be in place from pre-launch to support market entry and through the product lifecycle to manage any changes in external circumstances (e.g. new NICE guidelines). This will allow for relevant engagement with all appropriate stakeholders, including non-patient treating ones, at key stages in a product's lifecycle.

How can market research agencies help?

Agencies like Insight have access to the appropriate people and we know the kinds of issues pertinent to each of these customers, their priorities and the 'system' in which they work. This enables us to ask relevant questions and help clients develop the most compelling case when marketing their products.

With a new government, what's the outlook for market access?

A coalition government may have less appetite for contentious issues like local service redesign, while cutting the bill for branded medicines – a move already signalled with talk of 'value based pricing' – may be more palatable. The impact of policy changes on NICE, PCTs and the future of commissioning remains to be seen, but pharma companies need to convey how their brands can support change rather than add burdensome costs.

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'Just because you can find the same thing to say about your product in every market does not mean it's going to sell in every market, because it's taking no account of the customer you are talking to'

pharma thinks people want to hear is sometimes very different from what influences them to change. "We often imagine we understand what will change behaviour because we know what we 'think' they want to hear." Furthermore, he adds, evidence suggests a "unified message" won't always work. "Just because you can find the same thing to say about your product in every market does not mean it's going to sell in every market, because it's taking no account of the customer you are talking to."

Taking the regional approach

Indeed, the IMS study has discovered a new trend as pharma takes into account local variations. Some companies are now considering launching at a sub-national level – primary care trust by primary care trust – focusing first on regions where uptake should be greatest based on local priorities. While there are no examples as yet, Hennebert says many companies are starting to plan along these lines and will likely see an increase in areas where it makes commercial sense.

And don't think innovation is the trump card – innovation in itself is not a sufficient driver to achieve market access and improve uptake, Hennebert notes. If companies haven't communicated their value proposition properly, and targeted the relevant stakeholders, how innovative the drug is will be irrelevant. Novartis' high blood pressure drug Tekturna

(aliskiren) is a case in point, he says.

There is another point companies should consider when wanting to push the innovation aspect, adds Stephanie Hall, managing director at Uptake Strategies. Innovation these days often means a different mechanism of action, different formulation, delivery method, side effects, monitoring or testing. "If you're changing the paradigm – even if it's better it's different – and that's a headache and a problem." Doctors are already rushed off their feet, she says, will they really be won over by a drug that might take up more of their time? This practicality may never be considered by pharma, she says, yet it might be very much at the forefront of stakeholders' minds. This is one reason why preparation several years before launch is key.

So timelines might be shifting, stakeholder numbers growing and the checklist getting longer, yet Hennebert is optimistic that within five years companies will start to climb out of the current trough if they are aligned in their mission and have management endorsement. But first, as Round suggests, you have to accept you have a problem before you can tackle it. **PT**

This article is based on discussions at a PharmaTimes Agency Roundtable meeting. For information on attending future sessions, please contact tracy@pharmatimes.com

For more on market access:

- Unclocking market access (*PharmaTimes Magazine*, February 2010)
- A clear path to market (*PharmaTimes Magazine*, December 2009)
- What the heck is market access? (*PharmaTimes Magazine*, November 2009)