

2020 Collection

Covid-19 related Insights & Recommendations

- Covid-19 Outbreak & Business Continuity p.2
- Engaging HCPs in Post Covid-19 Era p.15
- Global Pharma Market & Covid-19 Impact p.33
- Med Reps Survival Post-Covid-19 p.50
- Omnichannel Best Practices p.69
- Digital Pharma Promotion (bonus) p.86

Market Insights

- French Retail Pharmacies p.104

Management

- High Performance Brand Plans p.130
- Pharma Training Programs Catalogue p.145

Covid-19 Outbreak & **Business Continuity**

— SMART TOOL SERIES (#2) —

4 Practical **Recommendations**

Position Paper

March 17, 2020

1. Introduction

The Covid-19 outbreak is leading to an exponential increase of deaths which has obliged governments to make drastic decisions to limit the propagation of the virus in their country

- The Coronavirus disease 2019 (Covid-19) has spread in 124 countries and led to 6,500 deaths¹, especially amongst patients suffering from chronic diseases² and/or very old ones³
- Governments have implemented different strategies according to the stage of the outbreak:
 - **Stage 1:** The priority is to control the entry of infected people in the country through early identification
 - **Stage 2:** The strategy consists in slowing down the spread of the virus by identifying clusters⁴ and limiting contacts with non-infected people by social-distancing (e.g. limiting people gathering) and closure policies (e.g. schools)
 - **Stage 3:** This third stage corresponding to the circulation of the virus across the country, the strategy is to reduce clusters of cases and mobilize healthcare structures and healthcare professionals to limit the possible lethal effects of the virus



1. Introduction

To help pharma companies run their operations, as efficiently as possible, in a context of social-distancing and closure measures, Smart Pharma proposes 4 practical recommendations

- The business continuity of companies is getting affected by social-distancing measures and closure policies implemented by governments in the USA, the top 5 European countries¹, China and Japan which together account for ~75% of the worldwide pharma market in value
- In addition to these measures, several pharma companies have self-imposed even more restrictive measures such as:
 - Travel restrictions
 - Working from home to reduce virus transmission between colleagues and for in-field employees² to or from healthcare professionals
- These restrictions will be soon applied by a much larger number of pharma companies which must however continue to ensure their operations are run with as much as possible efficiency
- For so doing, Smart Pharma Consulting proposes – a non-exhaustive – list of 4 practical recommendations which can be easily and immediately implemented

**Biogen***Lilly*

1. Introduction

We have selected four themes for which we propose recommendations, especially for affiliates of pharma companies particularly affected by measures related to the Covid-19 outbreak

Activities Prioritization

E-Meeting Management

HCP Relationship Management

Collaborators Engagement

“Covid-19 situation will offer opportunities to open-minded managers with an entrepreneurial mindset”

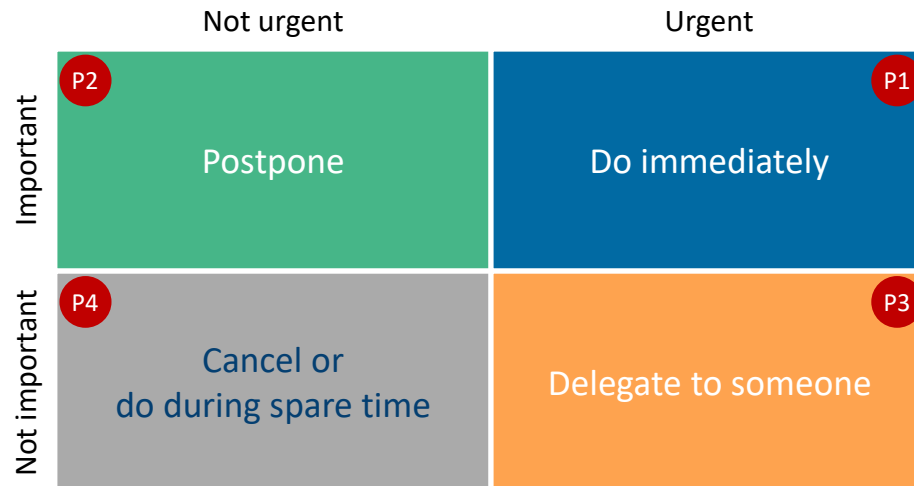
2. Recommendations

The Eisenhower Matrix is a practical and easy-to-use tool to help select activities to focus on and those to postpone or cancel

Activities Prioritization (1/2)

When resources cannot be optimally mobilized, prioritization is more than ever essential, without compromising on quality

Eisenhower¹ Matrix



Make a specific to-do list with all the things to get done

- This Matrix is a tool to **prioritize activities based on importance and urgency**
- **Important** activities contribute to **meet long-term goals** and **urgent** ones to **meet short-term goals**, requiring immediate action
- A great attention should be paid at evaluating:
 - What activities should be done?
 - When and by whom?
- This matrix helps sort out **activities to focus on** and those that should be **postponed** or even **ignored**
- A daily, weekly, monthly... **schedule** of activities will be set considering their degree of priority **based on importance and urgency**

P Priority ranking

2. Recommendations

Take time to plan carefully your activities and you will end up saving time

Activities Prioritization (2/2)

Activity Planning Tools

Weekly time log	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Lunchtime					
Afternoon					
Evening					

Morning time log	Activities	Priority ¹	Afternoon Time log	Activities	Priority ¹	Remarks
≤8:30			14:00			
9:00			14:30			
9:30			15:00			
10:00			15:30			
10:30			16:00			
11:00			16:30			
11:30			17:00			
12:00			17:30			
12:30			18:00			
13:00			18:30			
13:30			≥19:00			

- The purpose of this tool is to help you organize your activity and make sure you will focus your time and effort at your 2-3 top priorities (P1) to reach your main goals and set deadlines
- It is not only a planning tool but also a diagnostic tool to check if you allocate your time in an optimal way
- Your most challenging² activities should be slotted into your most productive (high-energy) time of the day
- The time log should be filled up (on a notebook or an electronic device³), ideally, at the end of the previous week or day, accordingly, which should not take more than 10-15 minutes

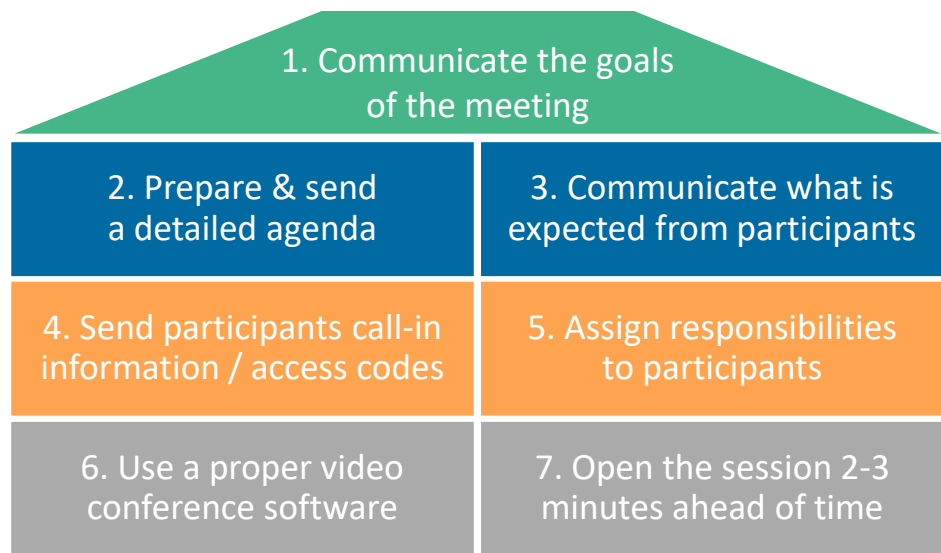
2. Recommendations

**If well-prepared and properly managed to keep all participants engaged,
E-meeting may be as effective as face-to-face meetings, while saving time and money**

E-Meeting Management (1/2)

Social-distancing and closure measures to limit transmission of the Covid-19 oblige companies to replace face-to-face meetings by virtual or remote meeting

7 Tips for Proper E-meeting Preparation



1. Setting clear meeting goals will help define who should attend
2. A detailed agenda, with timelines (considering different time zones, if any) should be defined and sent to participants¹ in advance...
3. ... along with background information and their respective role, for review and preparation
4. Participants should get the information to call into the meeting
5. Some of them will be assigned responsibilities such as: facilitator, time-keeper, note-taker, bridge moderator², technical support³
6. The most widely used tools for video conferences, in business environment are: Zoom, Skype (Microsoft), Webex (Cisco), knowing none of them is free from dysfunction
7. The host will check, few minutes ahead of time, that the teleconference tool works properly, so that to start on time

2. Recommendations

The strict implementation of the following 10 tips will help run successfully E-meetings

E-Meeting Management (2/2)

10 Tips to well-run an E-meeting

E-Meeting Starter

1. Use an icebreaker to create a positive atmosphere and get people on board
2. Recall the goals of the e-mail and what is expected from each participant
3. Show the agenda (with short breaks of 5-10 minutes every hour or hour and half)
4. Set meeting ground rules

E-Meeting Running

5. Maximize discussion time over presentation time¹
6. Give a chance to each participant to express himself
7. Avoid people speaking over each other by ensuring a strict application of E-meetings ground rules
8. Keep participants engaged and the meeting interactive by:
 - Making short talk
 - Calling on them to give regularly their opinion
 - Using video (shared screen, camera, etc.)
 - Putting the microphone on mute when not talking to avoid background noise

E-Meeting Follow-up

9. Send a clear – precise – concise follow-up e-mail that summarizes:
 - Key information shared
 - Decisions made
 - Key takeaways
 - Actions to be carried out and by whom
10. A minute will be sent out to people who need to be kept informed about the outcomes


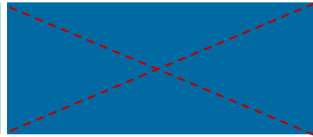
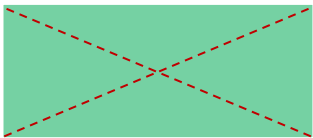

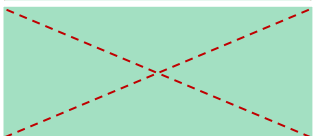
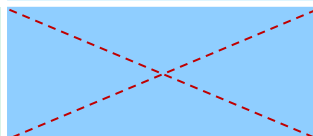
2. Recommendations

Pharma companies should consider the individual position of HCPs and of their in-field collaborators before deciding which strategy to adopt to stay connected to their “clients”

HCP Relationship Management (1/2)

Social-distancing measures and HCPs increasing workloads due to the Covid-19 outbreak prevent in-field collaborators from maintaining regular contacts with their “clients”

Situation Analysis

		In-field collaborators	
		F/F Interactions	E-Interactions
Healthcare Professionals	F/F Interactions		
	E-Interactions		
	No Interactions		

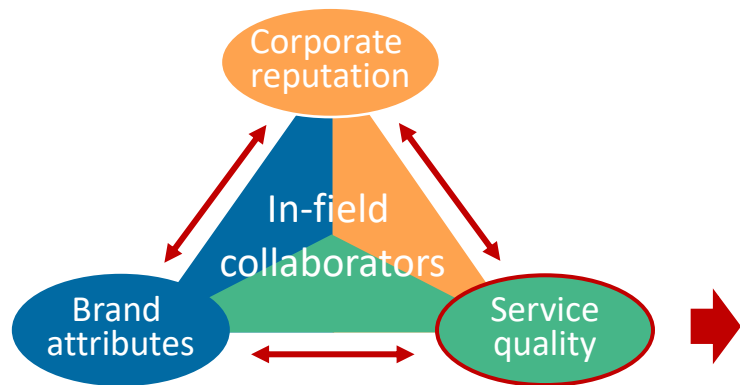
- In the context of the Covid-19 outbreak, in-field collaborators¹ are facing strong difficulties to maintain interactions with HCPs
- HCPs can adopt 4 behaviors vis-à-vis in-field collaborators:
 - Refuse all types of interactions with in-field collaborators
 - Accept F/F (face-to-face) interactions only
 - Accept E-interactions (i.e. remote) only
 - Accepts F/F and E-interactions
- In-field collaborators can adopt 3 behaviors:
 - Accept F/F interactions only
 - Accept E-interactions only
 - Accept F/F and E-interactions
- The challenge for pharma companies is to remain connected with their “clients” by adopting the appropriate behavior

2. Recommendations

The offering of high-value services to support HCPs, patients and/or medical institutions in the context of the Covid-19 outbreak, may be rewarding for pharma companies, if well executed

HCP Relationship Management (2/2)

Brand Preference Mix (BPM)¹



- The BPM determines the 3 drivers to be activated to enhance prescriber preference, and thus to optimize market share¹
- In the Covid-19 context, priority should be given at offering services in relation to the outbreak

Covid-19 Outbreak-related Services

- Social-distancing and closure measures in place in most countries affected by the Covid-19 have compelled employees to stay at home
- This unfortunate situation may be an opportunity for pharma companies to offer HCPs, patients and/or institutions new services
- The proposed services should respond to a real need and be preferably connected to the management of the Covid-19 outbreak
- Pharma companies and their collaborators should be:
 - Legitimate to offer these services
 - Capable to deliver a high level of service quality
- In-field collaborators are best positioned to identify possible services
- Unsolicited communication on non-essential and urgent information regarding promoted brands would be viewed as inappropriate

2. Recommendations

While collaborators are encouraged or requested to work from home, their manager must be particularly supportive¹ and communicate regularly to reassure them and give precise direction

Collaborators Engagement (1/2)

As the Covid-19 continues to spread, governments and companies are asking people to work remotely, as much as possible, which is a real challenge in terms of motivation and engagement



7 Tips to Working from Home Effectively

1. Start and end your day with a routine (e.g. preparing a coffee, shutting down the computer) that defines the workday
2. Schedule breaks (e.g. one or two breaks of 10 minutes in the morning and the afternoon, plus a 45 to 60 minutes lunch break)
3. Set ground rules with household members (especially if schools and day care are closed) so that to remain concentrated on your work
4. Keep a dedicated office space for work and use a noise-canceling headphone to avoid getting distracted by family members
5. Get the right equipment (e.g. a monitor for your laptop, a printer, a proper access to Internet, a webcam) and the right applications (e.g. Microsoft Teams, Skype, GoTOMeeting, Zoom, Slack) to facilitate remote interactions
6. Interact regularly with your colleagues and manager to prevent loneliness which makes people feel less motivated and productive
7. Get clear objectives from your manager while working from home, and set up frequent (daily or at least weekly) progress meetings

2. Recommendations

Collaborators could be proposed online training to further develop their skills, spend time on planning activities and be involved in a contest to propose better ways of doing business

Collaborators Engagement (2/2)

3 Suggestions to keep Collaborators Engaged and Productive¹

Set up Online Trainings

- The Covid-19 crisis offers an opportunity to propose online training courses to collaborators
- These E-learning programs should be designed considering that most collaborators work from home²
- No compromise on the quality of the program should be accepted...
- ... nor on the relevance for the employees to undergo a specific training

Give Priority to Planning Activities

- In general, planning activities are not devoted enough attention due to the daily workload of collaborators
- The crisis leading to cancelation of many meetings, the time freed up could be invested to raise the quality of plans (e.g. brand plans, in-field collaborators action plans) by:
 - Revisiting the existing ones
 - Devoting more time at developing new ones

Launch a Creative Business Operation Contest

- The disruption created by the Covid-19 outbreak is conducive to rethink business operation status quo
- Companies should launch a “creativity contest” for its collaborators to find new ways of doing business, along their value chain, so that to:
 - Increase their operational efficacy and efficiency
 - Better interact with and serve their “clients”

3. Key takeaways

These recommendations intend to help pharma companies ensure the continuity of their business while complying with their internal rules and the national measures imposed by governments

Our 4 Practical **Recommendations**

Activities Prioritization

- Priority activities, in the context of Covid-19 outbreak, are those contributing firstly to protect the companies' collaborators, their families and clients...
- ... and secondly to maintain the continuity of the business by ensuring the essential tasks¹

E-Meeting Management

- The generalization of E-meetings, during the Covid-19 crisis, requires to train all collaborators on "best practices"...
- ... and to strictly apply the corresponding rules to ensure their efficacy and efficiency

HCP Relationship Management

- Face-to-face interactions with HCPs becoming very difficult, if not impossible,...
- ... in-field collaborators should try to remain connected by proposing services to help better manage the Covid-19 outbreak

Collaborators Engagement

- Collaborators, not familiar with work from home, should receive guidance and advice to adjust and be productive
- They should be proposed online trainings, devote time to build high-quality plans and participate to a "Creative Business Operation" contest ; to make the best use of time



Engaging HCPs in Post-Covid-19 Era

— SMART TOOL SERIES (#3) —

Pre-defined Priorities for Pharma Affiliates

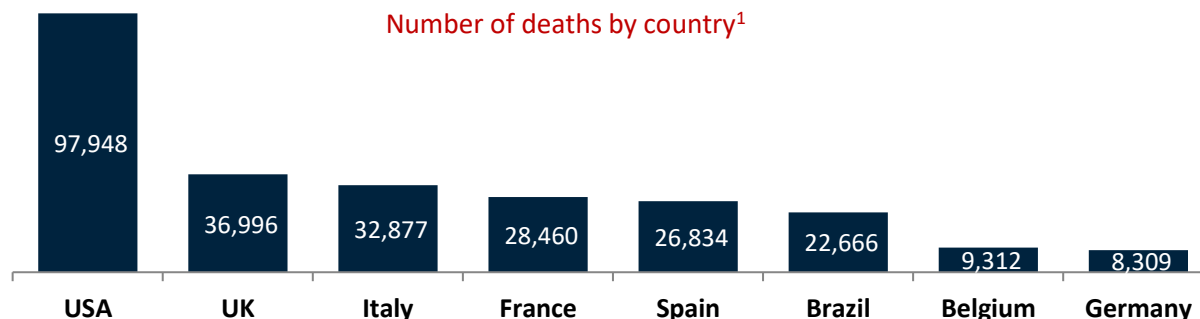
Position Paper

May 2020

Introduction

The Covid-19 crisis is likely to leave permanent after-effects that Pharma Affiliates should seize to rethink their business priorities

- The Coronavirus disease 2019 (Covid-19) has spread in 227 countries and led to 344,503 deaths¹, of which 76% are concentrated in 8 countries
 - Half of the global population has been asked or ordered to stay at home by their government, with varying stringencies, to slow the spread of the outbreak
 - However, considering that most countries are starting to lift, step by step, lockdown restrictions, at this stage of the pandemic, Pharma Affiliates should:
 - Imagine how the Post-Covid-19 Era is going to change HCPs behavior
 - Anticipate the impact of these changes on engaging HCPs
 - Adapt the strategy, tactics and/or organization to these HCP behavioral changes
- “The Covid-19 may offer a real opportunity for Pharma Affiliates to rethink their commercial operations”**



Introduction

In a previous position paper entitled “**Covid-19 & Business Continuity**”¹, we have made practical recommendations on 4 topics to ensure business continuity during the lockdown

Activities Prioritization

- Prioritize activities contributing firstly to protect the companies’ collaborators, their families and clients...
- ... and secondly to maintain the continuity of the business by ensuring the essential tasks²

E-Meeting Management

- The generalization of E-meetings requires to train collaborators on “best practices”...
- ... and to strictly apply the corresponding rules to ensure their efficacy and efficiency

HCPs Relationship Management

- Face-to-face interactions with HCPs becoming very difficult, if not impossible,...
- ... in-field collaborators could remain connected by proposing services to help HCPs manage the situation

Collaborators Engagement

- Collaborators, not familiar with work from home, should receive guidance to adjust and be productive
- They could be trained online, build high-quality plans and participate to imagine the Post-Covid-19 world

Introduction

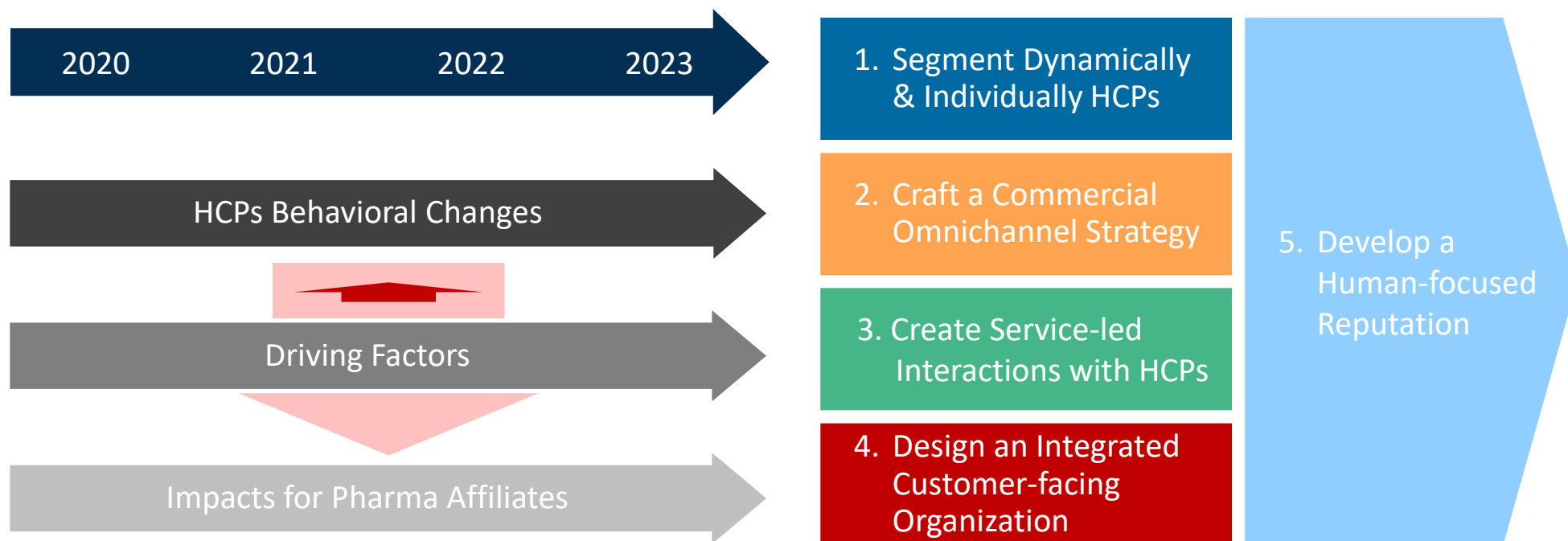
To optimize HCPs engagement in the Post-Covid-19 Era, Smart Pharma Consulting proposes a method and selected tools, while pre-defining five essential business priorities

– Part 1 –

HCPs Behavioral Changes & Impacts

– Part 2 –

Pre-defined Priorities

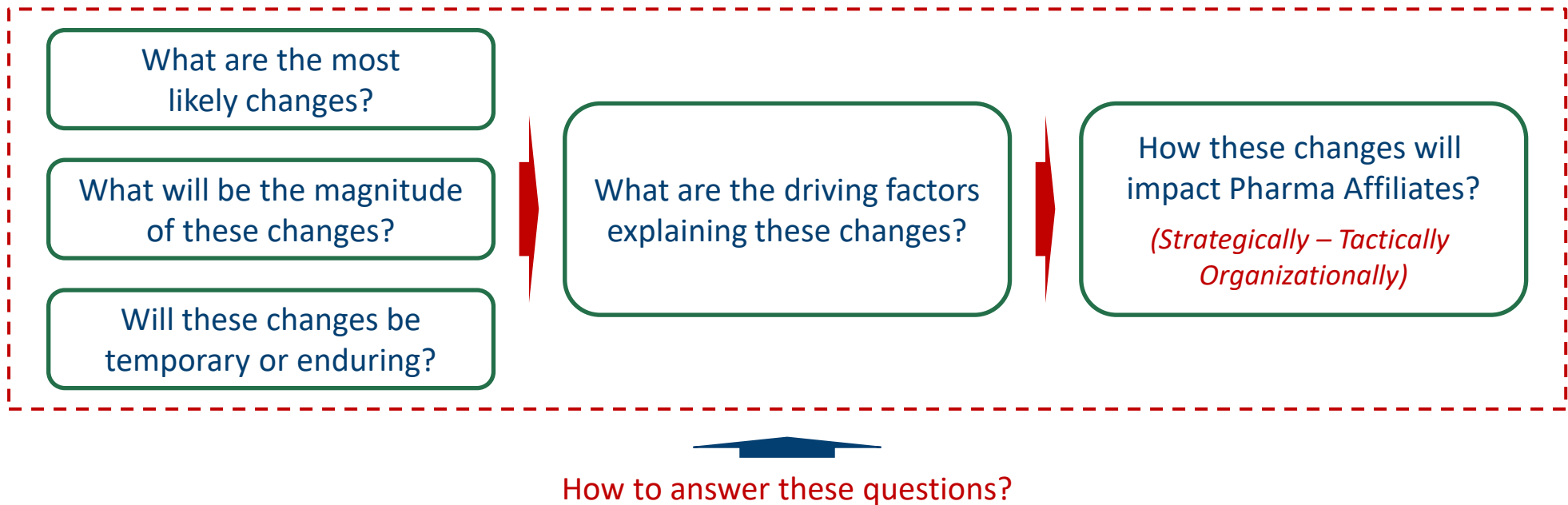


Part 1 – HCPs Behavioral Changes & Implications

At this stage of the crisis, it is impossible to figure out to which extent HCPs behavior with Pharma Affiliates is going to change, but it is the right time to start investigating

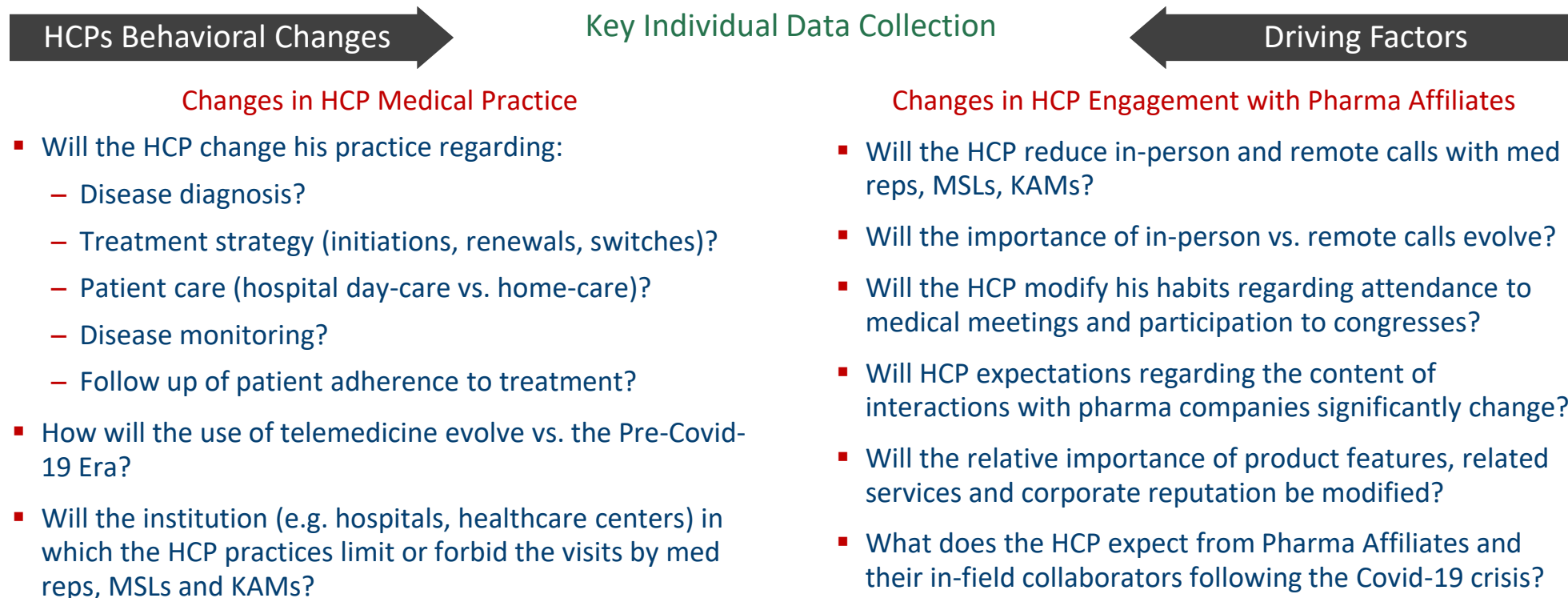
Issues to be addressed

- Regarding HCPs behavioral changes induced by the Covid-19 outbreak and relevant to Pharma Affiliates, the following key issues should be addressed:



Part 1 – HCPs Behavioral Changes & Implications

The most relevant method to prefigure the Post-Covid-19 behavior of HCPs is to collect data from each individual HCP, by in-field collaborators of Pharma Affiliates



Each question should be completed by the question “WHY?” to identify the corresponding driving factors

Part 1 – HCPs Behavioral Changes & Implications

Changes in medical practices and engagement with Pharma Affiliates will vary in duration and magnitude according to each HCP and will have specific impacts at Pharma Affiliates

Impacts for Pharma Affiliates

Data Analysis (1/2)

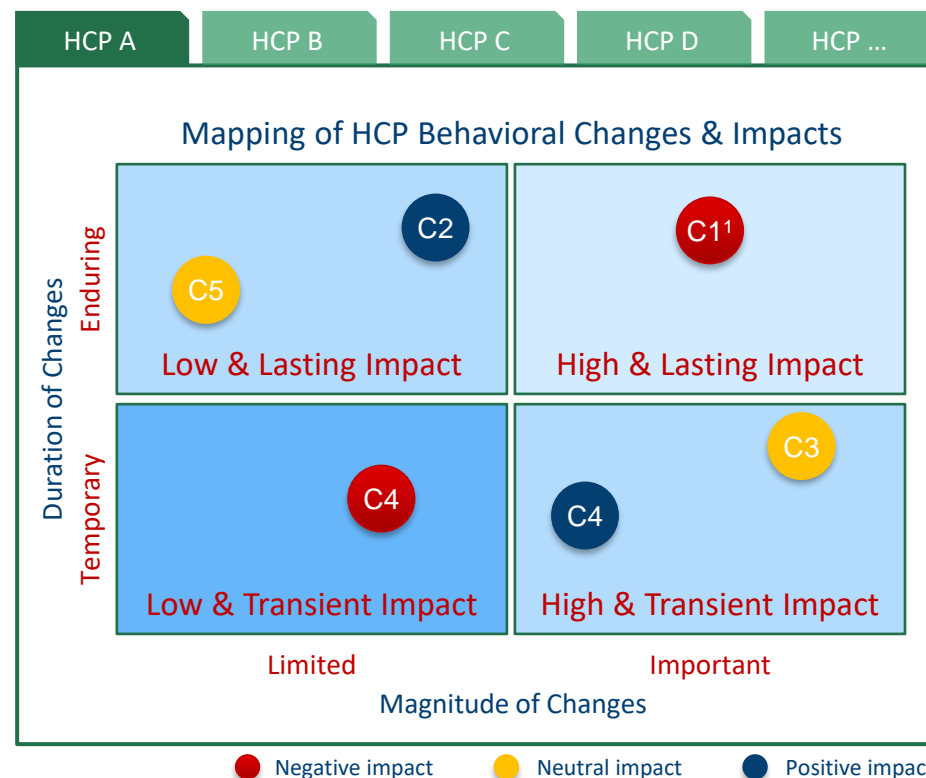
Changes in HCP Medical Practice

- Will the HCP change his practice regarding:
 - Disease diagnosis?
 - Treatment strategy (initiations, renewals, switches)?
 - Patient care (hospital day-care vs. home-care)?
 - Disease monitoring?
 - Follow up of patient adherence to treatment?
- How will the use of telemedicine evolve vs. the Pre-Covid-19 Era?
- Will the institution (e.g. hospitals, healthcare centers) in which the HCP practices limit or forbid the visits by med reps, MSLS and KAMs?

Changes in HCP Engagement with Pharma Affiliates

- Will the HCP reduce in-person and remote calls with med reps, MSLS, KAMs?
- Will the importance of in-person vs. remote calls evolve?
- Will the HCP modify his habits regarding attendance to medical meetings and participation to congresses?
- Will HCP expectations regarding the content of interactions with pharma companies significantly change?
- Will the relative importance of product features, related services and corporate reputation be modified?
- What does the HCP expect from Pharma Affiliates and their in-field collaborators following the Covid-19 crisis?

Each question should be completed by the question “WHY?” to identify the corresponding driving factors

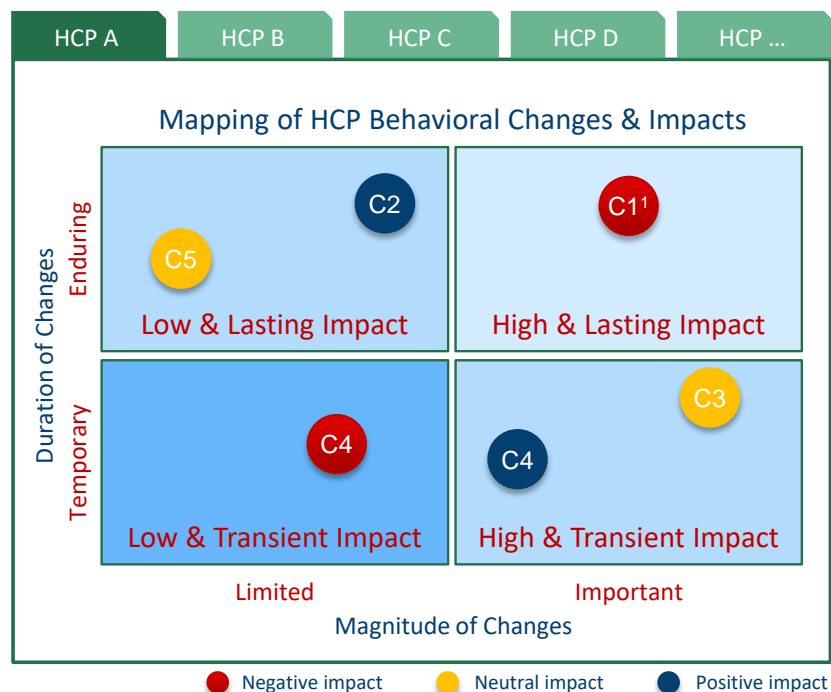


Part 1 – HCPs Behavioral Changes & Implications

The identification of each HCP behavioral changes will help Pharma Affiliates figure out the strategic, tactical and organizational adjustments to be made to optimize their performance

Impacts for Pharma Affiliates

Data Analysis (2/2)



Strategic Impact

- Which HCPs should be targeted by in-field collaborators?
- How to reinforce the brand value by strengthening the three components of the “Brand Preference Mix”:
 - Product attributes?
 - Associated services?
 - Corporate reputation?

Tactical Impact

- Which interaction channels should be used per HCP?
- Who, from the pharma affiliate, should preferably engage with each of the targeted HCPs?
- How to adapt the content of interactions to each HCP?
- What is the optimal level of interaction per HCP?

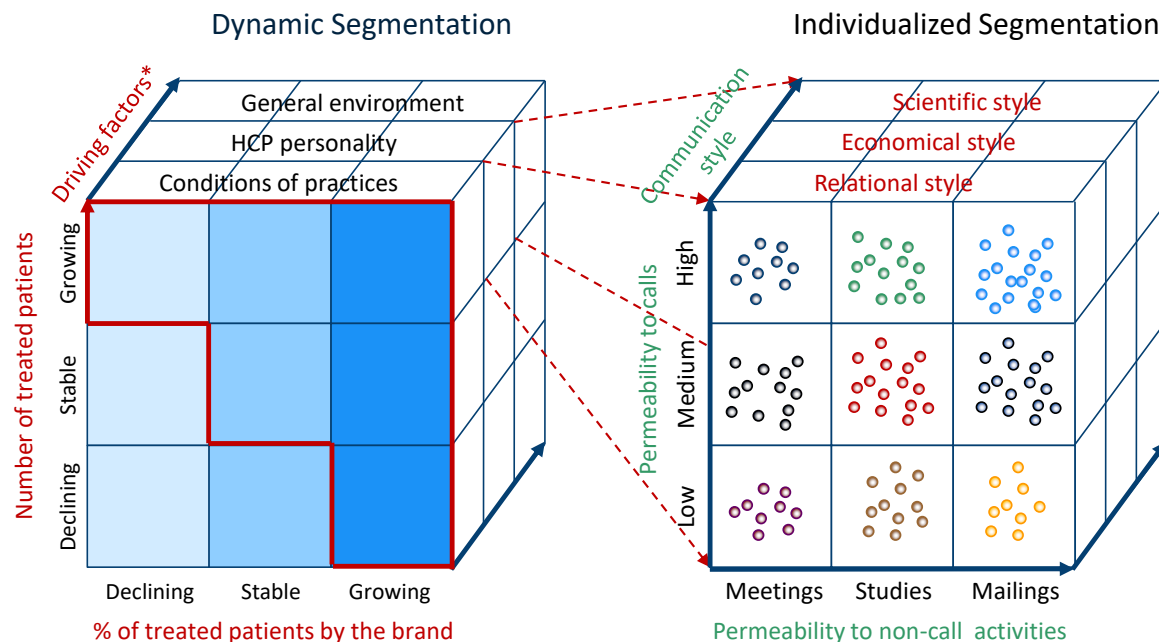
Organizational Impact

- How to design / redesign the pharma affiliate organization re.:
 - Activities and competencies of in-field collaborators?
 - Structure² of medico-marketing and sales departments?
 - Key processes associated to interactions with HCPs?
 - Cultural aspects of HCPs engagement management?
- to best support the revised strategy and the tactics

Part 2 – Pre-defined Priorities

The individual and dynamic segmentation of HCPs enables to optimize their targeting and to define the most efficient level and nature of interactions to modify favorably their behavior

1. Segment Dynamically & Individually HCPs



- The dynamic and individual segmentation is based on behavioral criteria and designed to optimize the efficacy and efficiency of medico-marketing and sales interactions per HCP
- This approach has been formalized by Smart Pharma Consulting under the name of BPS¹ and consists in:
 - Segmenting dynamically each HCP, based on the evolution of its number of treated patients and of the weight of the pharma affiliate brand used
 - Determining the key factors driving each HCP behavior (environment, personality and practice)*
 - Evaluating the degree of permeability (accessibility and sensitivity) to medico-marketing and sales activities and channels (e.g. calls, meetings, studies)
 - Adapting the activity and channel mix, as well as the communication style to the personality dominance of each HCP (relational, economic, scientific)

* Environment (e.g. patient flow, regulations, public health initiatives, reimbursement, drug prices, influencers)
 Personality (e.g. early adopter, laggards, price-sensitive, science-driven)
 Medical practice (e.g. hospital vs. office-based practice, prescribing habits, involvement in clinical studies)

Part 2 – Pre-defined Priorities

The Individual HCP Portrait keeps a track record of each HCP behavior regarding the marketed brands and his permeability¹ to medico-marketing and sales interactions, and his personality traits

1. Segment Dynamically & Individually HCPs

Individual HCP Portrait

HCPs	Total patients / Brand MS ²	Permeability to Calls / Non-calls	Personality dominance
A	Growing / Stable	High / Mailings	Relational
B	Stable / Growing	High / Meetings	Scientific
C	Stable / Stable	Medium / Meetings	Economic



Individual Resource Allocation per HCP

HCPs	Calls #	Meetings #	Studies #	Mailing #	Messages / Style
A	10	2	0	3	Dialogue / Services
B	6	3	0	0	Scientific
C	4	3	0	2	Economic

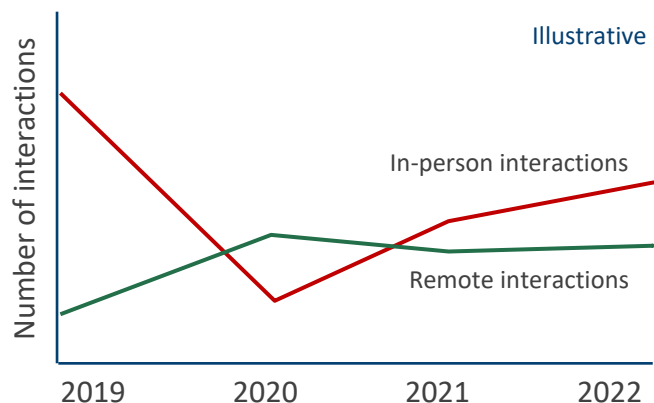
- It is necessary to collect, store, analyze and retrieve for each HCP:
 - The impact of his behavior re. the number of treated patients and the market share of the pharma affiliate brands
 - His permeability to medical calls and other non-call activities
 - His personality traits
- In-field collaborators should be involved in the collection of those data, which should be updated on an ongoing basis
- The “Individual HCP Portrait” is used to set, per HCP:
 - The optimal level and mix of medico-marketing and sales activities
 - The appropriate message content and style of communication
 - This proposed approach helps to acquire a better understanding of factors driving HCPs behavior, and especially their brand preference

Part 2 – Pre-defined Priorities

The absolute priority for Pharma Affiliates is to maintain regular contacts with each targeted HCP by offering the content he wants through the coordinated combination of channels he prefers

2. Craft a Commercial Omnichannel Strategy

Evolution of in-person vs. remote interactions between Pharma Affiliates & HCPs



- In the Covid-19 outbreak context, in-person interactions between pharma affiliates and HCPs have fallen and been partially offset by remote contacts
- Until the Covid-19 crisis occurred, ~70% of medico-marketing and sales total interactions were coming from in-person contacts
- If most HCPs expect in-person interactions to resume after the crisis, they will reduce the overall number of interactions with in-field collaborators¹, while increasing the weight of remote interactions in their contact mix²
- Therefore, to keep regular contacts with HCPs, Pharma Affiliates can craft an omni-channel strategy which consists in using multiple channels (media) in an integrated approach to optimize their impact
- For so doing, every channel must inter-relate to provide HCPs with consistent and high-value content provided by multiple sources

Part 2 – Pre-defined Priorities

Digital channels are not the panacea to cope with the Post-Covid-19 Era but, if well-executed and integrated into an individualized omni-channel strategy, they can help engage HCPs

2. Craft a Commercial Omnichannel Strategy

Five Rules for an Effective Omnichannel Strategy per Individual HCP



Rule #1

Identify each HCP preferred channels and usage patterns (e.g. frequency, time of the day, duration)

Rule #2

Select one or several channels (in-person and/or remote, non-digital and/or digital) to be combined, according to the sought objective (e.g. message to convey, partnership to propose, service to offer)

Rule #3

Adapt the content and the format to the channel specificities

Rule #4

Plan carefully the execution of the omnichannel strategy while defining the right sequence of channels and the right timing

Rule #5

Monitor the quality of execution with KEIs¹ and the impact of the omnichannel strategy with KPIs²

Part 2 – Pre-defined Priorities

The purpose of service-led interactions is to secure access to stakeholders, and especially to HCPs, while boosting their preference for the company's product portfolio

3. Create Service-led Interactions with HCPs¹

- In the case of physicians, an interaction (e.g. medical call, medical meeting) perceived as a service will lead to more regular contacts and...
- ... to a better memorization of the interaction content, a higher probability to convince them and an increased preference to the company's product portfolio

- A service-led interaction is characterized from the...



... Physician perspective...

... Med Rep perspective...



... by an interaction which is...

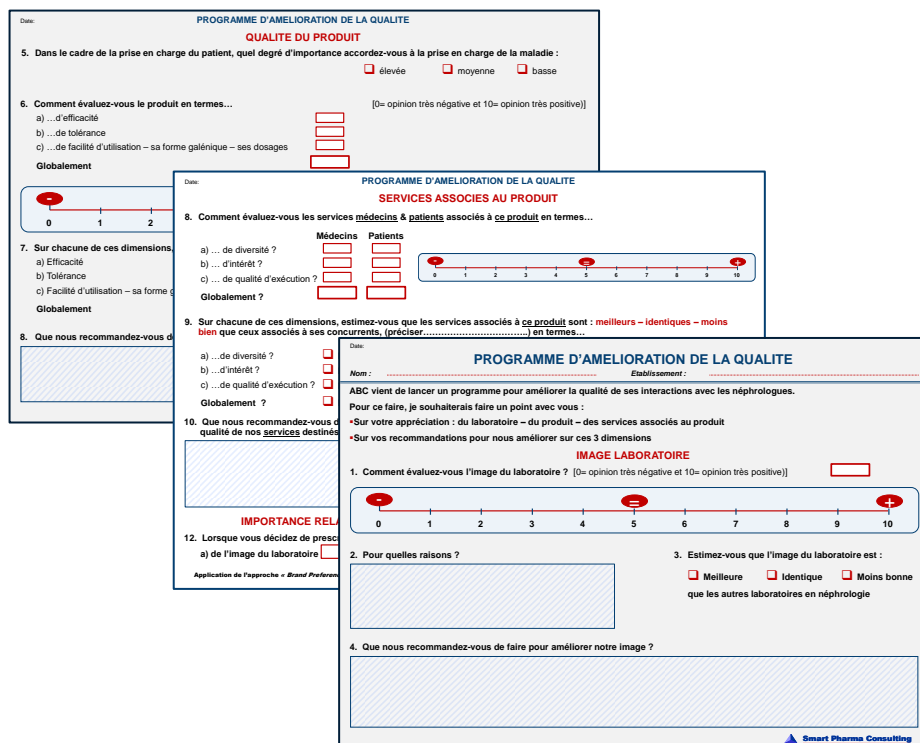
- ... Interesting
- ... Useful
- ... Well executed

- ... Memorable
- ... Convincing
- ... Preferential

Part 2 – Pre-defined Priorities

The medical reps should measure once a year, during a face-to-face meeting, the opinion of each physician, and its evolution, regarding the quality of their interactions

3. Create Service-led Interactions with HCPs¹



PROGRAMME D'AMELIORATION DE LA QUALITE
QUALITE DU PRODUIT

5. Dans le cadre de la prise en charge du patient, quel degré d'importance accordez-vous à la prise en charge de la maladie : ☐ élevée ☐ moyenne ☐ basse

6. Comment évaluez-vous le produit en termes... [0= opinion très négative et 10= opinion très positive]

a) ... d'efficacité ☐

b) ... de tolérance ☐

c) ... de facilité d'utilisation – sa forme galénique – ses dosages ☐

Globalement ☐

7. Sur chacune de ces dimensions :

a) Efficacité ☐

b) Tolérance ☐

c) Facilité d'utilisation – sa forme galénique – ses dosages ☐

Globalement ☐

8. Que nous recommandez-vous de faire pour améliorer notre image ?

PROGRAMME D'AMELIORATION DE LA QUALITE
SERVICES ASSOCIES AU PRODUIT

8. Comment évaluez-vous les services **médecins & patients** associés à ce produit en termes... [0= opinion très négative et 10= opinion très positive]

a) ... de diversité ? ☐

b) ... d'intérêt ? ☐

c) ... de qualité d'exécution ? ☐

Globalement ? ☐

9. Sur chacune de ces dimensions, estimez-vous que les services associés à ce produit sont : **mieux – identiques – moins** bien que ceux associés à ses concurrents, (préciser...) en termes...

a) ... de diversité ? ☐

b) ... d'intérêt ? ☐

c) ... de qualité d'exécution ? ☐

Globalement ? ☐

10. Que nous recommandez-vous de faire pour améliorer notre image ?

PROGRAMME D'AMELIORATION DE LA QUALITE
IMAGE LABORATOIRE

1. Comment évaluez-vous l'image du laboratoire ? [0= opinion très négative et 10= opinion très positive]

2. Pour quelles raisons ?

3. Estimez-vous que l'image du laboratoire est : ☐ Meilleure ☐ Identique ☐ Moins bonne que les autres laboratoires en néphrologie

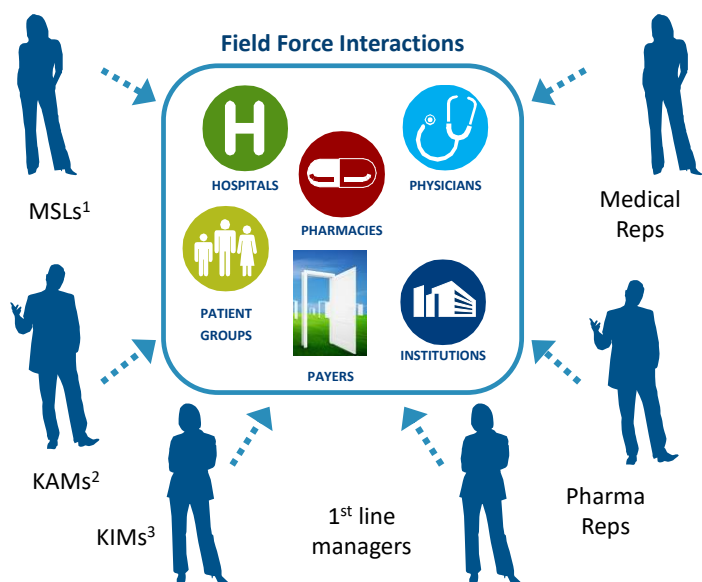
4. Que nous recommandez-vous de faire pour améliorer notre image ?

- The evaluation of the quality of the medical calls, as perceived by each physician, can be integrated in the measurement of the three components of the Brand Preference Mix:
 1. The perception of the promoted brand (efficacy, safety, convenience)
 2. The quality of the services proposed, amongst which the content of the medical calls
 3. The reputation of the Pharma Affiliate
- This measurement provides the medical reps with:
 - A better knowledge and understanding of the physician
 - A more robust identification of the specific actions and messages the most likely to strengthen the brand preference

Part 2 – Pre-defined Priorities

To achieve Excellence in Execution, companies must design a holistic organizational system that will foster the search for excellence by all their collaborators, front line and back-office ones

4. Design an Integrated Customer-facing Organization



- **Field Force Activities:**
 - Stop activities having no significant impact to raise / maintain brands' value
 - Acquire a high level of market insights⁴
 - Propose and deliver highly valued services, and leverage the corporate image⁵
- **Field Force Structure:**
 - Set up a flat organizational chart to favor accountability and empowerment
 - Design an adaptative structure that can be easily modified to environment changes
 - Co-position functions (e.g. MSLS and medical reps) that share the same customers
- **Field Force Processes:**
 - Foster / impose cross-functional collaboration and cohesion to leverage synergies
 - Carefully plan key activities and monitor the quality of their execution and their impact with key execution indicators (KEIs) and key performance indicators (KPIs)
- **Field Force Culture:**
 - Develop a culture of customer preference to increase brand market share
 - Encourage pro-activity, agility and experiment to find solutions to excel in execution

Part 2 – Pre-defined Priorities

Covid-19 crisis has shown the fragility of our overall society and led many citizens, including HCPs, to reflect on the meaning of their life and to refocus their priorities on human values

5. Develop a Human-focused Reputation

Pharma Industry Reputation & Covid-19 Crisis

- Most pharma companies have been exemplary in managing their collaborators and their customers since the beginning of the Covid-19 outbreak:
 - They have shown kindness to their employees for whom the lockdown has been a challenge
 - They have secured the supply of drugs on the hospital and retail pharma markets
 - They put themselves at disposal of stakeholders, especially HCPs in case of specific needs
- They have a great opportunity to strengthen ties with their collaborators – even if these ties remain fragile considering the upcoming economic crisis and increasing price pressure expected on drugs

Implications for Pharma Affiliates Reputation

- If the pharma industry reputation is unlikely to change dramatically, as a result of the Covid-19 crisis, there is, however, a window of opportunity for individual affiliates
- Corporate reputation is particularly important to enhance HCPs brand preference when products are little differentiated, which is the great majority of cases
- Pharma corporate reputation, from HCPs perspective, is mainly driven by:
 - The quality of their product pipeline and portfolio
 - The quality of their relationships
 - The quality of services offered to HCPs and patients
 - Their societal commitments and their “HUMANITY”

“The general feeling is that so far, pharma companies did the job”

Part 2 – Pre-defined Priorities

Pharma Affiliates should craft and implement a strategy to do “business with more humanity” and communicate regularly on the corresponding benefits for its stakeholders

5. Develop a Human-focused Reputation

Why Pharma Affiliates should be Human-focused?

- During the Covid-19 crisis, pharma companies and their affiliates have shown their humanity by giving priority to the security of their employees and by supporting their customers
- It is probably the right time for pharma CEOs to manage their company for the benefits of all stakeholders (i.e. employees, customers, suppliers, communities, shareholders)
- Customers, including HCPs, want – more than ever – to interact and collaborate with companies having put human relationships at the heart of their corporate purpose



5 Imperatives Pharma Affiliates should put in Practice¹

1. Meet or exceed HCPs and other customers (e.g. patients, PAGs, payers, health authorities) expectations
2. Invest in employees by offering fair compensation, supporting their development while respecting them
3. Deal fairly and ethically with suppliers
4. Implement corporate social responsibility (CSR) programs likely to have a significant benefit for the society on economic, social and environmental aspects
5. Generate long-term value for shareholders by being a human-focused company and proving it on a day-to-day basis

“In the Post-Covid-19 Era, customers will favor companies with a deep human purpose”

3. Key takeaways

These five pre-defined priorities should help Pharma Affiliates adjust to the change of the HCPs expectations, so that to keep them engaged in the Post-Covid-19 Era

5 Pre-defined Priorities

1. Segment Dynamically & Individually HCPs

- The individual and dynamic segmentation of HCPs enables to optimize their targeting...
- ... and to define the most efficient level and nature of interactions to modify favorably their behavior

3. Create Service-led Interactions with HCPs

- The purpose of service-led interactions is to secure access to stakeholders, and especially to HCPs...
- ... while boosting their preference for the company's product portfolio

2. Craft a Commercial Omnichannel Strategy

- Digital channels are not the panacea to cope with the Post-Covid-19 Era...
- ... but, if well-executed and integrated into an individualized omni-channel strategy, they can help engage HCPs

4. Design an Integrated Customer-facing Organization

- To achieve Excellence in Execution, companies must design a holistic organizational system that will foster the search for excellence by all their collaborators, front line and back-office ones

5. Develop a Human-focused Reputation

- Pharma Affiliates should craft and implement a strategy to do "business with more humanity"...
- ... and communicate regularly on the corresponding benefits for its stakeholders



Global Pharma Market & Covid-19 Impact

MARKET INSIGHTS SERIES (#14)

2019-2024 Perspectives

*“Wrong decisions are often due
to weak market insights”*

Position Paper

July 2020

Introduction



Smart Pharma Consulting proposes to share insights regarding 8 topics that are essential to play and to win in the pharmaceutical industry

- This position paper provides specific insights for those who want to anticipate the global pharma market evolution over the 2019-2024 period, while considering the impact of the Covid-19
- We have selected 8 topics for which we share our knowledge and thoughts:

Part A - Pharma Market Insights

1. Size and Dynamics by Geography
2. Size and Dynamics by Business
3. Attractiveness
4. Access to Market



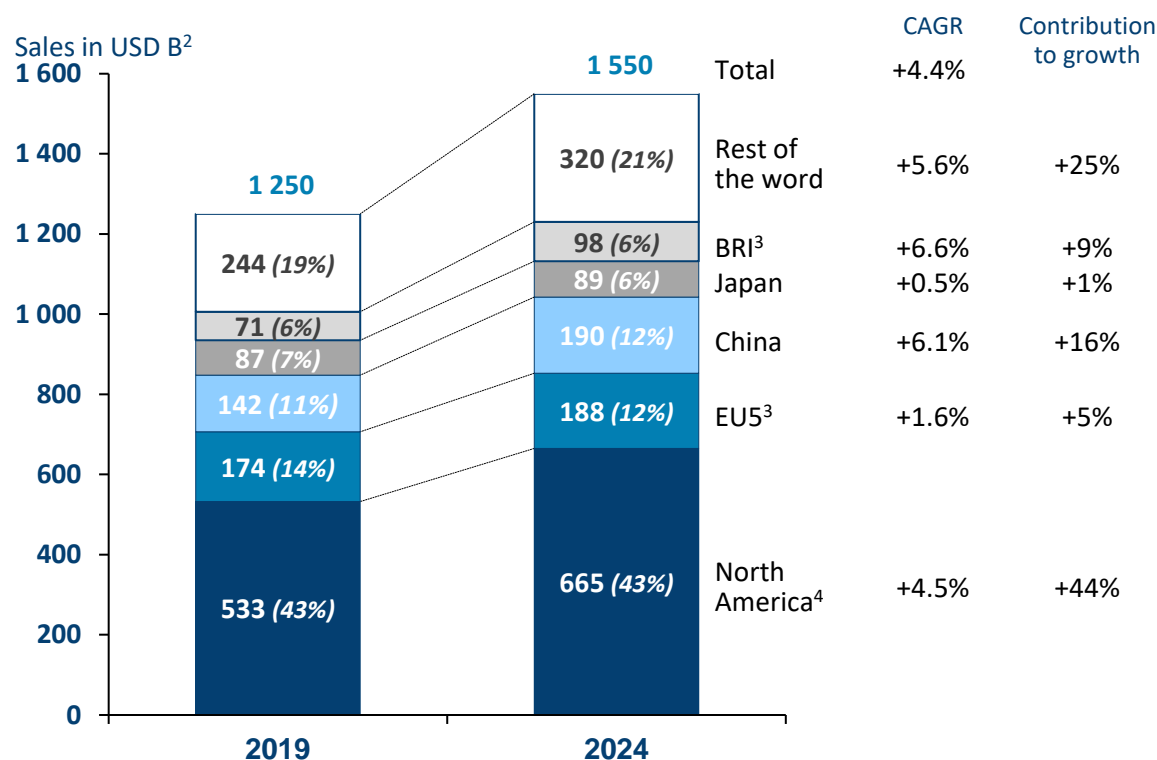
Part B - Pharma Company Insights

5. Strategic Directions
6. R&D Operations
7. Manufacturing & Supply Chain Operations
8. Medico-Marketing & Sales Operations

Part A – Pharma Market Insights – 1. Size and Dynamics by Geography



Sales of EU5¹ should grow slowly by 2024 due to stringent cost containment measures leading to a two-point decrease of their weight in the global pharmaceutical market

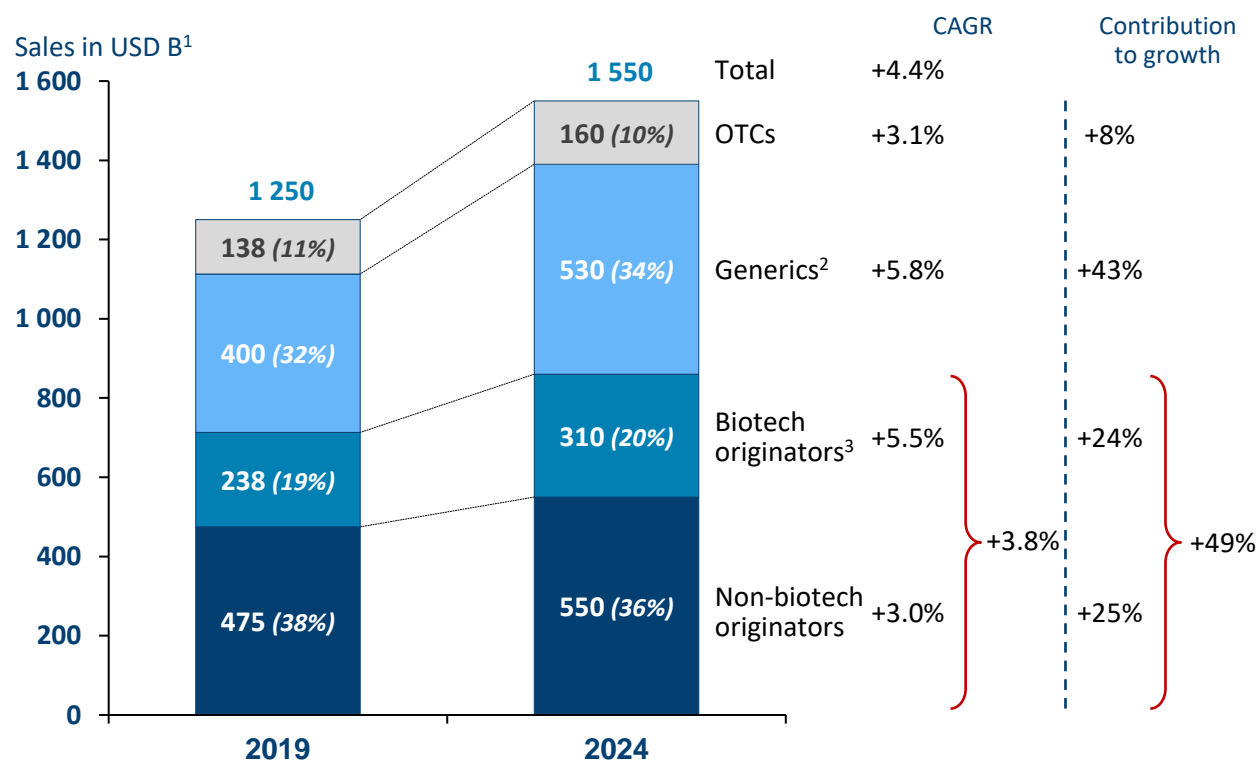


- The global pharma market is expected to grow with of a **CAGR of +4.4%** by 2024 including the impact of Covid-19, that should negatively **impact volumes** over 4 to 6 months **in 2020** and lead to **higher pressure** on **prices** worldwide in the next 5 years
- **EU5** countries account together for only 14% of the global pharma market (Germany: 4%, France: 3%, Italy: 3%, UK: 2% and Spain: 2%) and should see their **weight drop by 2 points** by 2024, **due** to higher **price pressure** than in the average of the other countries
- **North America** should continue to weigh for 43% of the global pharma market in value and contribute to **44% to worldwide market growth** over the 2019 – 2024 period

Part A – Pharma Market Insights – 2. Size and Dynamics by Business



All the business segments of the pharma market will be affected by the Covid-19 crisis through a volume effect in 2020 and a strong price pressure over the 2019-2024 period

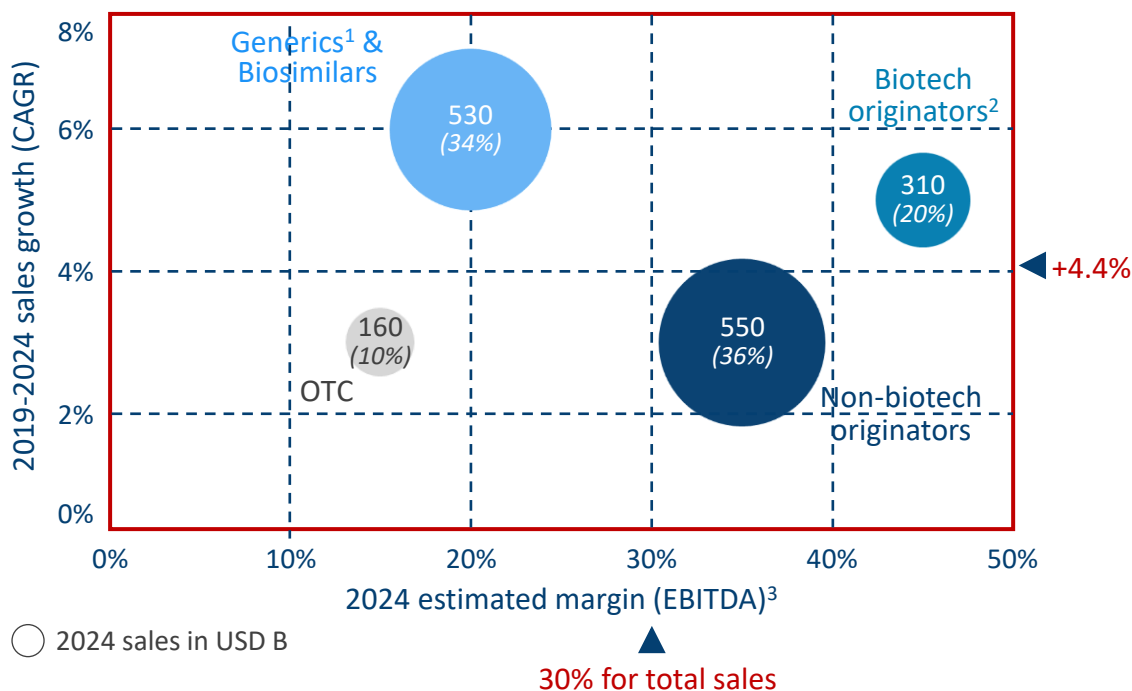


- **OTCs**, which should remain the smallest segment of the global pharma market, has been significantly **affected** by the **Covid-19** crisis, especially **during the lockdown** period and the **following months**
- **Generics** and **biosimilars** should continue to **grow in volume** due to patents expiry, but **pressure on prices** should **intensify** on this market segment
- **Biotech originators** should become the main **driver of innovation** in the next 5 years
- **Non-biotech originators** should be less dynamic, but they should remain the **largest segment** of the global pharma market

Part A – Pharma Market Insights – 3. Attractiveness



By 2024, the sales growth of the pharma market should be essentially driven by generics and biotech originators, but pharma companies should lose two points of profitability



- By 2024, the **global pharma market** should reach USD 1,550 B and grow at a pace of **+4.4% per year**, i.e. 1.8 point of percentage above the forecasted worldwide economic growth, but **0.6 point below the pre-Covid-19 estimates**
- The average **EBITDA** of the Pharma industry should **decrease** from **~32%** in 2019 to **~30%** in 2024, mainly as a result of increasing price pressure
- In 2024, the average profitability of pharma companies should remain more than 4 times higher than the average of all other business sectors
- The **biotech** segment will **remain** very **attractive** but **biosimilar** competition will **ramp up**
- The OTC segment appears to be the least attractive

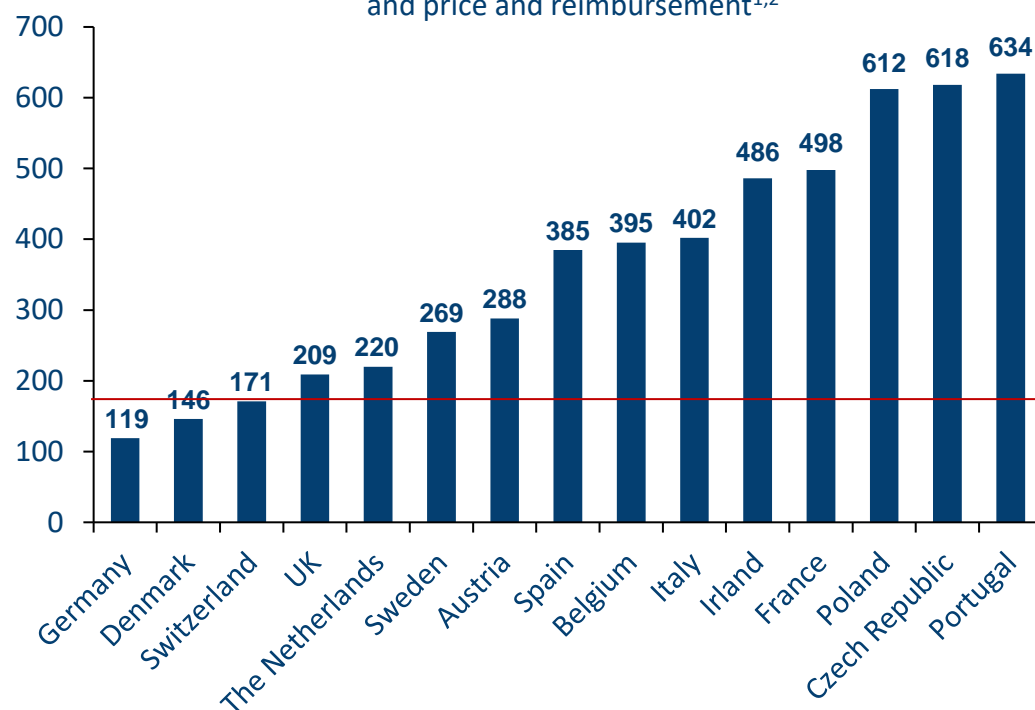
Worldwide economic growth – CAGR 2019-2024: +2.6%

Part A – Pharma Market Insights – 4. Access to Market



The Covid-19 crisis will have a negative impact, irrespective of the countries, over the 2019-2024 period due to lockdown restrictions and its economic consequences

Median time in days between marketing authorization and price and reimbursement^{1,2}



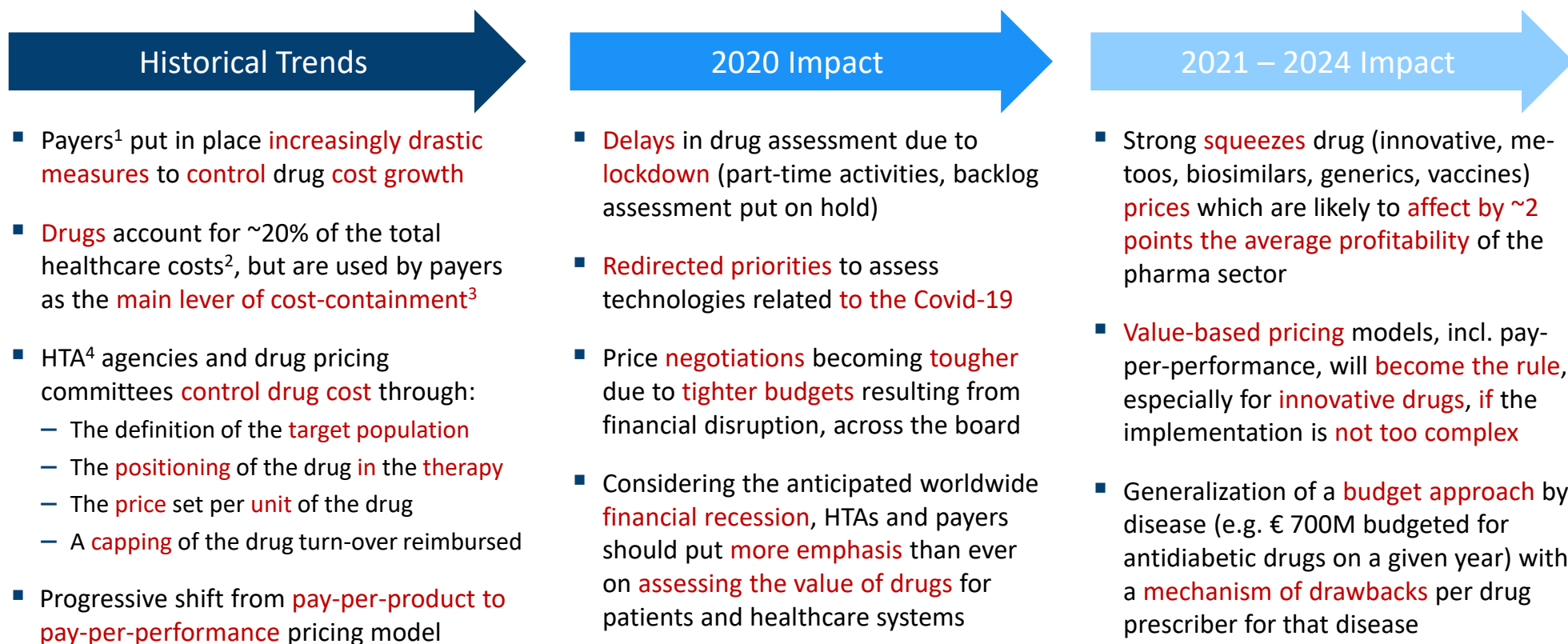
2018 analysis based on a sample of 121 products approved by EMA (European Medicines Agency) between January 2015 and December 2017

- The Covid-19 pandemics should **defer** the **availability** of new medicines in all countries, **due to**:
 - **Lockdown** measures having delayed the assessment of drug registration and market access negotiations
 - The **induced economic crisis** which will lead to stricter cost containment measures
- In **most** European **countries**, **delays** between marketing authorization and drugs availability **exceed** the **180 days** recommended by the European Commission
- The **UK** and **Germany** have **no delay** since reimbursement and price negotiations occur once the product is in the market
- **Delays vary widely**, due to the time required to obtain their inclusion on reimbursement list and to agree on a price
- **Delays** are **harmful** for **pharma companies** which face a loss of revenues¹ and **patients** who do not have access to innovation
- The **slowing down** of the pricing and reimbursement approval **process** is used by several countries to **contain** the **cost of new drugs** with a **price likely** to be **higher** than the **existing ones**
- The delay is also often due to the **difficulties** for the drug pricing committee and the pharma company **to come to an agreement**

Part A – Pharma Market Insights – 4. Access to Market



Drug price pressure imposed by public or private payers is going to intensify, more than ever, irrespective of the value created



Part B – Pharma Company Insights – 5. Strategic Directions



Best performers are focused on innovative Rx-bound drugs and generate an important share of their revenues from the USA, which is the most profitable and dynamic market

Top 20 pharma companies Strategic Mapping¹



Note: Rx Branded focused: Original Rx-bound drugs and vaccines ≥ 75% of total product sale – Geographically focused: >50% of sales in a single geographical region (e.g. USA, Europe, Japan, etc.)

Sources: Companies annual reports (2018) – Smart Pharma Consulting analyses

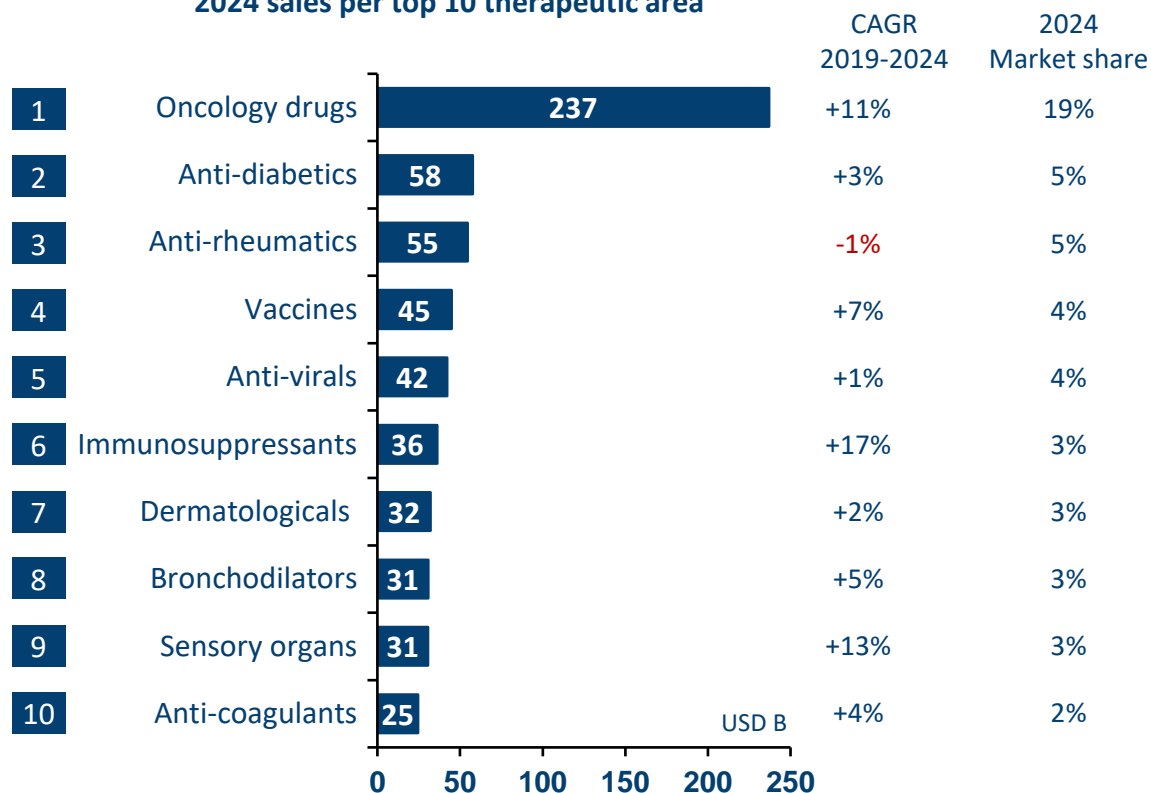
¹ Top 20 pharma companies based on their prescription sales – ² France, Germany, Italy, Spain, UK
 – ³ Including segments of the population with lower income and/or from rural areas

Part B – Pharma Company Insights – 6. R&D Operations




The important growth in oncology will be mainly driven by anti PD-1 products while immunosuppressants will benefit from an increased incidence of chronic diseases

2024 sales per top 10 therapeutic area

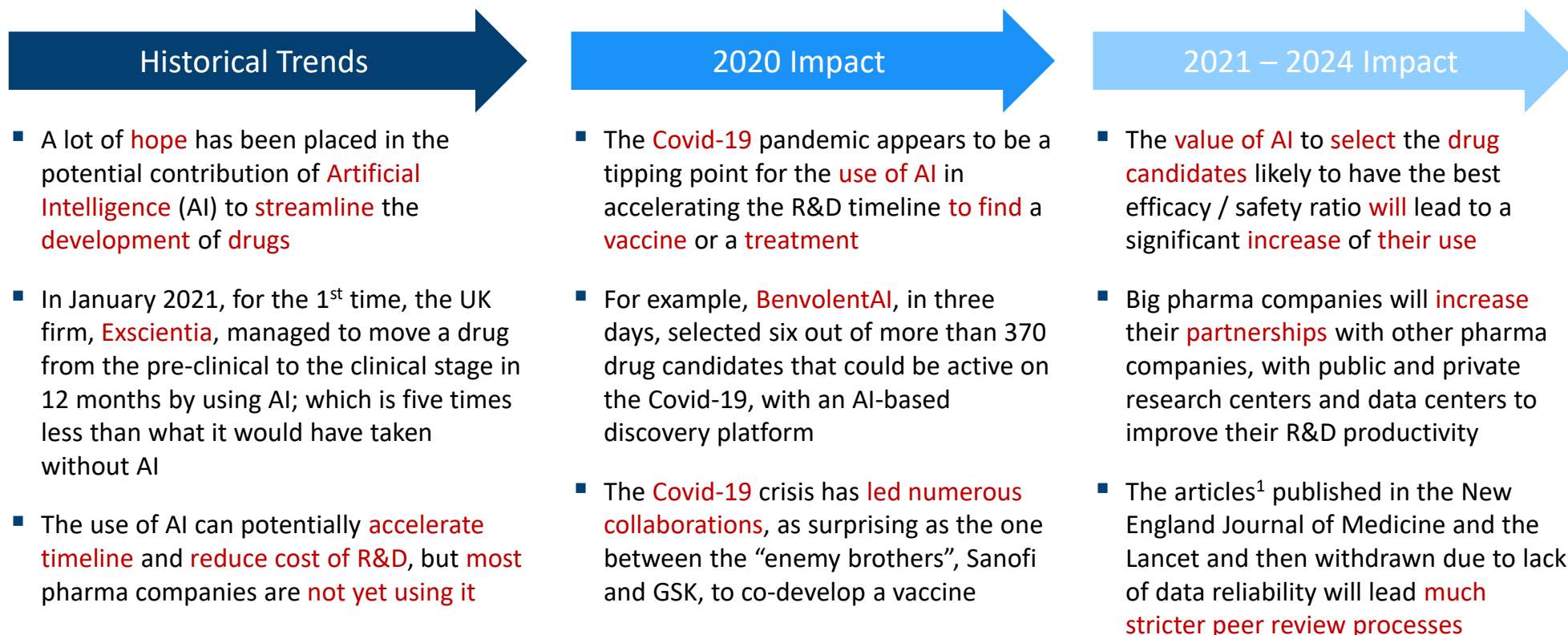


- The 2024 therapeutic area forecasts shows the steadily **increasing weight** of **specialty products**, **sustained by** the development of **new biological drugs**
- **Oncology** prevails as the leading therapeutic area and will be notably **driven by** the growth of **PD-1 inhibitors**
- **Immunosuppressants** will have the **highest CAGR** through 2024, driven by the incidence of chronic diseases and the use of immunotherapeutic agents in clinical development for other therapeutic areas
- **Biosimilars** are beginning to make their mark on **the anti-rheumatic segment**, which should see a decline in its CAGR despite the high drive in sales from JAK inhibitors
- If a vaccine and/or a treatment for the **Covid-19** were discovered, the **Vaccines** and the **Anti-virals** segments **could be boosted** over the period

Part B – Pharma Company Insights – 6. R&D Operations



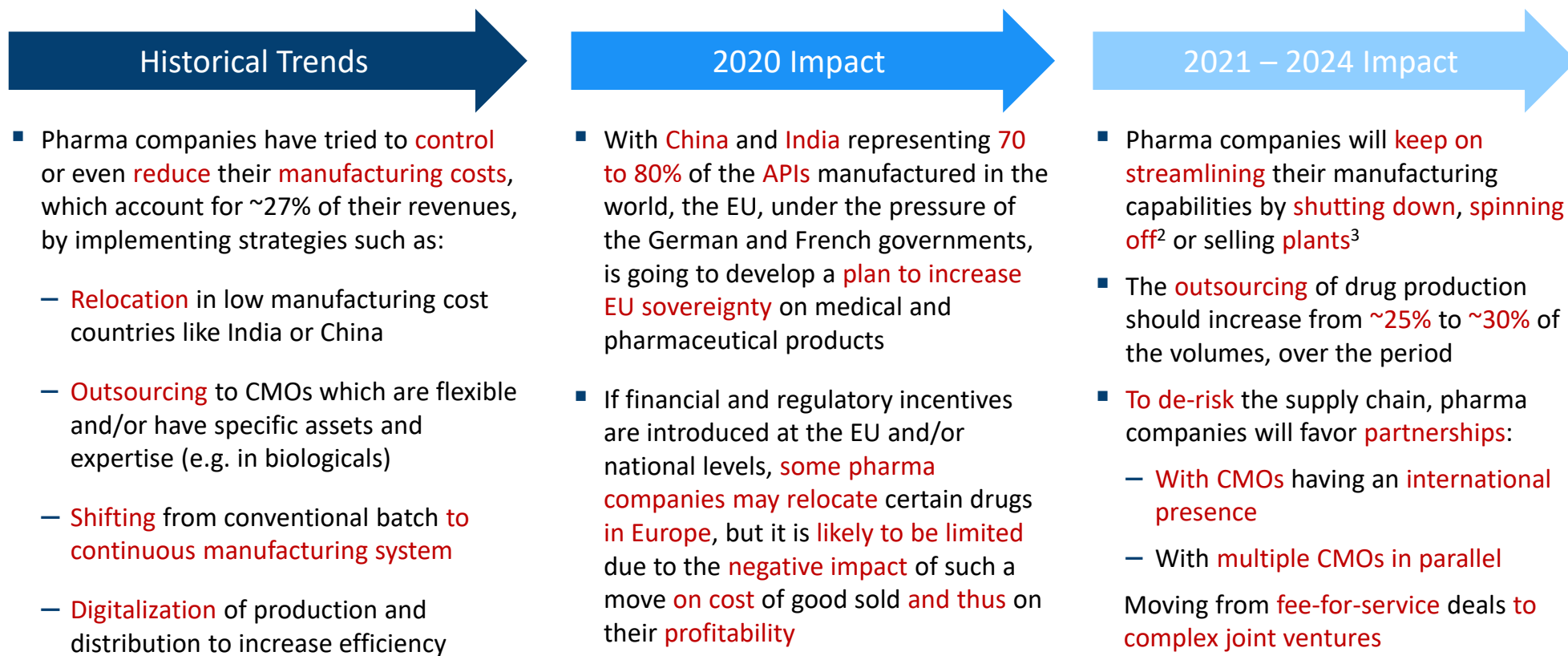
The Covid-19 crisis should contribute to accelerate AI use and further increase partnerships between pharma players to speed up the development of new drugs



Part B – Pharma Company Insights – 7. Manufacturing & Supply Chain Operations



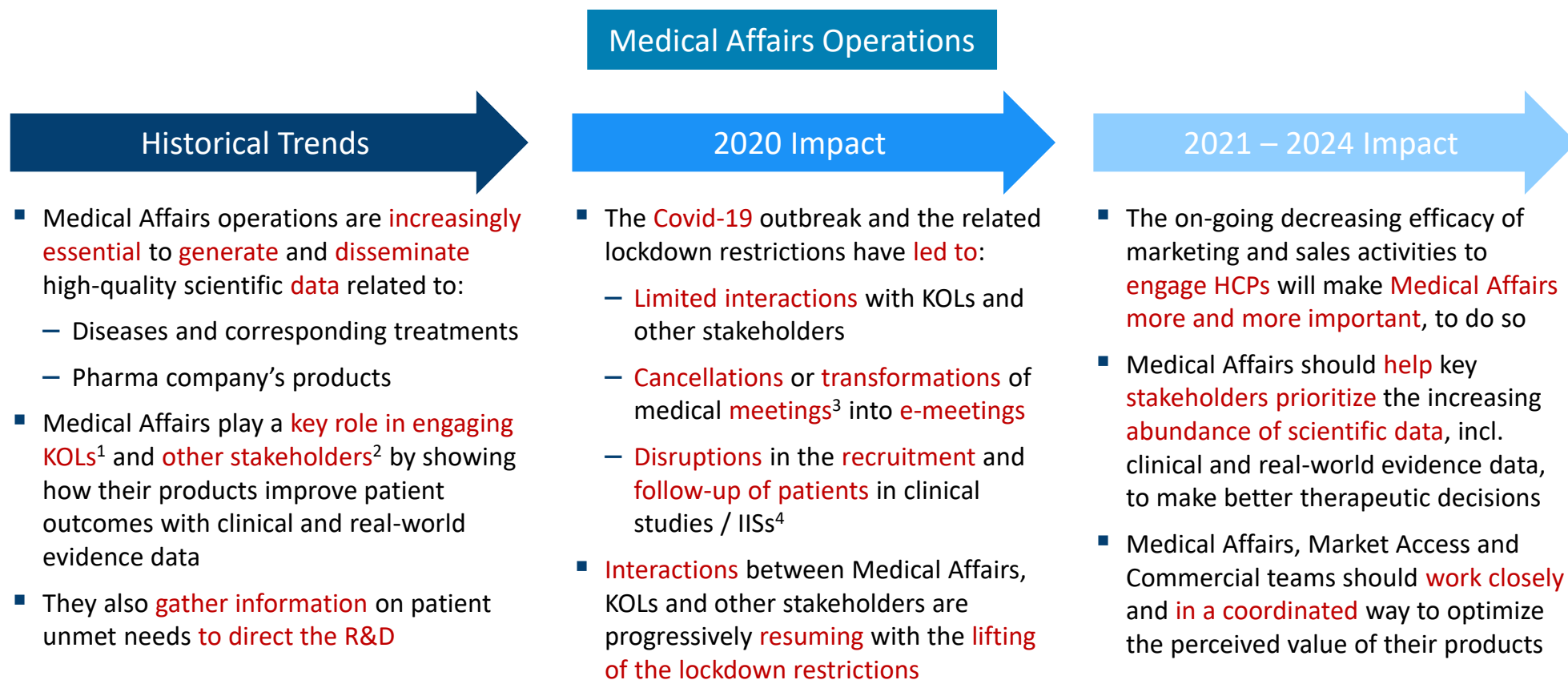
The Covid-19 crisis might lead to relocate the manufacturing of certain essential drugs in Europe, while CMOs¹ should account for ~30% of the drugs produced by the end of 2024



Part B – Pharma Company Insights – 8. Medico Marketing & Sales Operations



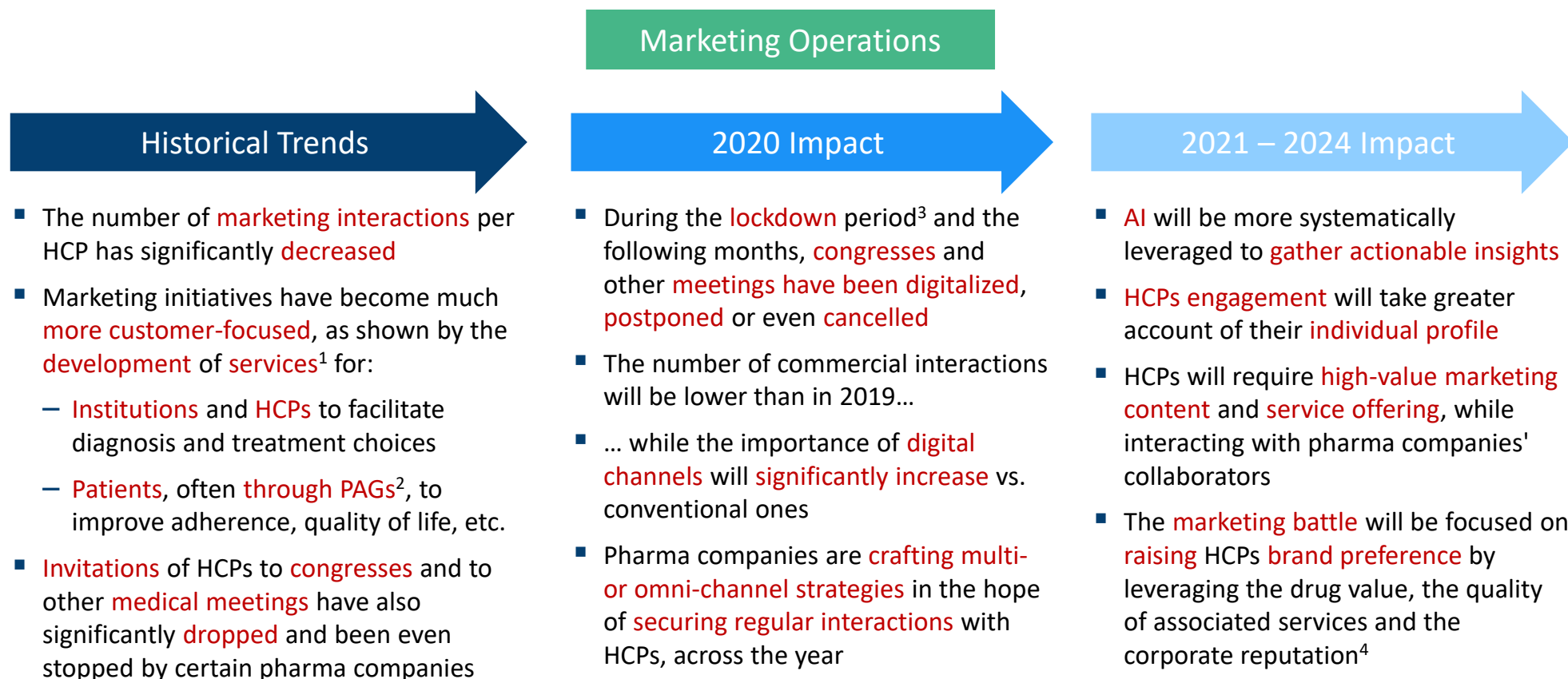
Medical Affairs will become, more than ever, essential to engage KOLs and other key stakeholders to take the full benefit of the products pharma companies offer



Part B – Pharma Company Insights – 8. Medico Marketing & Sales Operations



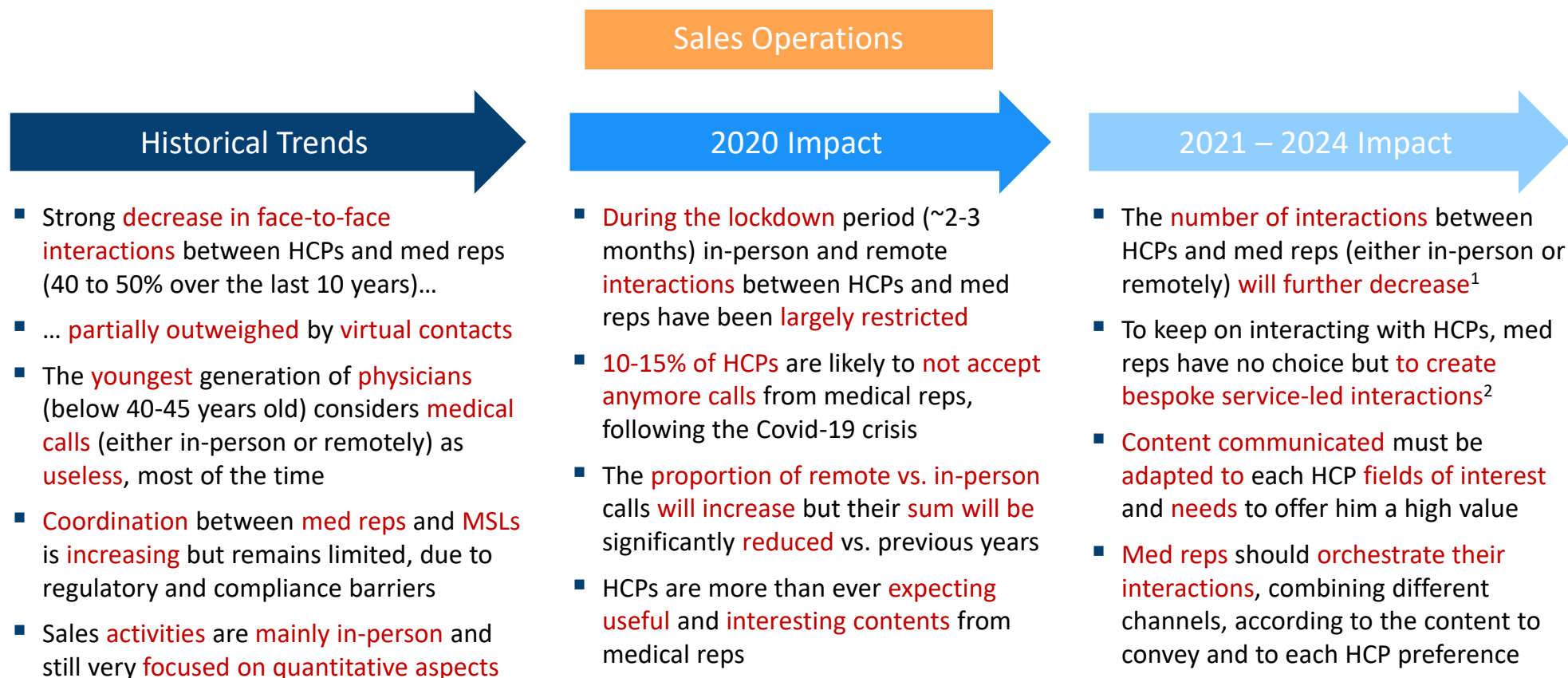
Pharma marketing strategies should, more than ever, focus on offering high-value content and building strong relationships, so that to raise HCPs preference for marketed brands



Part B – Pharma Company Insights – 8. Medico Marketing & Sales Operations



To positively influence HCPs, med reps should be able to carry out regular and highly valued interactions – either in-person or digital – and propose them useful services



Conclusions



The Global Pharmaceutical Market will remain very attractive despite a much stronger pressure on drug prices, partly outweighed by early and broader access to patients

Global Pharma Market Perspectives 2019-2024

Market Opportunities

- Despite the Covid-19, the **pharma market** should **increase by 4.4% p.a.**, on average, over the 2019-2024 period
- **Access to high quality healthcare** is the **top priority** of governments and citizens
- Boosted opportunities to discover new treatments – such as for a Covid-19 vaccine – through partnerships:
 - **Public-Private** with academics¹ or public funds²
 - **Private-Private** with other pharma companies³

Market Threats

- **Increasing price pressure** on all categories of drugs (innovative or not, reimbursed or not) from public and private health insurers; and from patients for OTCs
- **Higher risks** and **stricter regulations** re. R&D and registrations, leading to higher costs to launch innovations
- Increasing **difficulties** to **interact with healthcare professionals** to inform them or create partnerships due to lack of interest and time, and regulatory constraints

Implications

- The Global Pharma Market will remain one of the most dynamic and profitable industrial sectors over 2019-2024, despite a decrease from 5.0% to 4.4% of its CAGR and from 32% to 30% of its profitability, due to the Covid-19 pandemic
- Drastic budget constraints of payers and willingness of governments to give patients, early and broad access to innovations, will lead pharma companies to accept lower prices than in the past that should be partly offset by higher volume sold

Conclusions



The future of pharma companies should be bright, provided they adopt a focused strategy, keep on improving their operational efficiency and design a lean organization

Global Pharma Companies Perspectives 2019-2024

Pharma Companies Strengths

- Improving portfolio management with a more focused strategy on the most attractive strategic segments
- Breakthrough innovative drugs to come by the end of 2024
- Increased manufacturing efficiency with Artificial Intelligence
- Better clinical studies quality and development of real word evidence data contributing to optimize drugs benefits
- Reduction or removal of marketing and sales investments having no or limited business impact

Pharma Companies Weaknesses

- Weak negotiating power of pharma companies vs. public or private payers (e.g. HMOs in the USA)
- Lack of robust strategy as shown by frequent changes of priorities amongst numerous pharma companies¹
- Rigidity and complexity of internal processes preventing pharma companies from optimally seizing opportunities and addressing threats¹
- Underperforming marketing and sales investments

Implications

- R&D-based companies should focus on a limited number of attractive TAs and countries with the USA being the top priority
- The potential for efficiency and efficacy improvements along the value chain of pharma companies is important, especially in R&D, marketing and sales operations
- Pharma companies' organizations should need to simplify their processes and become further agile

Conclusions



Best performing pharma companies have in common to market better drugs, offer highly valued services and have a good reputation, driving the preference of their stakeholders

Strategic Priority: Fight for Key Stakeholders Preference

Innovative Product Portfolio

- Develop innovative drugs to address **public health priorities** as set by **governments** (e.g. cancers, neuro-degenerative, infectious and cardio-metabolic diseases) at an **affordable** and **acceptable price** for payers
- Endeavour to **enter first** markets with **innovations** and avoid **me-too** products with no or minimal incremental added value
- Carry out **robust clinical studies** to raise early **confidence** of key stakeholders:
 - **Health authorities** and **payors** to ease market access
 - **HCPs** for earlier adoption
- Complete clinical studies with **RWE**¹ data

Highly Valued Services

- Offer services **highly valued** by **key stakeholders** (e.g. policy makers, payers, HCPs, patients and/or PAGS²)...
- ... and **related** to the company **products** (services around the pills) to **enhance** the **perceived value** of the latter
- Thus, these services **should be useful, interesting, convenient** and **properly executed**
- **Better communicate** about high added-value **services** proposed, so that to **enhance** stakeholders' **preference** for the **drug** sold by the company

Good Corporate Reputation

- Build a stronger corporate reputation³, better than competition, by:
 - Offering **highly valued drugs** at an affordable price
 - Offering **highly valued services** to key stakeholders
 - **Communicating** on **R&D** activities and **product pipeline**
 - **Investing** in **R&D projects**⁴ in strategic markets
 - **Strengthening** the **skills** and ethical **behavior** of **collaborators**
 - Developing a **good working** atmosphere ...
 - ... and possibly **going beyond CSR**⁵ legal obligations

Med Reps Survival Post-Covid-19

MARKET INSIGHTS SERIES (#15)

Vision & Recommendations

*“Give people what they need
and not what you want”*

Position Paper

August 2020

Introduction

The Covid-19 crisis should lead, more than ever, pharma companies to rethink the short-term effectiveness of their sales forces and anticipate, or even participate to, their mid-term evolution

- Over the past 15 years, the number of med reps has fallen by 40 to 50%
- The downsizing of pharma companies' sales forces is mainly explained by:
 1. The portfolio structure shift from primary care to secondary care products, mainly prescribed by GPs and by specialist physicians, respectively; the latter being fewer and therefore requiring fewer med reps to be called upon
 2. The increasing number of physicians limiting or forbidding medical calls because they have easily access to high, and even better, quality drug-related information on Internet and are overloaded with an ever-increasing number of patients
- This **trend** should not only continue but **accelerate** as a result of the Covid-19 crisis
- In this context, **pharma companies** should **redefine** the **activity** and **size** of their **sales forces** and for so doing, **Smart Pharma Consulting** proposes to answer the two following questions:
 1. **How to maintain effective interactions** with physicians (2020 – 2021)?
 2. **How to anticipate / participate to Med Reps' job evolution** (2021 – 2024)?

Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Situation Analysis (1/3)

In-person interactions are decreasing and more and more complemented by remote interactions and/or non-personal interactions orchestrated by Med Reps

Med-Reps 3-D interactions

In-person interactions

- In 2019, ~50% physicians were estimated to refuse access to Med Reps in person...
- ... while they were ~70% restricting this access
- An additional 10-15% of physicians is likely to refuse calls from Med Reps, following the Covid-19 crisis
- This trend will continue, over the coming years, with an expected acceleration

Virtual interactions

- Contrary to common beliefs, less than 10% of physicians have experienced remote calls before the Covid-19 crisis
- The number of remote calls is likely to increase, but slightly, to reach 12 to 15% by end of 2021
- Physicians are not very keen on this communication channel they do not find very convenient and very well executed

Non-personal interactions

- Emails is the non-personal channel preferred by 68% of physicians¹
- With 70% of physicians using search engines daily, to keep informed about advancements in their field of medical expertise...
- ... it is essential for Med Reps to guide their research by sending them links to relevant content²
- 52% of physicians use regularly pharma companies' digital resources

“Med Reps are still the best means to engage physicians, but for how long?”

Sources: Smart Pharma Consulting – FirstWord Pharma study carried out in March 2020 in the USA and EU5 countries at 245 physicians – “Why it’s hard to reach physicians”, BlueNovius, 2018

¹ Pharma companies may use rep-triggered email software (e.g. Veeva), especially following a medical call –

² Such as patient education content, latest RWE data, etc.

Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Situation Analysis (2/3)

To keep on convincing physicians to prefer the brands they promote, it is essential for Med Reps to maintain effective in-person interactions

Why do Med Reps meet Physicians?

- Ultimately, Med Reps meet physicians to convince them to prescribe, whenever they have an opportunity, the product they promote, but in the best interest of their patients and within the scope of the SmPCs¹
- Thus, during medical calls, Med Reps:
 - Highlight information regarding the features of their products (i.e. indications, efficacy, safety, dosage forms, dose regimen, price, reimbursement conditions)
 - Propose services facilitating the use of their products (around-the-pill) or related to the disease or the patient care (beyond-the-pill)

Why do Physicians meet Med Reps?






- To get new and useful information regarding the products promoted by Med Reps
- To get information related to the disease addressed by the promoted product
- To get materials (e.g. Apps, leaflets) and services (e.g. website addresses, hotline access) for patients and or to help them better interact with and manage their patients
- Because they have good historical relationship with Med Reps and/or know that their job is at risk, and they do not want to jeopardize their future

Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Situation Analysis (3/3)

Several studies have shown that the number of physicians refusing to meet Med Reps in person is increasing, for multiple reasons, reaching in 2019 an average of more than 50%

Barriers to physicians in-person access

- | | | |
|---|--|--|
| <div style="display: flex; align-items: center;"> <div style="background-color: #2e8b57; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">1</div> <div>Stale information conveyed</div> </div> |  | <ul style="list-style-type: none"> ■ Physicians say that Med Reps waste their time by sharing information they already know |
| <div style="display: flex; align-items: center;"> <div style="background-color: #2e8b57; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">2</div> <div>Product-focused information</div> </div> |  | <ul style="list-style-type: none"> ■ Physicians complain that they receive too much product-related data, that is canned and not objective enough |
| <div style="display: flex; align-items: center;"> <div style="background-color: #2e8b57; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">3</div> <div>Too many patients</div> </div> |  | <ul style="list-style-type: none"> ■ Physicians are meeting more and more patients per day, while shortening the consultation time per patient |
| <div style="display: flex; align-items: center;"> <div style="background-color: #2e8b57; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">4</div> <div>Too many paperwork</div> </div> |  | <ul style="list-style-type: none"> ■ 2/3 of physicians' working hours is spent on bureaucratic tasks (e.g. EHR¹, EMR², EPR³, reimbursement form) |
| <div style="display: flex; align-items: center;"> <div style="background-color: #2e8b57; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;">5</div> <div>Hospital / institution policy</div> </div> |  | <ul style="list-style-type: none"> ■ Internal rules banning / restricting access to physicians are set to limit distraction and influence by Med Reps |

Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Recommendations (1/6)

It is possible to remove some barriers to in-person access, but the impact is likely to be limited to a small proportion of physicians and for a limited period of time

Removal of barriers to physicians in-person access

Barriers		Barrier Removal
1 Stale information conveyed	➔	1 Provide physicians with new proprietary clinical and RWE data that are useful and of interest to them
2 Product-focused information	➔	2 Deliver unbiased product-related information and relevant non-promotional content ¹
3 Too many patients	➔	3 Help physicians better manage their time (e.g. offer a training on time management) ²
4 Too many paperwork	➔	4 Propose a specific support to manage more efficiently their administrative work (e.g. software and/or training) ²
5 Hospital / institution policy	➔	5 Develop / co-develop services around- or beyond-the-pill in exchange of a privilege access to physicians ³

Sources: Smart Pharma Consulting – “Why it’s hard to reach physicians”, BlueNovius, 2018 – DRG’s 2019 ePharma Physician Report

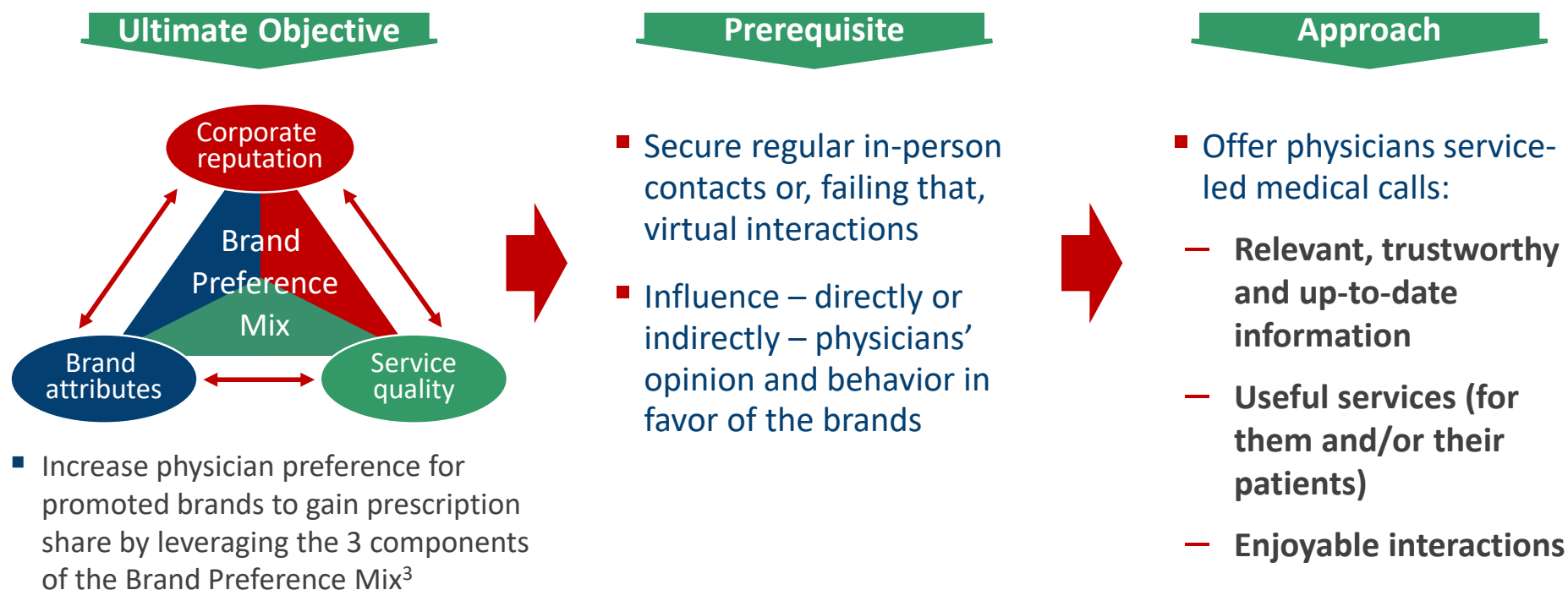
¹ Related to diseases, patient care, etc. – ² Depending on national regulations, hospital / institution policies and pharma companies’ compliance rules – ³ Especially for key account hospitals / institutions. See our position papers: <https://smart-pharma.com/wp-content/uploads/2019/07/KAM-KIM-Relationships-in-Regions-VW.pdf> and <https://smart-pharma.com/wp-content/uploads/2019/07/Best-in-class-KAM-VF.pdf>

Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Recommendations (2/6)

If well designed and executed, medical calls may offer physicians an outstanding experience¹ that will help Med Reps secure regular and impactful interactions

Creation of service-led medical calls²

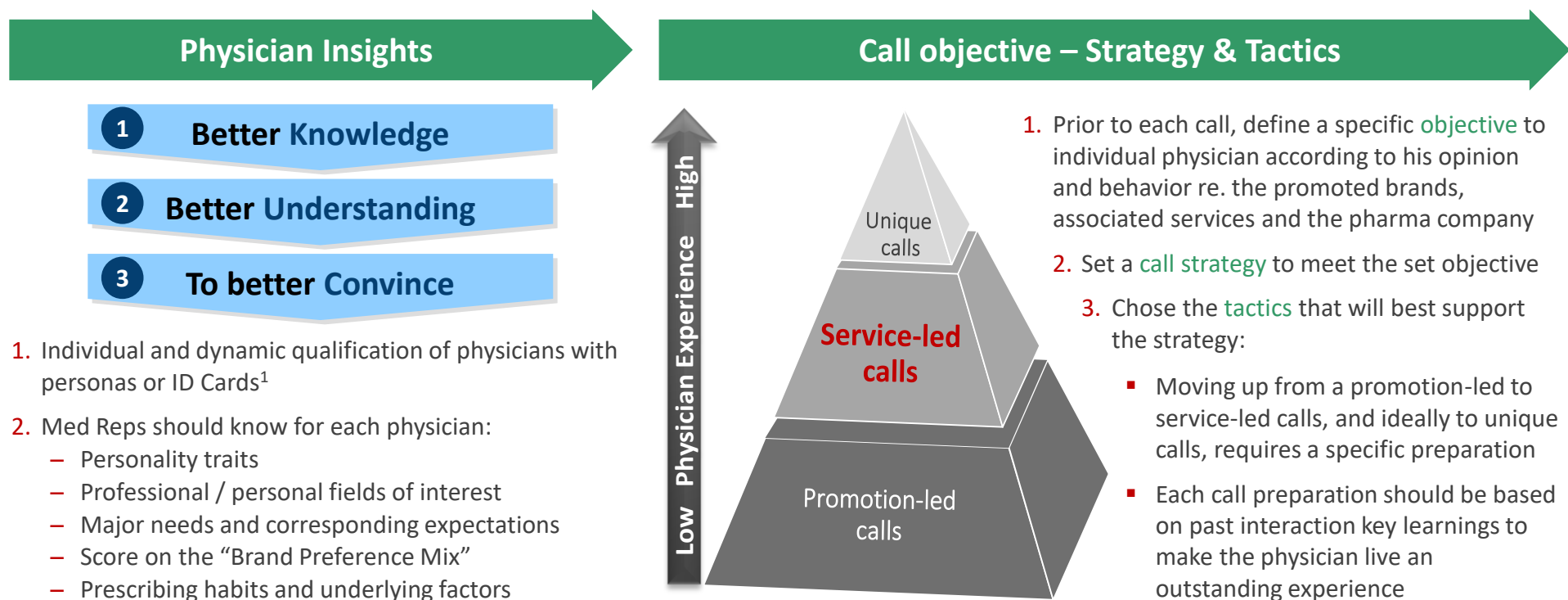


Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Recommendations (3/6)

While preparing each call, Med Reps should ask themselves what benefits the physician is likely to get from it

Creation of service-led medical calls – Preparation

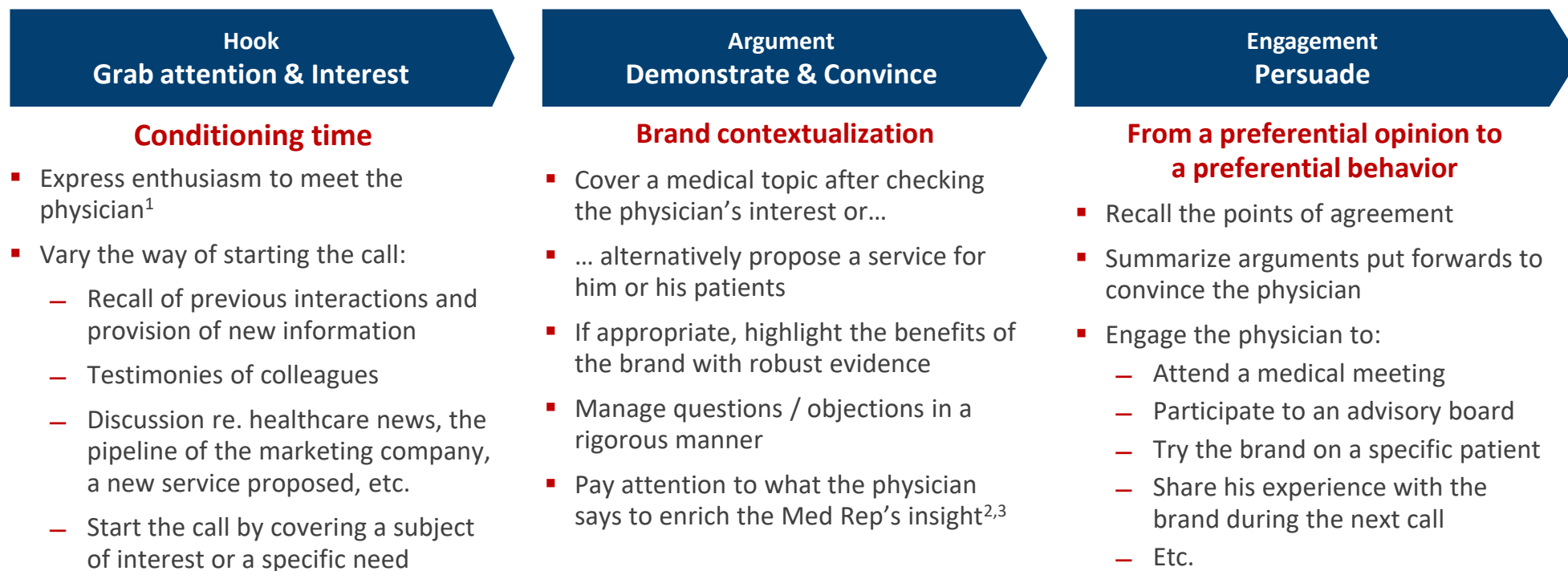


Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Recommendations (4/6)

Medical calls should be implemented so that to be perceived by physicians as interesting, useful and well executed to be positively remembered and have a preferential impact on their behavior

Creation of service-led medical calls – Execution



Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Recommendations (5/6)

Med Reps should measure once a year, during a face-to-face meeting, the opinion of each physician, and its evolution, regarding the quality of their interactions

Creation of service-led medical calls – Follow-up

Evaluation of the physician perception

- Auto-evaluation by the Med Rep after each call with a 5-point scale, completed by the rationale supporting the mark
- Evaluation of the calls, by each physician, once a year, on a 10-point scale, completed by the rationale supporting the mark, during a medical call carried out by the Med Rep, completed by the rationale supporting the mark

Analysis and summary of key points of the call

- Evaluate if the objective has been met or not; and why
- Write down the key learnings:
 - New specific information collected re. the physician (e.g. his fields of interest, problems, needs, expectations, opinion, behavior), his patients' profile, the institution where he works
 - Reasons underlying these facts
 - Engagements of the physician and the Med Rep ones (services)

Objective and strategy setting for the next call(s)

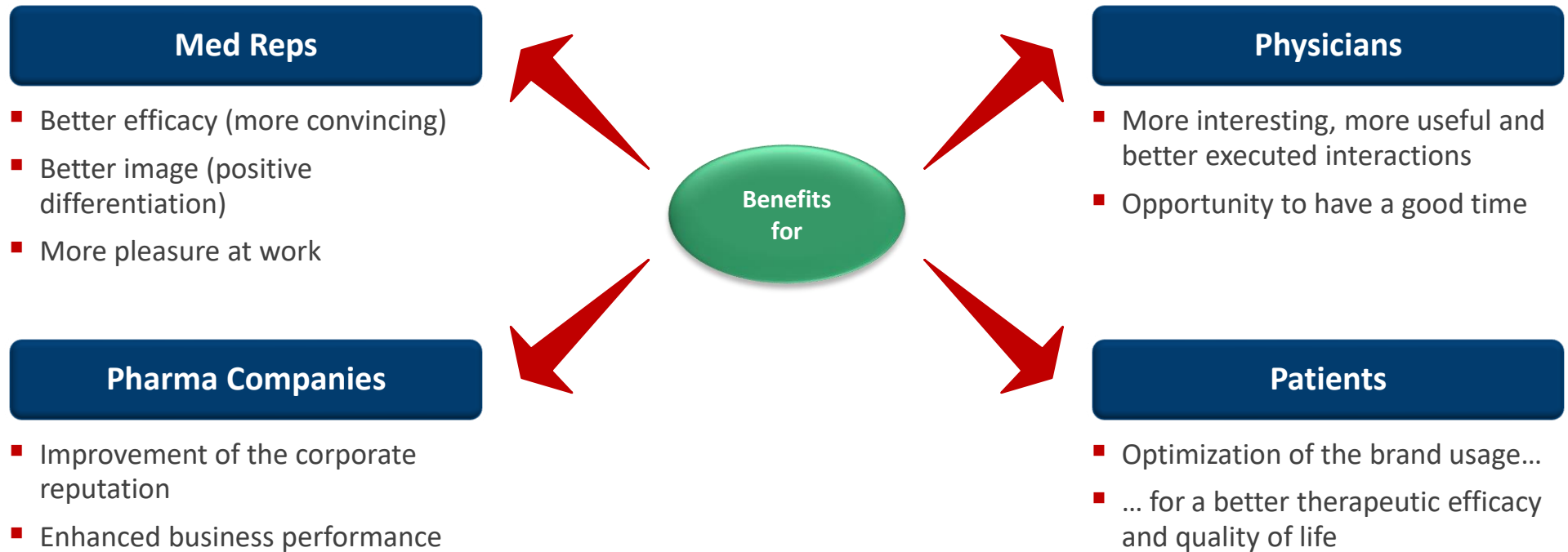
- Set the objective(s) of the next call(s) and / or interactions (e.g. follow-on emails) based on the new information collected and analyzed; ideally as soon as the call is over
- Anticipate and plan the searches to be carried out or the material to be gathered to implement – during the next call – the strategy which would have been set

Part 1 – How to Maintain Effective Interactions with Physicians (2020 – 2021)?

Recommendations (6/6)

Service-led medical calls will benefit not only physicians and Med Reps but also patients through services delivered; and the pharma companies by enhancing their reputation

Creation of service-led medical calls – Expected benefits

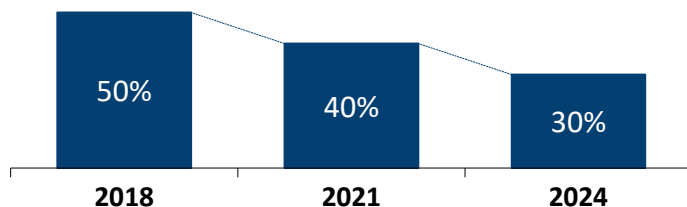


Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

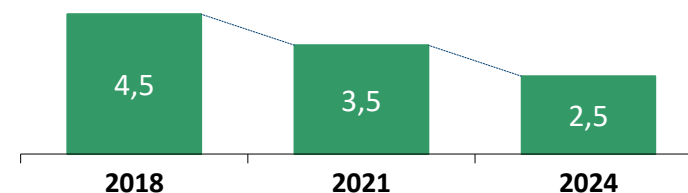
Vision

The drop of physicians accepting in-person calls, along with their more drastic limitation and the shortening of their duration, would lead to the disappearance of Med Reps, unless they evolve

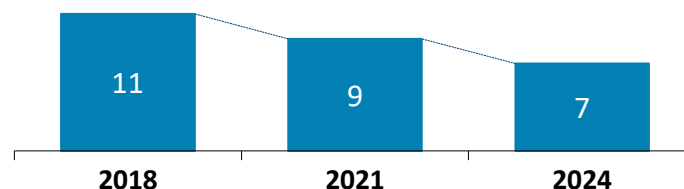
Accessible physicians to Med Reps
 (% of total)



Limitation of access to Med Reps
 (# of calls per physician p.a.)



In-person call duration per physician
 (in minutes)



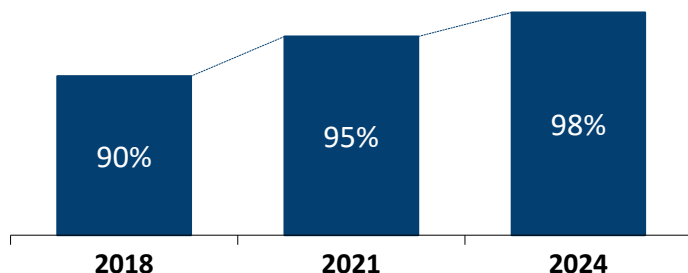
➡ If the Covid-19 pandemic is not going to disrupt the pharma companies' commercial model, it is going to accelerate the need to downsize sales forces and raise the issue of their efficacy and efficiency

Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Vision

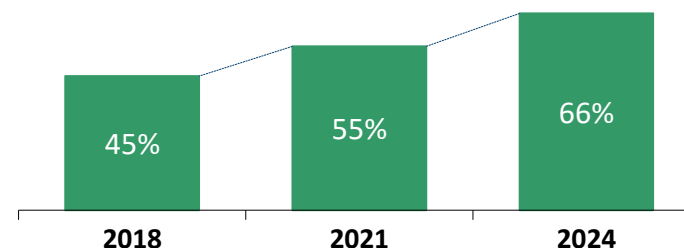
For scientific data, including those related to products, online websites is the first source of information, while pharma companies' websites are gaining credibility with physicians

Online scientific search by physicians
 (% of total)



- Physicians becoming more familiar with Internet, they are increasingly finding information online, as needed
- The Covid-19 crisis has accelerated the usage of digital channels by physicians to find scientific information
- Product-related is the most accessed website resource

Credit given to pharma websites by physicians
 (# of total physicians)



- 50% or more physicians using search engines, rely on pharma companies' digital resources
- Most of pharma companies have designed product-related websites, with objective and well-presented information
- Thus, these websites exert a certain influence on physicians' prescribing decision

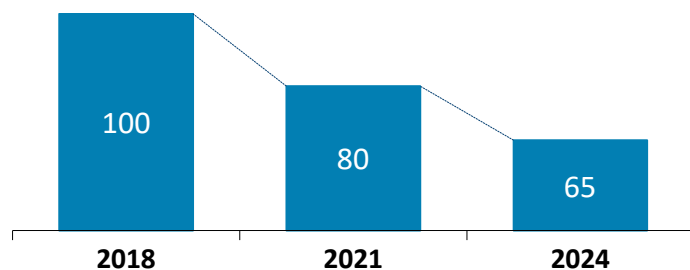
➡ Med Reps are not considered by physicians as a robust, updated and convenient source of information re. products, which means that they must bring high-value services to stay connected to them

Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Vision

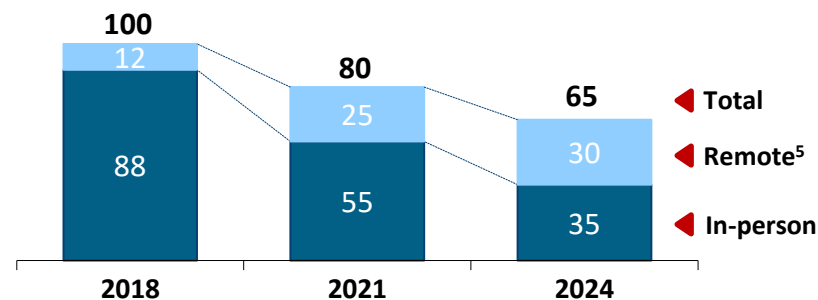
The number of Med Reps should be reduced by 35% over the 2018 – 2024 period, while remote interactions should account for ~46% of the total interactions carried out by Med Reps in 2024

Sales force size
(Index based on 2018 situation)



- The increasing difficulties for Med Reps to carry out in-person calls will force pharma companies to reduce over the 2018-2024 period their sales force size by ~1/3
- The sales force size evolution will vary significantly according to the countries¹, the therapeutic areas², the profile of prescribers³ and their mode of practice⁴

Med Reps interactions
(Index based on 2018 situation)



- We assume that the total number of interactions per Med Rep will remain constant at 750 p.a. over the period
- The number of in-person contacts should be reduced by 60% while remote interactions by Med Reps will grow by 150%
- Remote interactions include phone calls, web / video calls, text messaging, emails, etc., carried out by Med Reps

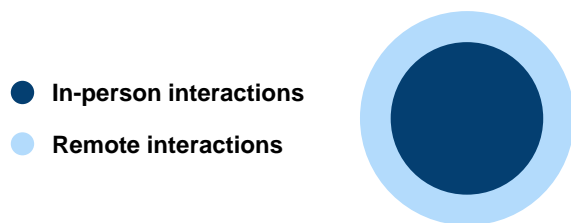
➡ Med Reps will still play an essential role in 2024, despite their decreased number, provided they take into consideration physicians preferences in terms of channels and needs in terms of content shared

Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

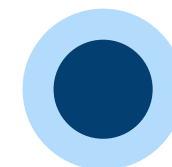
Recommendations – Principles (1/3)

To survive, Med Reps need to become the special partners of each individual physician by sharing high-quality information¹ and offering essential services¹, fulfilling his needs and expectations

2021 Med Reps



2024 Med Reps



#1

Offset the decrease of in-person interactions by an array of remote engagement channels

#2

Apply an individual and dynamic segmentation of physicians based on their opinion and behavior

#3

Define the content of interactions according to individual physician's needs and expectations

#4

Determine the optimal level of resources (time and money) based on each physician sensitivity

#5

Transform Med Rep mindset and develop his skills to create high-value experiences

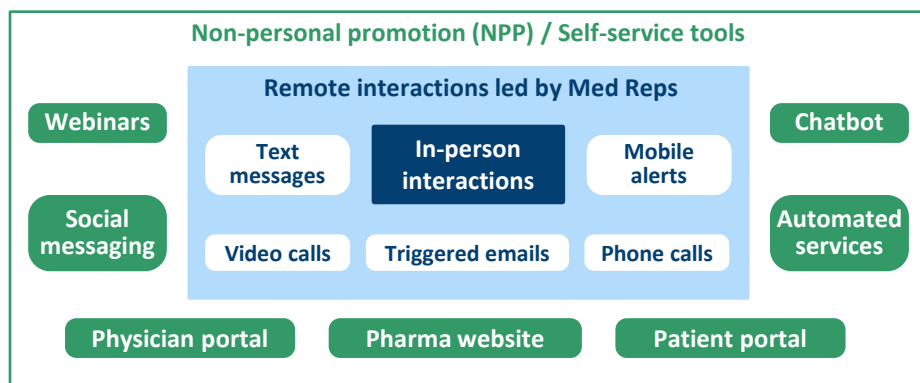
Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Recommendations – Principles (2/3)

Med Reps need to shift from physical to digital channels and online platforms to engage with physicians, while maintaining the right balance according to individual physician portrait

#1

Offset the decrease of in-person interactions by an array of remote engagement channels



- Remote interactions led by Med Reps can amplify and / or complement the impact of in-person interactions
- Combination of in-person and digital channels lead to more touchpoints and thus ensure a more regular level of interactions
- Med Reps should be able to find the right balance, per physician, between in-person calls, remote interactions and NPP channels

#2

Apply an individual and dynamic segmentation of physicians based on their opinion and behavior

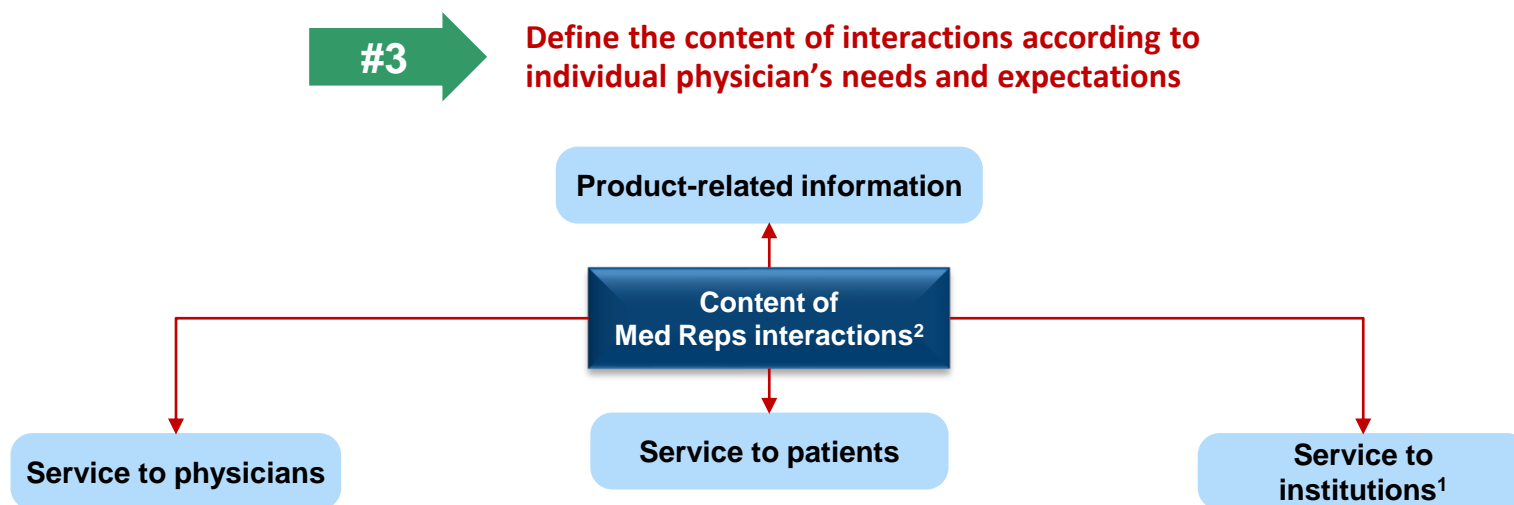
Physicians	Expectations / Priorities / Preferences				
	In-person calls	Information	Services	Digital channel	Frequency of interactions
A	No access	Patient & disease only	HCP-focus	Personalized emails	10 p.a.
B	Limited access	Product & disease	Patient-focus	Remote detailings	12 p.a.
C	Unlimited access	No limitations	Institution-focus	HCPs portals	< 20 p.a.

- Segment each individual physician based on his needs and wants¹ regarding his interactions with Med Reps
- For so doing, pharma companies should collect insights with the help of its in-field collaborators (med reps, MSLs, KAMs, etc.) and if necessary, the external support of a market research company
- A continuous collection of data will enable regular adjustments

Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Recommendations – Principles (3/4)

When interacting with Med Reps, physicians expect a better quality and balance between product-related information and services proposed to them, their patients or their institution¹



- Product-related information should focus on bringing new clinical or RWE data useful for the physician's practice
- Services to physicians could, for instance, consist of:
 - Helping them manage the huge amount of scientific data available
 - Providing them guidance on telemedicine
 - Inviting them to attend webinars or peer-to-peer virtual meetings
- Services to patients are mainly educational materials (presentations, brochures, Apps, etc.) – that can be downloaded – to improve their adherence, their quality of life, their overall care
- Services to institutions, that are today the responsibility of KAMs³ should be handled by Med Reps – in their new role of service provider – to help them meet their long-term objectives (e.g. increase the number of patients, simplify processes, reduce costs)

Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Recommendations – Principles (4/4)

The judgment of Med Reps, based on rigorous analysis is important to determine the right orchestration of interactions to be executed and evaluated with each physician

- 

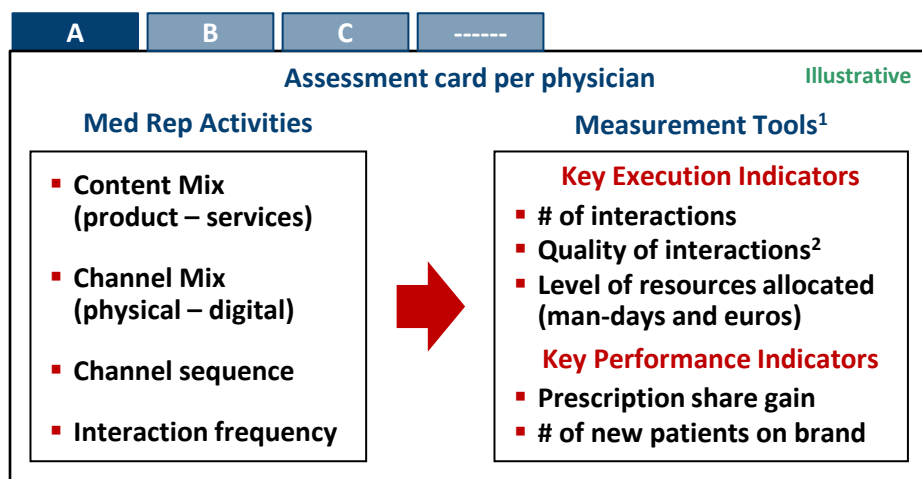
#4

Determine the optimal level of resources (time and money) based on each physician sensitivity

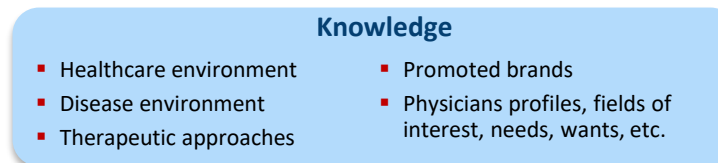
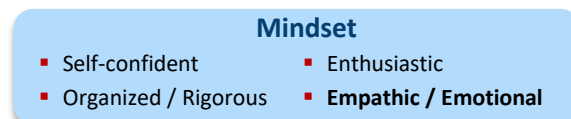


#5

Transform Med Rep mindset and develop his skills to create high-value experiences



- Resource allocation needs to be optimized – by adjusting content, channels, sequence and frequency of interactions – to lead to a tangible and sustained impact on brand preference
- Coordination with medical and marketing departments is required



- Med Reps should have a good knowledge and understanding of the healthcare system, the patient journey and the physician needs
- The evolution of the job will require an adaptation of Med Reps' profile and the set up of specific training programs

Sources: Smart Pharma Consulting ¹ Quality of execution and performance can be measured by Key Execution Indicators (KEIs) and Key Performance Indicators (KPIs), respectively. See our position paper regarding KPIs & KEIs: <https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Management-Series-KPIs-KEIs-VW.pdf> – ² Such as the Brand Preference Mix Index (BPMI) or the Net Promoter Score (NPS) as described in the following position paper "Outstanding Physician Experience": <https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf>

Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Recommendations – Implementation

To implement the paradigm shift required to maintain, or even boost, the efficacy and efficiency of Med Reps while interacting with physicians, Smart Pharma proposes the following approach

Proposed approach

Identification of individual physician portrait

- For each physician, the pharma company will collect, store and analyze data on the physician:
 - Position re. current interactions with Med Reps
 - Expectations from Med Reps:
 - Information sharing (product- and/or non-product related)
 - Service offering to him, his patients, his institution, etc.
 - Preferred communication channels (in-person / digital)
 - Frequency of interactions

Development of an interaction plan per physician

- Design an interaction plan per physician to engage them
- Develop a short-term plan (≤ 1 year) per physician, formalizing:
 - The objective set
 - The engagement strategy
 - The tactics expressed in terms of:
 - Information sharing
 - Service offering
 - Channel mix and frequency
 - Metrics to measure the quality of execution and the performance¹

Execution of an Individual interaction plan

- Execute the individual interaction plan while emphasizing the importance of the quality of execution
- Allocate enough time to prepare and follow up the interactions carried with each physician (either in-person or digital)
- Measure and analyze carefully and regularly the quality of execution and the impact of the interactions¹ to ensure a continuous optimization
- Coordinate Med Reps activities with medical and marketing departments



Omnichannel Strategy in Pharma Marketing

MARKET INSIGHTS SERIES (#16)

Best Practices

“Digital channels are just a means – not an
objective – to interact with customers”

October 2020

Introduction

The Covid-19 crisis has led pharma companies to rethink their marketing mix and look for an optimized multichannel approach to interact with HCPs

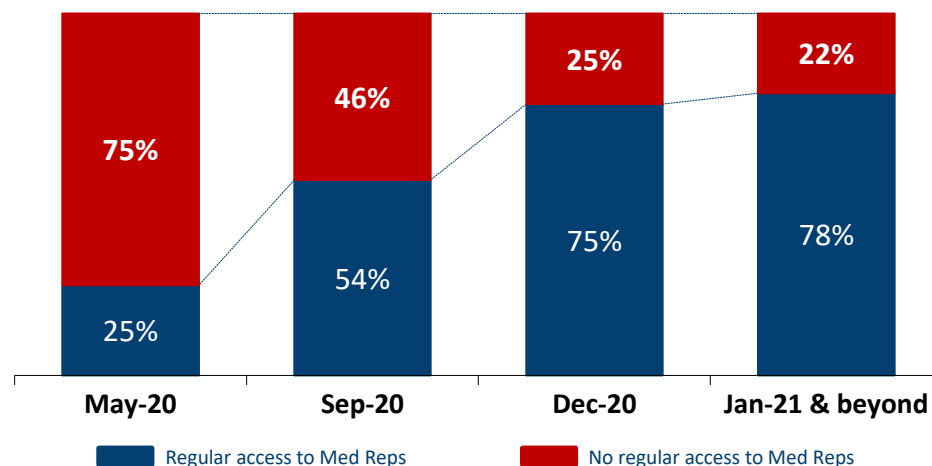
- While multichannel strategy consists in using multiple media (channels) to convey information and messages to customers, omnichannel strategy goes one step further by ensuring an integrated approach
- For so doing, the omnichannel approach inter-relates every channel (unlike multichannel) to provide customers with consistent and integrated messages through multiple sources
- Thus, pharma companies' departments (medical, marketing, sales, etc.) interacting directly or indirectly with HCPs and other customers should be aligned with information conveyed and services proposed
- Omni-channel strategy has shown to create stronger relationships with customers and higher loyalty
- In the Covid-19 crisis context, marked by a drop of in-person interactions, pharma companies have reinforced their remote communication as a compensatory measure to ensure a higher level of interactions with HCPs
- This position paper, based on Smart Pharma Consulting experience and a benchmarking study, shares some best practices in implementing omnichannel strategy in pharma marketing

Access to HCPs

One-year Perspective

In-person calls by Med Reps will resume progressively, but ~12% of physicians will not accept to meet them anymore, and those accepting may further reduce the number of contacts p.a.

% of physicians anticipating to accept regular in-person calls by Med Reps following the lockdown¹
 (% of total)



185 French physicians (GPs, cardiologists, neurologists, oncologists)
 interviewed from May 21 to 26, 2020 (McKinsey)

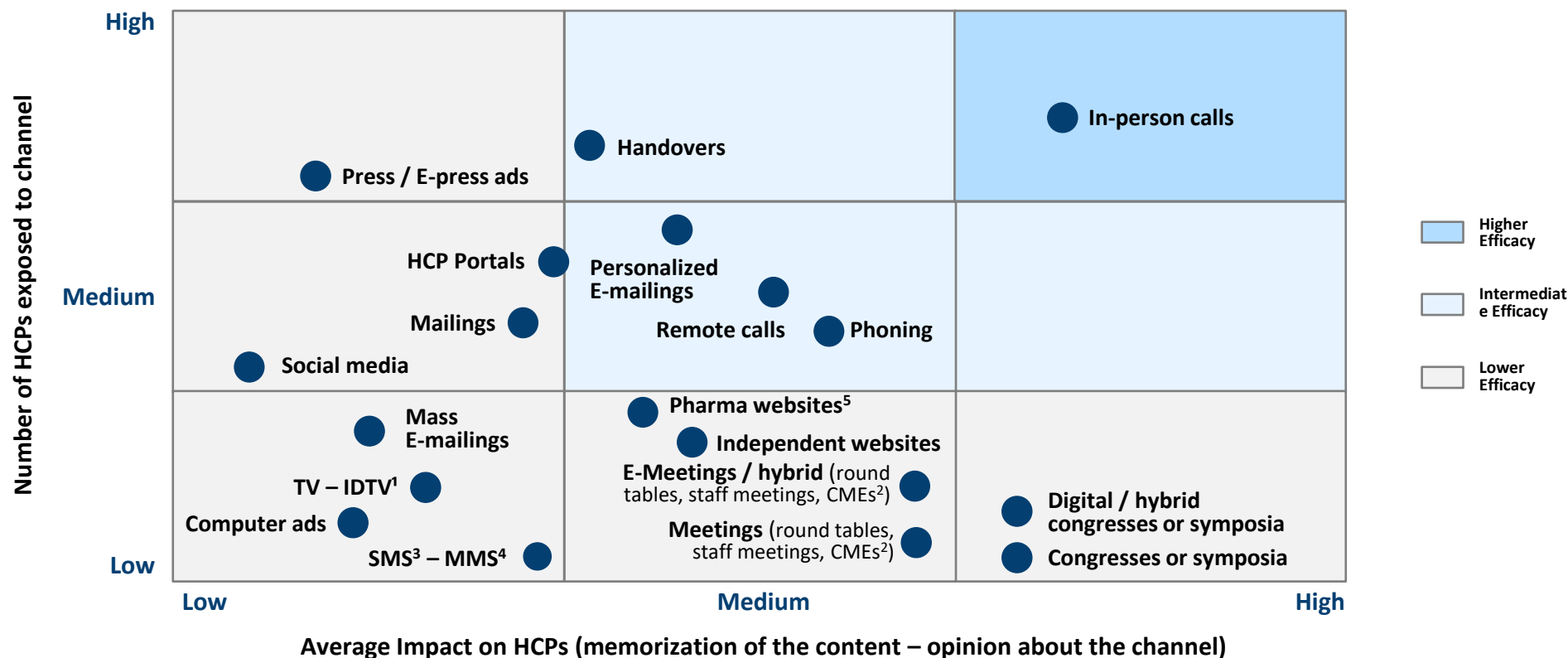
Comments

- 10% of interviewed physicians were not accepting in-person calls from Med Reps before the lockdown and 12% more will not accept after the lockdown
- The physicians anticipate a progressive re-opening of access to Med Reps
- However, the situation varies significantly, depending on the:
 - Physician specialty (e.g., GPs, cardiologists)
 - Conditions of practices (e.g., hospitals vs. private practices)
 - Quality of relations between HCPs and Med Reps

Communication Channel Efficacy

Assessment Matrix

Despite the Covid-19 crisis, in-person calls by Med Reps will remain the most effective channel to interact with HCPs, followed by phoning, remote calls and personalized e-mails



































Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

¹ Interactive digital television – ² Continuous medical education – ³ Short message service – ⁴ Multimedia message service – ⁵ Including blogs

Communication channel Efficacy

Assessment per Channel (1/2)

In-person calls have the highest impact on prescriptions, and can be reinforced by other complementary communication channels, either conventional or digital

Channels	Reach	Impact	Efficacy	Feasibility	Comments
In-person calls					<ul style="list-style-type: none"> The content must be meaningful for each HCP
Phoning					<ul style="list-style-type: none"> Favor communication about environment / services
Remote calls					<ul style="list-style-type: none"> Favor communication about environment / services
Personalized E-mails					<ul style="list-style-type: none"> Should be related to the content of the in-person calls
Digital / hybrid congresses or symposia					<ul style="list-style-type: none"> Development of hybrid (in-person and remote) meetings, especially in the context of the Covid-19 crisis
Congresses or symposia					<ul style="list-style-type: none"> Less and less people attending congresses or symposia but well appreciated, in general
Pharma websites					<ul style="list-style-type: none"> The perceived quality by HCPs is good
Independent websites					<ul style="list-style-type: none"> The content is perceived as reliable

Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

 High









































 Medium

 Low

Communication channel Efficacy

Assessment per Channel (2/2)

Considering the low efficacy of digital channels, it is recommended to use them preferably as an add-on to conventional channels, in a pre-determined sequence, depending on HCPs preference

Channels	Reach	Impact	Efficacy	Feasibility	Comments
E-meetings / hybrid					▪ Peer-to-peer meetings are particularly well appreciated
Meetings					▪ Peer-to-peer meetings are particularly well appreciated
Press / E-press					▪ Ads to maintain the presence of the brands
HCP Portals					▪ Ads or content to maintain the presence of the brands
Mailings					▪ More effective than mass e-mailings
Social media					▪ Ads or content to maintain the presence of the brands
Mass E-mailings					▪ Not attractive for HCPs
TV-IDTV					▪ Very limited use
Computer ads					▪ Ads to maintain the presence of the brands (banners)
SMS – MMS					▪ Very limited use

Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

 High

 Medium

 Low

Communication channel Efficacy

Focus on Remote Calls

Remote calls are potentially attractive to HCPs and likely to engage them provided the technology is well mastered, the content is non-promotional or focused on new products or indications

Pros

- Economic and time saving by reducing travels
- Personal relationship is kept, to a certain extent
- Optimization of calls:
 - Higher attention span
 - Med Reps more focused on promotional activity
- Flexibility of scheduling
- Reutilization of digital contents on other channels

Cons

- Problems of online access due to firewalls or low bandwidth, especially in hospitals
- All HCPs are not familiar with remote calls
- Less than 10% of HCPs accepting in-person calls will accept, in addition, remote calls
- A phenomenon of rejection by HCPs is growing as a result of several disappointing experiences through this channel

Golden rules to succeed

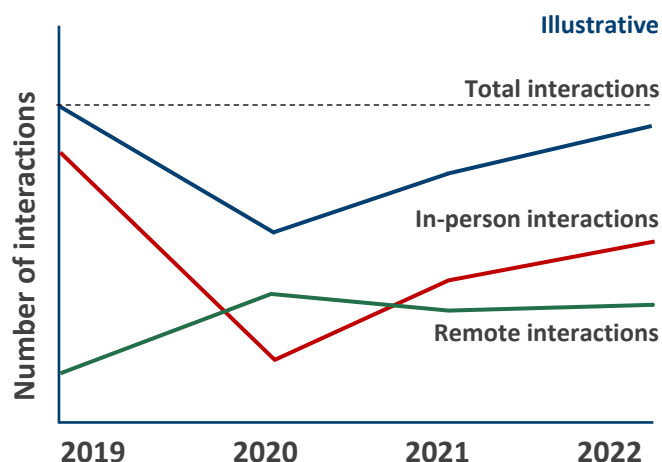
- Make sure the content is attractive enough
- Specifically train Med Reps
- Use remote calls as a complement of in-person calls
- Perform remote calls by internal Med Reps, only
- Keep the call short and crispy to maintain attention
- Include short videos and animations¹

Best Practices

Introduction (1/2)

The absolute priority for pharma companies is to maintain regular contacts with targeted HCPs by offering the content they want through the coordinated combination of channels they prefer

Evolution of in-person vs. remote interactions between Pharma Affiliates & HCPs



- In the Covid-19 crisis context, in-person interactions between pharma companies and HCPs have fallen and been partially offset by remote contacts
- Until the Covid-19 crisis occurred, ~70% of medico-marketing and sales total interactions were coming from in-person contacts
- If most HCPs expect in-person interactions to resume after the crisis, they will reduce the overall number of interactions with in-field collaborators¹, while increasing the weight of remote interactions in their contact mix²
- Therefore, to keep regular contacts with HCPs, pharma companies should carry out omni-channel initiatives, consisting in using multiple channels (media) in an integrated approach to optimize their impact
- For so doing, every channel should be inter-related to provide HCPs with consistent and high-value content through multiple sources

Best Practices

Introduction (2/2)

Digital channels are not the panacea to cope with the Covid-19 crisis but, if well-executed and integrated into an individualized omnichannel strategy, they can help engage HCPs

Five Rules for an Effective Omnichannel Strategy per Individual HCP



Rule #1

Identify each HCP preferred channels and usage patterns (e.g. frequency, time of the day, duration)

Rule #2

Select one or several channels (in-person and/or remote, non-digital and/or digital) to be combined, according to the sought objective (e.g. message to convey, partnership to propose, service to offer)

Rule #3

Adapt the content and the format to the channel specificities

Rule #4

Plan carefully the execution of the omnichannel strategy while defining the right sequence of channels and the right timing

Rule #5

Monitor the quality of execution (the IT should be flawless) with KEIs¹ and the impact of the omnichannel strategy with KPIs²

Best Practices

Channel Sequencing

The most common sequencing used combines personalized e-mails sent just after in-person calls in which HCPs can be invited to use other digital channels to get information or services



- The opening rate of personalized e-mails, following an in-person call can reach 30% to 50% according to:
 - The interest of the HCPs for the content
 - The quality of the presentation
 - The day and the time of sending
- The e-mail sent can invite HCPs to:
 - Attend a webinar
 - View a webcast
 - Visit a website (with product and/or non-product contents)
 - Use other digital channels to get information or services

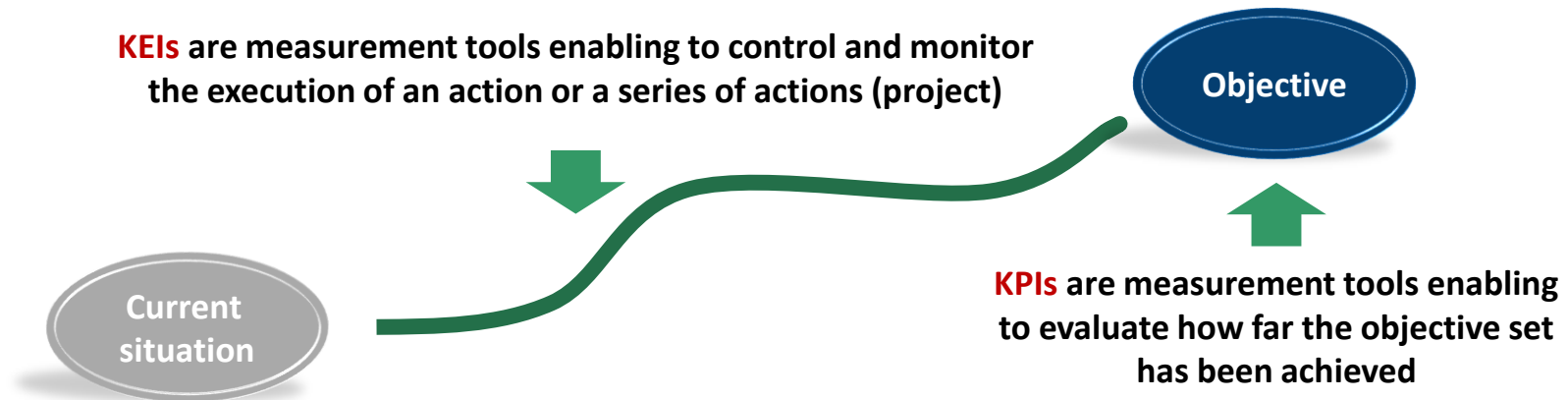
The right sequence across different channels, physical, digital or hybrid,
will mainly depend on the content to communicate and the preference of HCPs

Best Practices

Execution & Performance Monitoring: Definition

To measure the efficacy and efficiency of communication channels, it is essential to use key execution indicators (KEIs) and key performance indicators (KPIs)

- For purposes of clarity and efficacy, monitoring metrics should be of two kinds:
 - Key Execution Indicators (KEIs) which measure the quality of execution of an activity or of a project
 - Key Performance Indicators (KPIs) which measure the outcome of an activity or a project



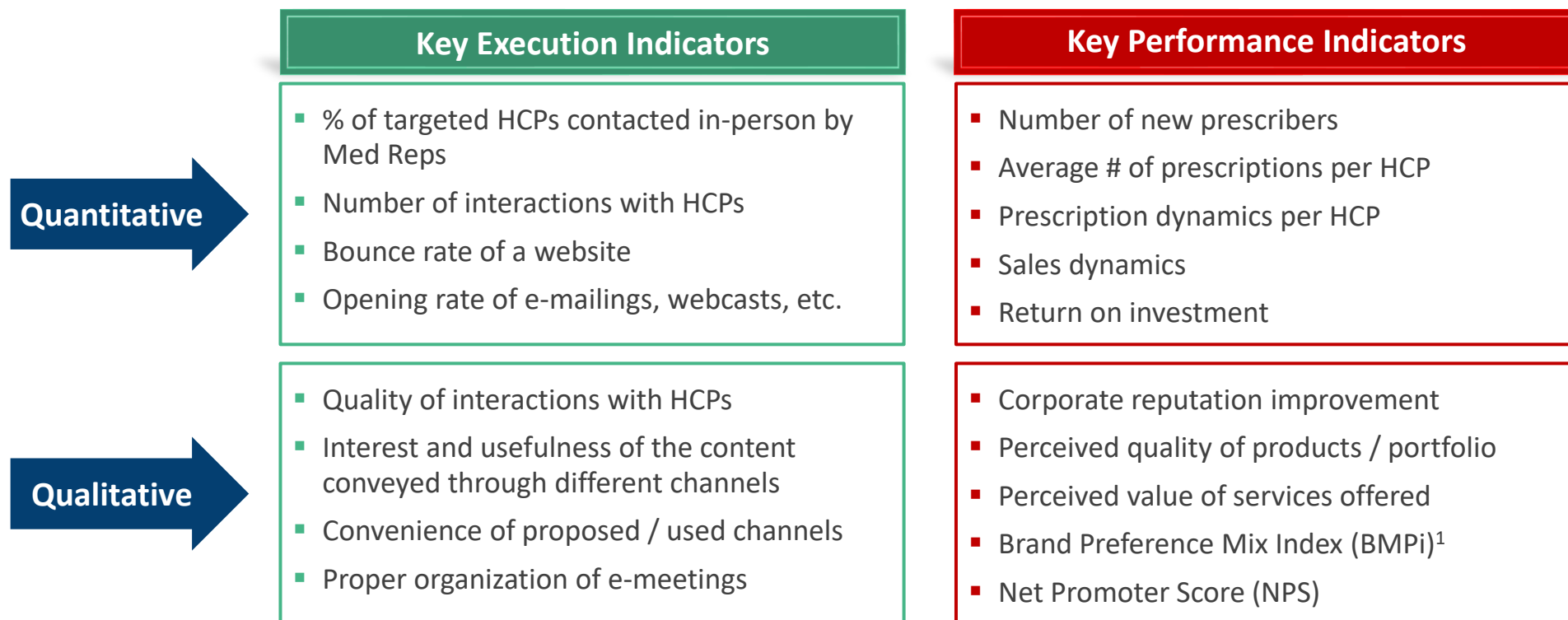
"If you cannot measure it, you cannot improve it"

Best Practices

Execution & Performance Monitoring: Tools (1/3)

Key execution indicators and key performance indicators, which can be quantitative and/or qualitative, must be carefully selected to monitor the use and impact of different channels

Illustrative



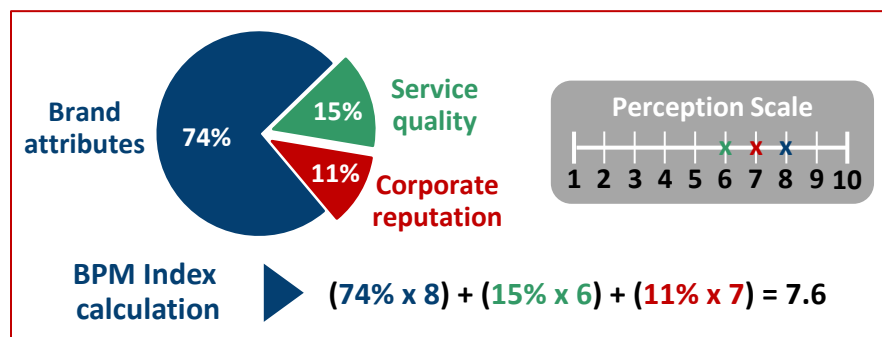
Best Practices

Execution & Performance Monitoring: Tools (2/3)

The Brand Preference Mix Index makes it possible to measure the evolution of individual HCPs Experience compared to competitors at a given point of time and overtime

Brand Preference Mix Index (BPMi)

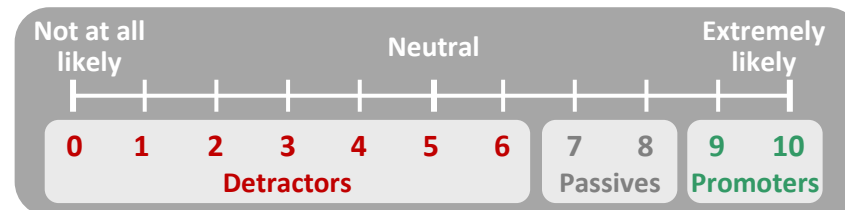
- The BPMi measures, HCP by HCP:
 - The importance of the 3 components of the BPM
 - His perception of each of them on a 10-point scale



- The BPMi enables to determine:
 - The root-causes underlying the commitment of each HCP for a brand
 - Actions to strengthen his attachment to the brand

Net Promoter Score (NPS)

- The NPS measures the degree to which HCPs will recommend a brand, a service or a company to another healthcare professional
- The NPS can be used to evaluate a touchpoint at a given moment or the overall HCP experience
- The NPS is the % of promoters minus the % of detractors



- By asking customers why they would be likely or not to make a recommendation, it is possible to identify solutions to convert detractors into promoters

Best Practices

Execution & Performance Monitoring: Tools (3/3)

The BPMi, specifically designed to measure HCPs opinion, is the most complete indicator but it could be advantageously complemented by the NPS

Pros

Brand Preference Mix Index (BPMi)

- It measures overall and specific experiences...
- ... including rationale and suggestions of improvement
- It enables comparisons vs. competitors

Cons

- BPMi being a holistic metric (incl. brands, companies, services), it may be perceived as complex to implement
- Not yet broadly known and used, unlike NPS

Net Promoter Score (NPS)

- The NPS focuses on overall experiences
 - It is a long-term satisfaction metric
 - It measures how many HCPs are likely to advocate the brand
-
- Promoters, detractors and passives segments are theoretical¹
 - The single question asked does not enable to define the actions to be taken to correct or reinforce the situation

Best Practices

Execution & Performance Monitoring: Application (1/2)

If it is difficult to measure the impact on performance of one isolated channel at one point of time, it is however easier to measure the quality of execution so that to keep on improving

Illustrative

Channels	Key Execution Indicators		Key Performance Indicators
In-person calls	<ul style="list-style-type: none">▪ Call duration▪ # of calls p.a.▪ Memorization rate▪ Satisfaction score		<p>The impact of the different channels will strongly depend on:</p> <ul style="list-style-type: none">— The objective sought— The quality and ...— ... the relevance of content conveyed by the channel
Phoning			
Remote calls			
TV-IDTV			
Personalized E-mails	<ul style="list-style-type: none">▪ Opening rate	<ul style="list-style-type: none">▪ Churn rate	<p>Irrespective of the considered channel, the following KPIs could be selected:</p> <ul style="list-style-type: none">▪ Change in opinion (e.g. Brand Preference Mix Index, Net Promoter Score)▪ Change in behavior (e.g. prescription share)▪ Impact on the # of treated patients, the prescription share, the market share, the sales dynamics, etc.
Mass E-mailings	<ul style="list-style-type: none">▪ Time to opening	<ul style="list-style-type: none">▪ Satisfaction score	
Mailings	<ul style="list-style-type: none">▪ Memorization rate	<ul style="list-style-type: none">▪ Satisfaction score	
Digital / hybrid congresses or symposia	<ul style="list-style-type: none">▪ # of invitees▪ # of registered invitees	<ul style="list-style-type: none">▪ # of connected invitees	
E-meetings / hybrid		<ul style="list-style-type: none">▪ # remaining connected	
Congresses or symposia	<ul style="list-style-type: none">▪ Satisfaction score	<ul style="list-style-type: none">▪ # of attending invitees	
Meetings			

Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

Best Practices

Execution & Performance Monitoring: Application (2/2)

If it is difficult to measure the impact on performance of one isolated channel at one point of time, it is however easier to measure the quality of execution so that to keep on improving

Illustrative

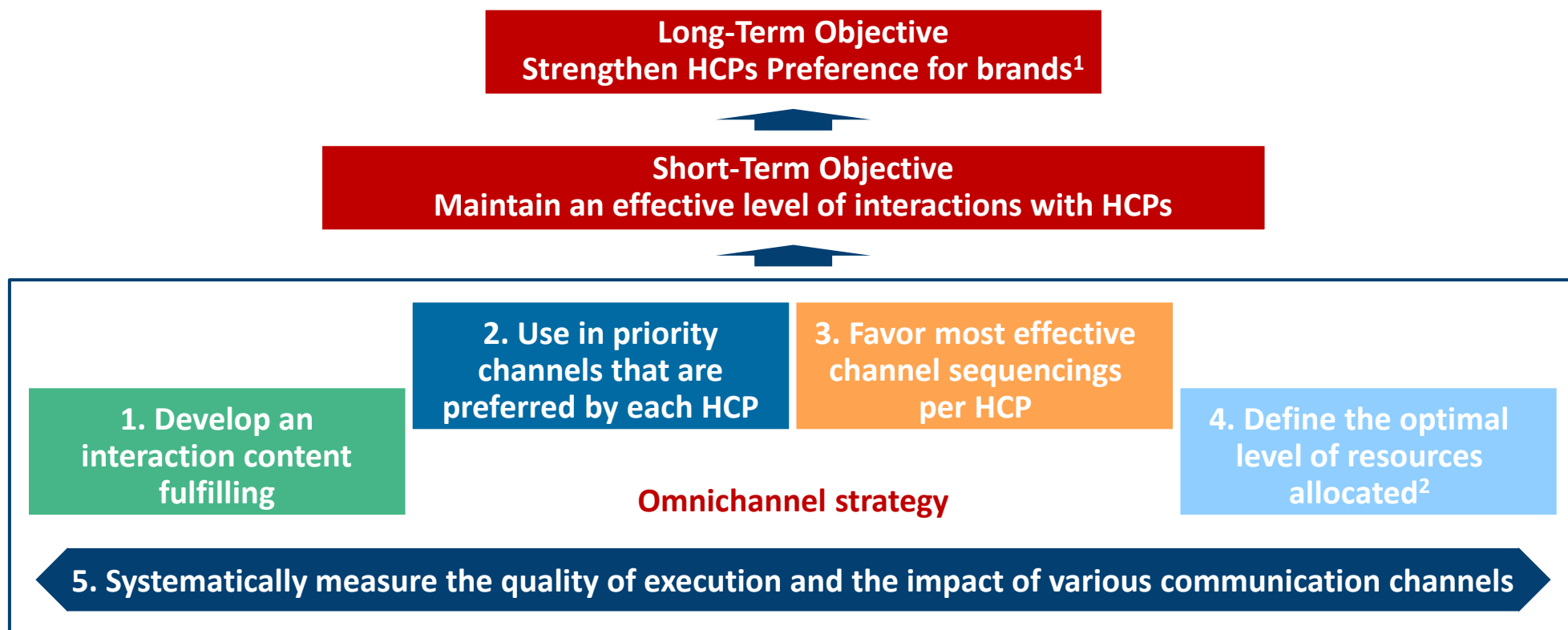
Channels	Key Execution Indicators		Key Performance Indicators
Pharma websites	<ul style="list-style-type: none"># of visitsFrequency of visitsDuration of visitsClick rate		<p>The impact of the different channels will strongly depend on:</p> <ul style="list-style-type: none">— The objective sought— The quality and ...— ... the relevance of content conveyed by the channel <p>Irrespective of the considered channel, the following KPIs could be selected:</p> <ul style="list-style-type: none">▪ Change in opinion (e.g. Brand Preference Mix Index, Net Promoter Score)▪ Change in behavior (e.g. prescription share)▪ Impact on the # of treated patients, the prescription share, the market share, the sales dynamics, etc.
Independent websites			
Social media			
HCP Portals			
Computer ads			
E-press	<ul style="list-style-type: none">Reach (# of HCPs exposed to the ad)Frequency (# of times each HCP is exposed)Gross Rating Points (GRP) = Reach x Frequency		
Press			
SMS – MMS	<ul style="list-style-type: none">Response rate	<ul style="list-style-type: none">Time to response	

Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

Best Practices

Recommendations

In the Covid-19 context, the omnichannel strategy should be designed to secure an effective level of interactions with HCPs to keep on strengthening their preference for the promoted brands



Sources: Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

¹ In the best interest of patients, HCPs and payers – ² Human and financial resources

(Bonus – not previously published)



Smart Pharma
CONSULTING

Digital Pharma Promotion

— Presentation —

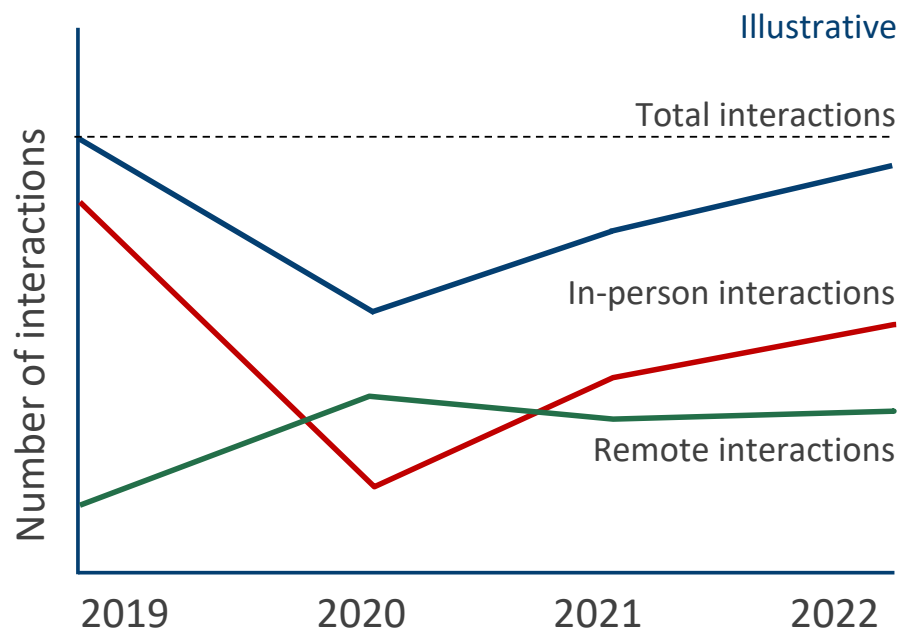
What perspectives in the Global Pharma Market?

November 2020

Introduction

The absolute priority for pharma companies is to maintain regular contacts with targeted HCPs by offering the content they want through the coordinated combination of channels they prefer

Evolution of in-person vs. remote interactions between pharma companies & HCPs



- The Covid-19 crisis has led to a fall in F2F interactions, partially offset by remote contacts
- After the crisis, most HCPs are likely to reduce the overall number of their interactions with in-field collaborators¹...
- ... while increasing remote interactions²

- To keep regular contacts with HCPs, multiple channels should be combined...
- ... in an integrated manner to provide high-value content

Global investment of Pharma Companies by channel (2019)

In 2019, detailing accounted for 61% of total pharma companies promotional investment while digital channels were less than 6% but with an annual growth of 19% vs. 2018

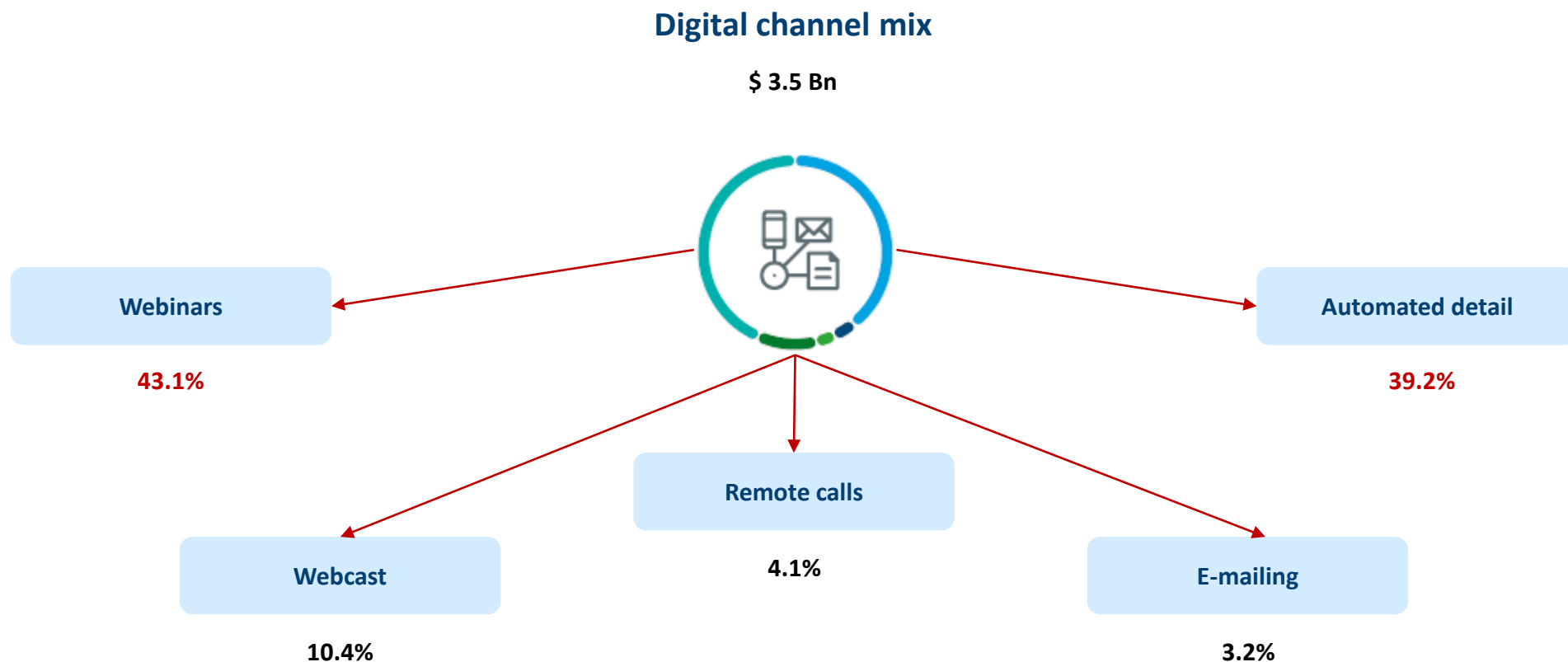
	Investment (\$Bn)	Investment (% of total)	Evolution (2019 vs. 2018)
Detailing¹	36.5	60.6%	+0.3%
Meetings	6.8	11.3%	+3.8%
DTC	6.3	10.5%	-4.1%
Samples	6.0	9.9%	+14.6%
Digital	3.5	5.8%	+19.0%
Others²	1.1	1.9%	-15.9%
Total	60.2	100%	+2%

Sources: IQVIA Institute (October 2020) – Smart Pharma Consulting analysis

¹ 11% of med reps calls were carried out with the support of a tablet device – ² Advertising, mailing, etc.

Global investment of Pharma Companies by channel (2019)

Amongst the different digital channels, webinars and automated detailing accounted for 82.3% of total investments



Sources: IQVIA Institute (October 2020) – Smart Pharma Consulting analysis

HCPs perception of Pharma Companies promotion (2019)

In 2019, 2/3 of HCPs were satisfied with the information conveyed by pharma companies through different communication channels and 1/3 of them preferred F2F interactions



66%

of HCPs are satisfied with the information they have access to



36%

of HCPs prefer to be informed on drugs through individual interactions



62%

of HCPs consider the information is easily accessible



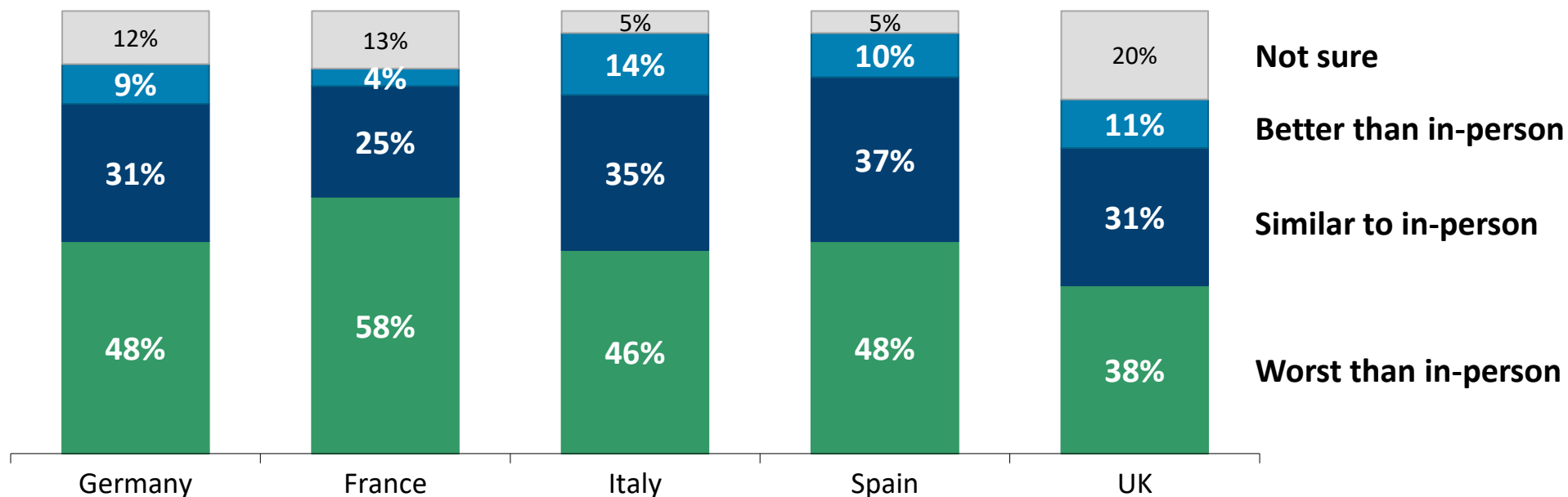
25%

of HCPs prefer online “digital” resources

HCPs' perceived quality of remote vs. in-person channels (2020)

~40% or more HCPs feel that remote interactions are worse than in-person interactions while ~32% consider they are similar, and ~10% they are better

% of HCPs¹ assessing remote vs. in-person interactions

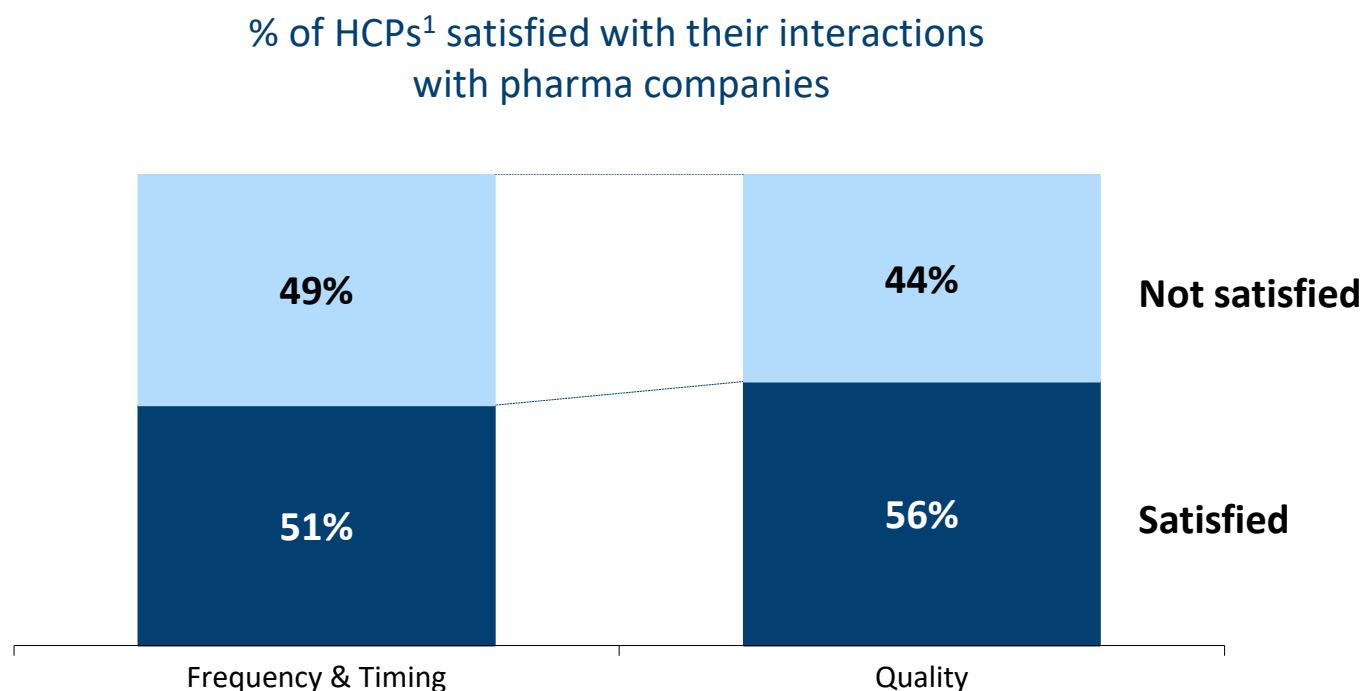


Sources: Survey by McKinsey (October 2020) – Smart Pharma Consulting analysis

¹ 938 physicians (GPs, cardiologists, neurologists, oncologists, dermatologist, endocrinologists, pulmonologists) interviewed in Europe (Germany, France, Italy, Spain, UK) from September 14th to 28th, 2020 (McKinsey)

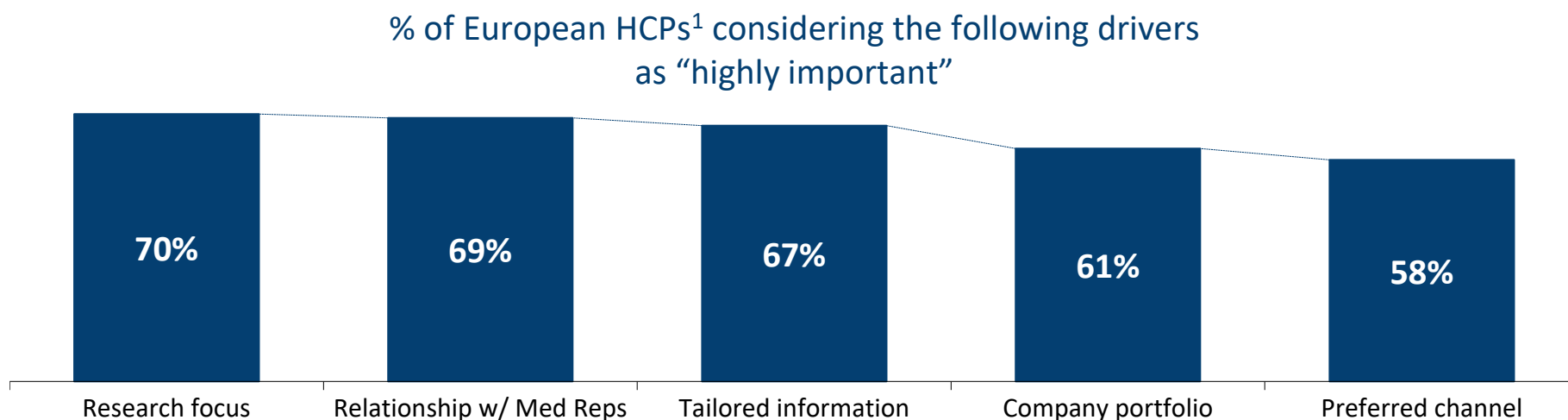
HCPs' perceived quality of interactions with pharma companies (2020)

~50% of HCPs are not satisfied with the frequency and timing of their interactions with pharma companies, while 44% are disappointed by the quality of the contents conveyed



Drivers for HCP's preference of pharma companies (2020)

With regards to promotional activities, the quality of Med Reps interactions, of information conveyed and of the communication channel used are important to drive HCPs' preference



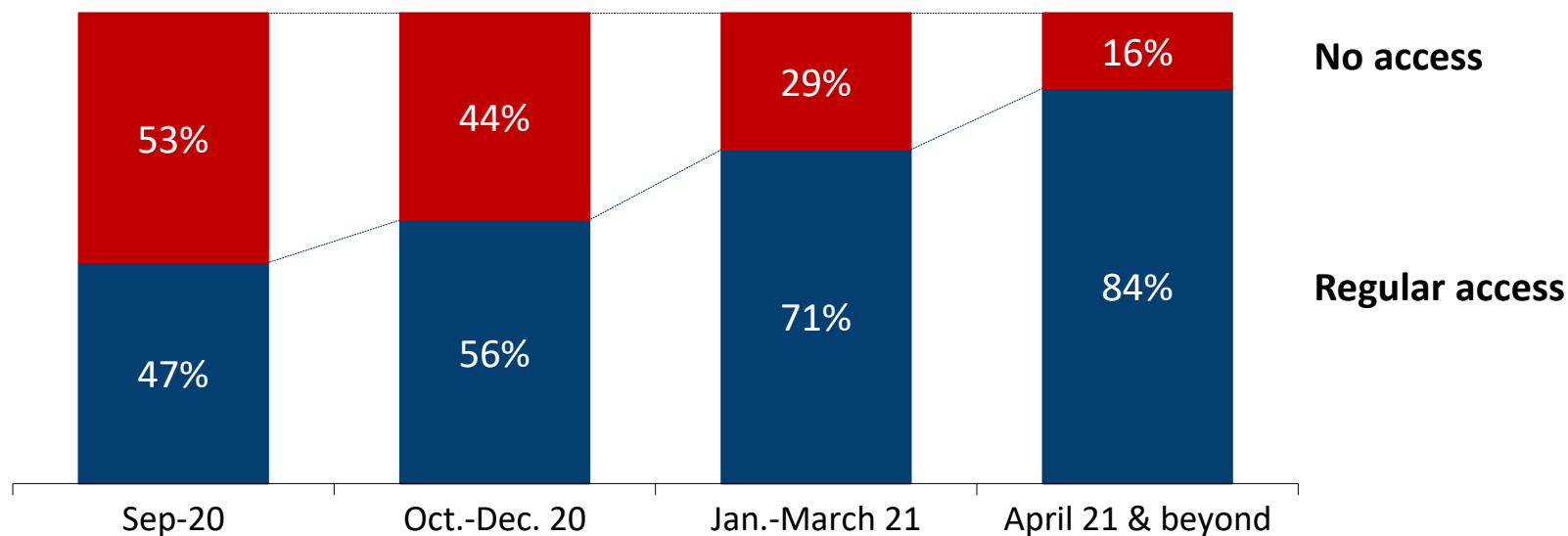
Willingness of HCPs to engage with pharma companies is strongly influenced by:

- Personal relationship with the Med Rep
- The relevance of the information conveyed
- The selected channels to interact

Evolution of in-person access to HCPs (2020 – 2021)

In-person calls by Med Reps will resume progressively, with ~84% of HCPs stating that they will accept to meet them, but some of them will further reduce the number of contacts p.a.

% of HCPs¹ anticipating to accept in-person calls by Med Reps
 (% of total)



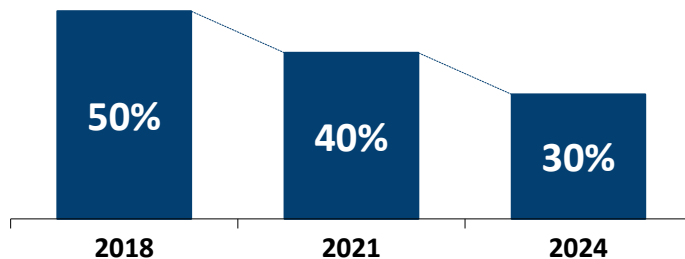
Sources: Survey by McKinsey (October 2020) – Smart Pharma Consulting analysis

938 physicians (GPs, cardiologists, neurologists, oncologists, dermatologist, endocrinologists, pulmonologists) interviewed in Europe (Germany, France, Italy, Spain, UK) from September 14th to 28th, 2020 (McKinsey)

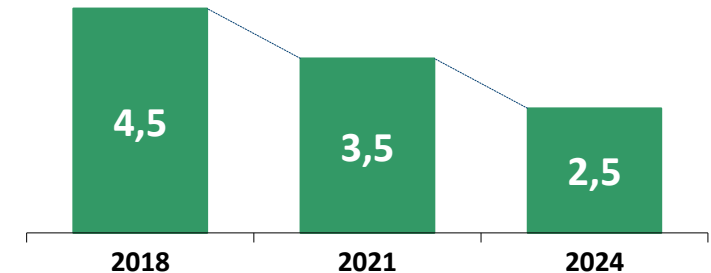
Evolution of in-person access to HCPs (2021 – 2024)

HCPs are likely to further limit in-person calls with Med Reps, which will require from pharma companies to adapt their communication strategy

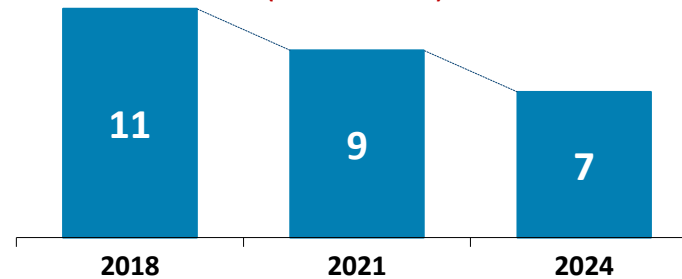
Accessible HCPs to Med Reps
(% of total)



Limitation of access to Med Reps
(# of calls per physician p.a.)



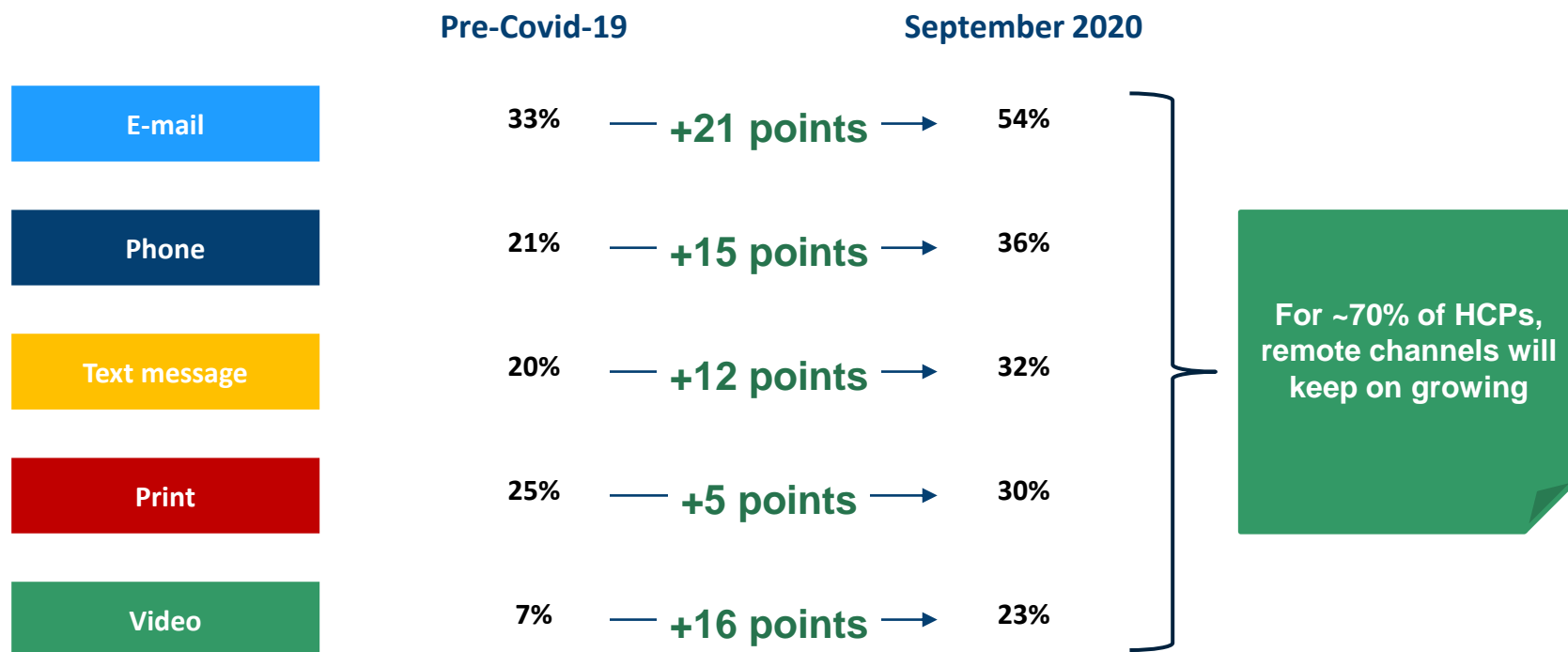
In-person call duration per HCP
(in minutes)



Evolution of HCPs' usage of remote interaction channels (2020)

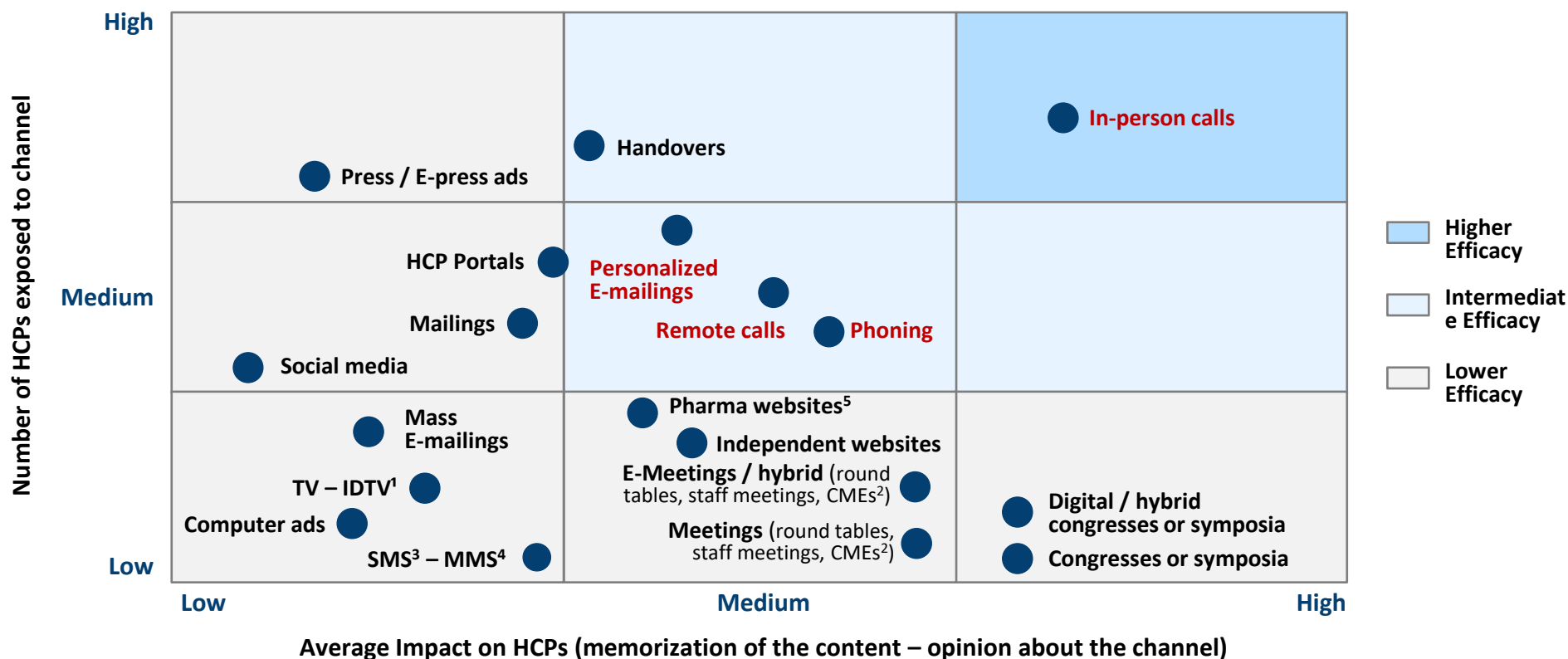
HCPs¹ have adopted most of remote channels for pharma companies' engagement, with e-mails being used by more than 50% of them, as of September 2020

% of HCPs¹ interacting via the channels at least once a week



Relative efficacy of communication channels (2021 – 2024)

Despite the Covid-19 crisis, in-person calls by Med Reps will remain the most effective channel to interact with HCPs, followed by phoning, remote calls and personalized e-mails

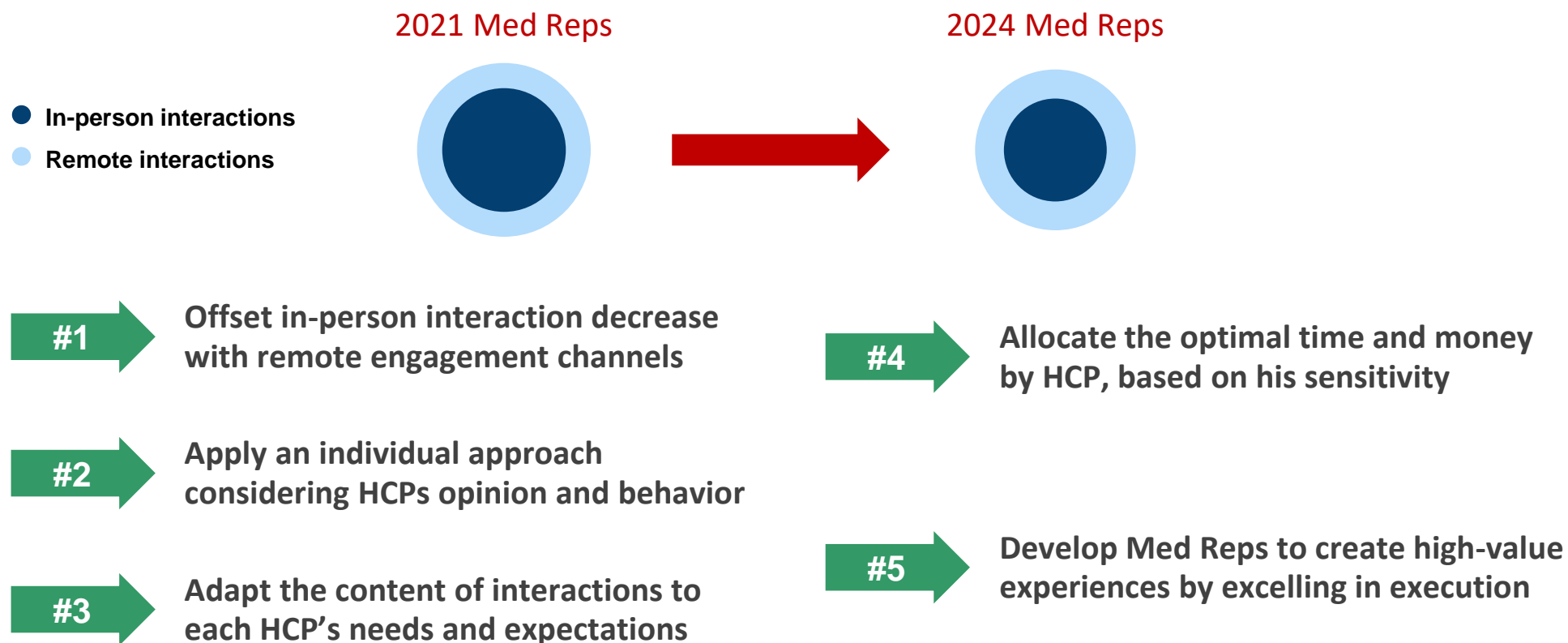


Sources: Benchmarking study (7 Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

¹ Interactive digital television – ² Continuous medical education – ³ Short message service – ⁴ Multimedia message service – ⁵ Including blogs

How to maintain effective in-person interactions (2021 – 2024)

Med Reps need to become the special partner of each individual HCP by sharing high-quality information¹ and offering essential services¹, fulfilling his needs and expectations



Relative efficacy of communication channels (2021 – 2024)

Remote calls are potentially attractive to HCPs and likely to engage them provided the technology is well mastered, the content is non-promotional or focused on new products or indications

Remote Calls

Pros

- Economic and time **saving**
- Personal **relationship** kept, to a certain extent
- **Flexibility** of scheduling
- **Reutilization** of digital contents on other channels

Cons

- Problems of **access** (firewalls, low bandwidth)
- A **minority** of HCPs accepting in-person calls **will accept**, in addition, remote calls
- **Certain** HCPs are refusing remote calls a result of several **disappointing experiences**

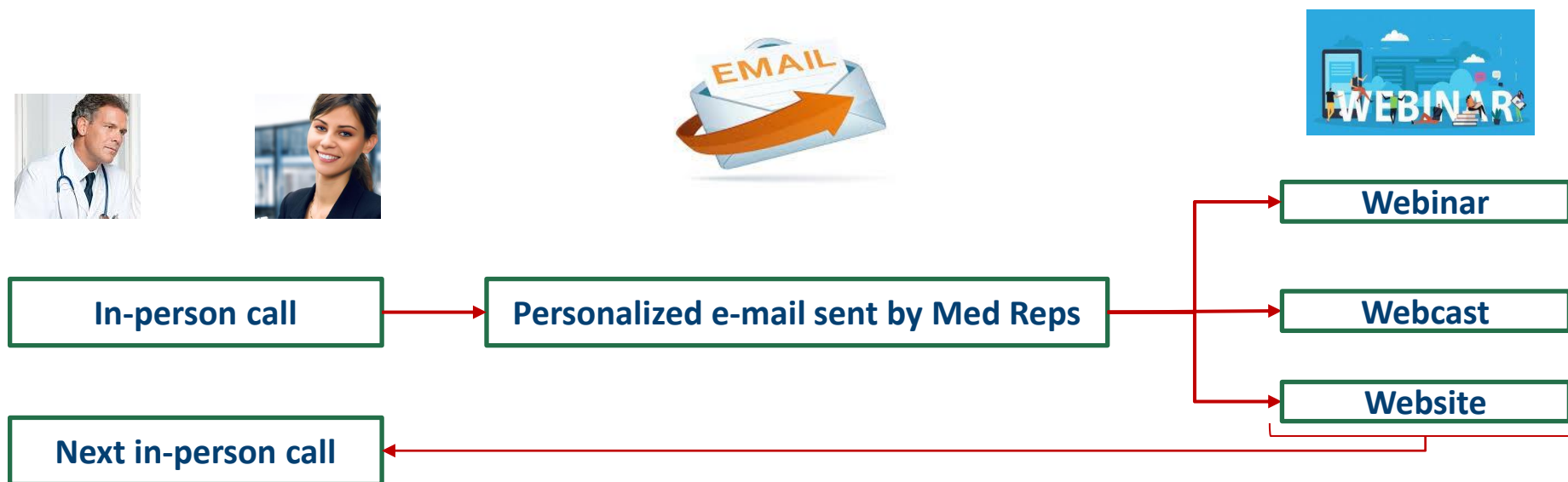
Golden rules to succeed

- Make sure the **content is attractive** to the HCPs
- Specifically **train Med Reps**
- Use them as a **complement** of in-person ones
- Perform remote calls **by internal Med Reps**
- Keep the call **short and crispy**
- Include **short videos** and **animations**¹

Relative efficacy of communication channels (2021 – 2024)

The most common sequencing used combines personalized e-mails sent just after in-person calls in which HCPs can be invited to use other digital channels to get information or services

Channel Sequencing



The right sequence across different channels, physical, digital or hybrid, will mainly depend on the **content** to communicate and the **preference of HCPs**

How to carry out an effective omnichannel strategy

Digital channels are not the panacea but, if well-executed and integrated into an omnichannel strategy, with the Med Rep playing the role of orchestrator, they can help engage HCPs

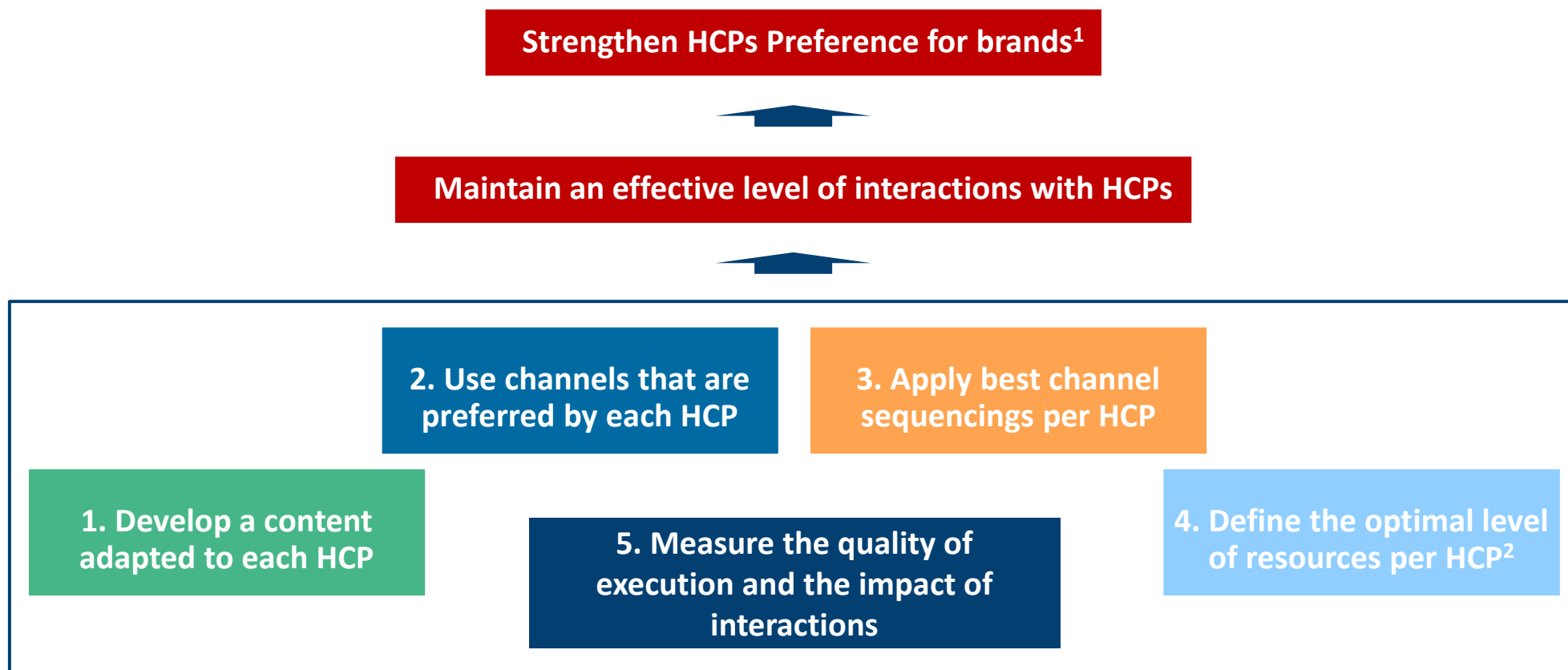
Five golden rules



- #1** → Identify HCPs preferred channels and usage patterns (e.g. frequency, time of the day, duration)
- #2** → Select the channels to be combined, according to the sought objective
- #3** → Adapt the content and format to the channel
- #4** → Plan carefully the execution of the omnichannel strategy
- #5** → Monitor the quality of execution with KEIs¹ and the impact of the omnichannel strategy with KPIs²

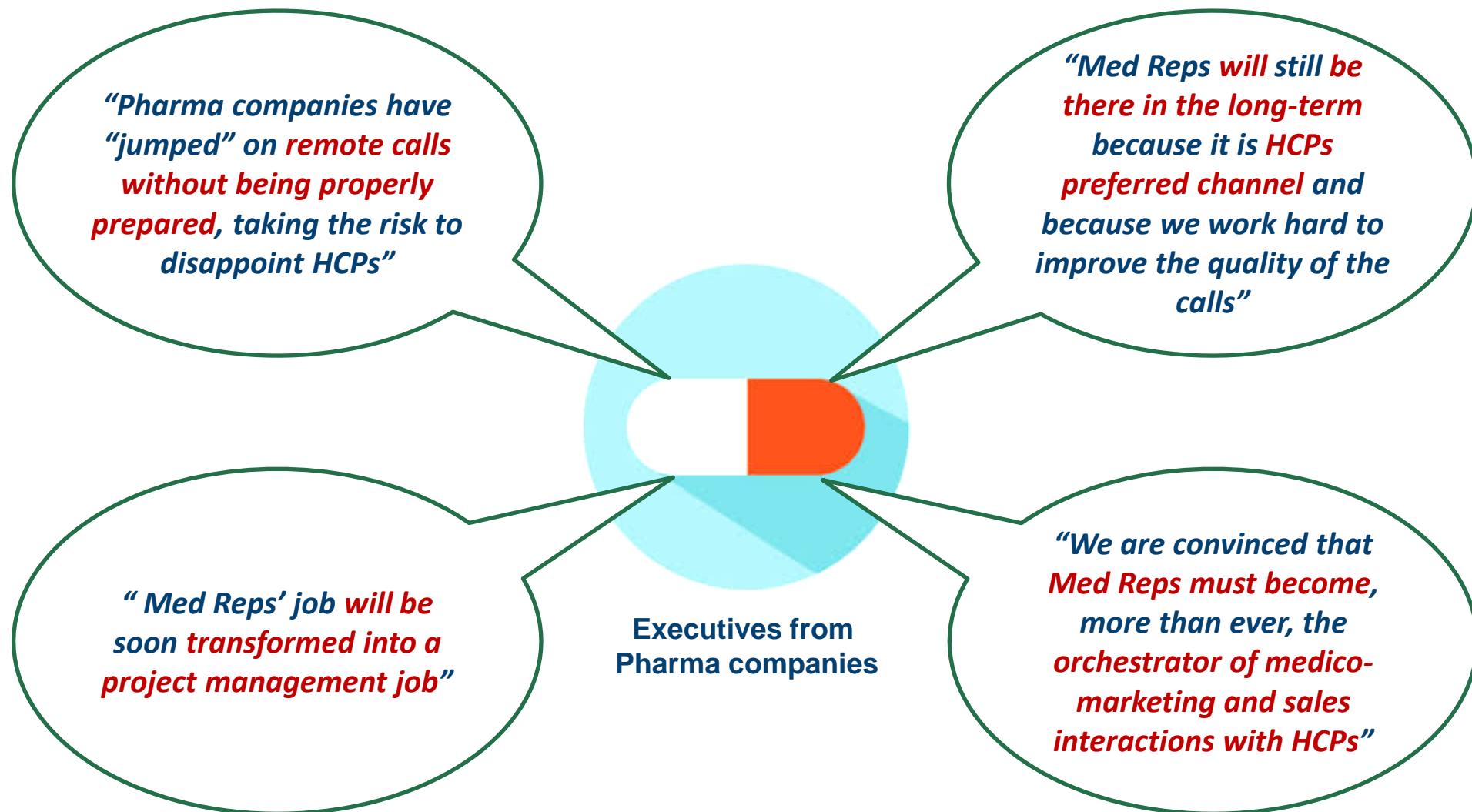
Conclusions

The properly orchestrated combination of in-person and digital interactions with HCPs should enable to strengthen their preference for brands, which is the essence of promotion



Sources: Benchmarking study (7 Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

¹ In the best interest of patients, HCPs and payers – ² Human and financial resources



French retail pharmacies

INSIGHTS

2019 – 2023 perspectives

The Smart Pharma Business Papers

Position Paper

JANUARY 2020

1. Introduction

In this position paper, Smart Pharma Consulting proposes an analysis of recent changes that have affected French retail pharmacies and an assessment of their perspectives by 2023

Context and objectives

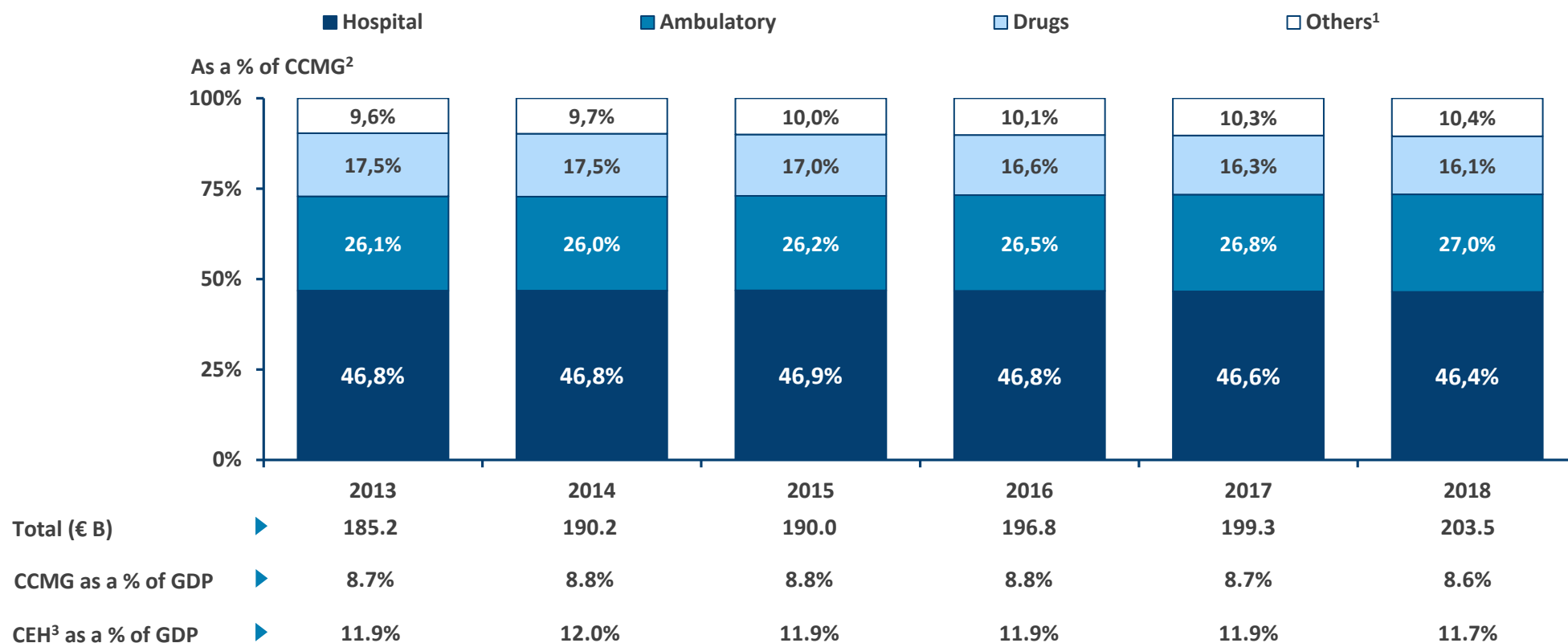
In this position paper, Smart Pharma Consulting proposes to answer the following questions

- 
- How is organized drugs distribution in France?
 - What is the regulatory framework applicable to retail pharmacies in France and how should it evolve?
 - What are the recent dynamics, changes and trends on the French retail pharmacies market?
 - What is the level of performance of retail pharmacies in France and what are the main levers to boost it?

1. Introduction

Although drugs expenditure is only the third largest source of spending in France, it is under a higher pressure as it is politically and technically the easiest to reduce

Breakdown of public and private healthcare expenditure



Sources: "Les dépenses de santé en 2018", DREES (2019) – INSEE – Smart Pharma Consulting analyses

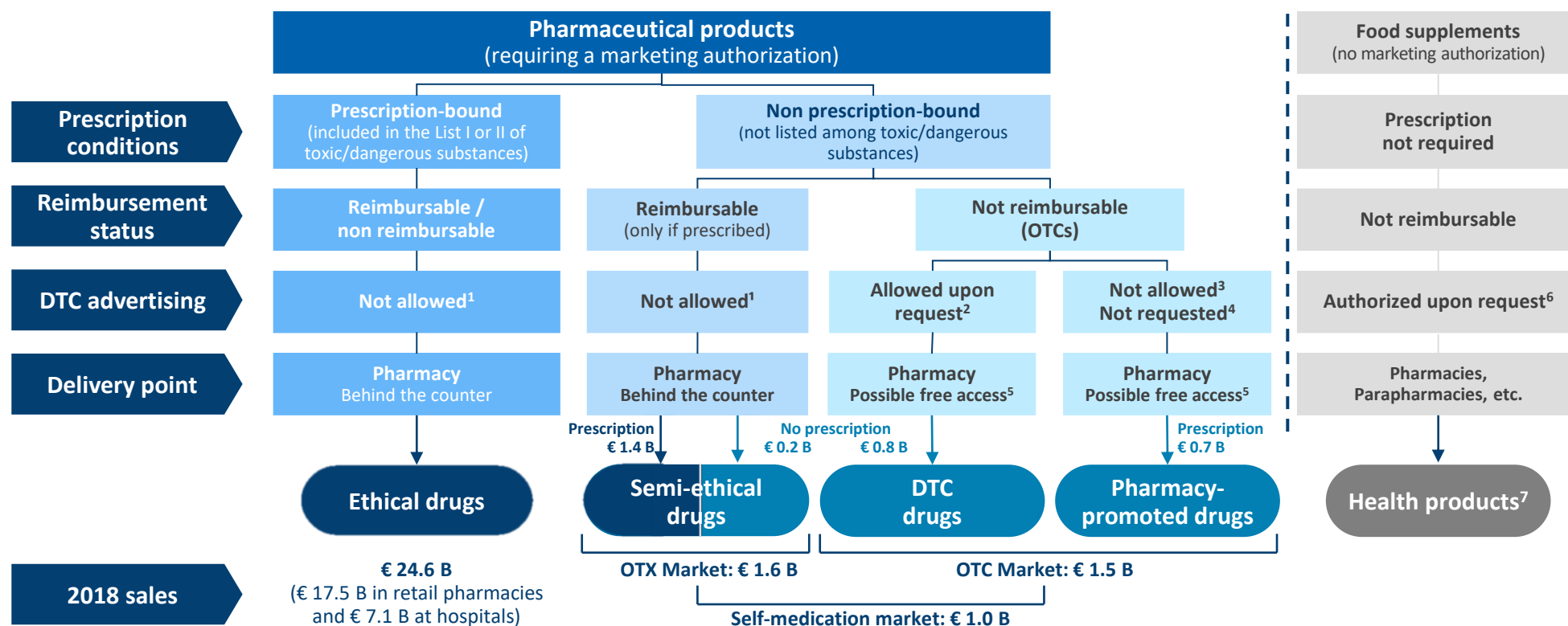
¹ Other healthcare goods and services, including patient transportation and other medical goods –

² CCMG: Consumption of care and medical goods – ³ CEH: Current expenditure on health

1. Introduction

Pharmaceutical products can be split into prescription- and non-prescription-bound drugs, knowing that some of the prescribed drugs are not reimbursed

Classification of pharmaceutical products



Note: OTC = Over-the-counter, OTX = combination of prescription (RX) and over-the-counter (OTC), DTC = Direct to consumer

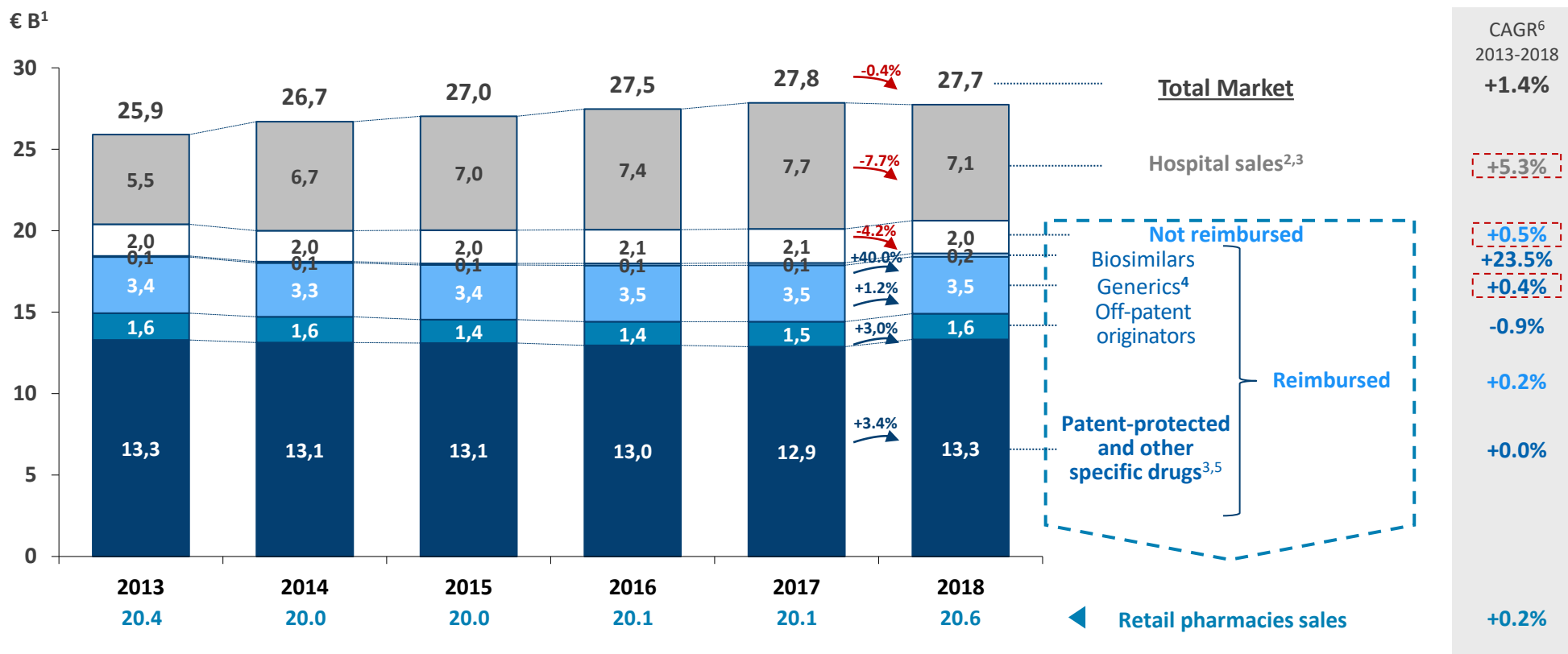
Sources: ANSM – DGCCRF –
Smart Pharma Consulting analyses

¹ Rare exceptions (e.g. vaccines) – ² Whatever the claims – ³ Psychotropic or narcotic drugs – ⁴ When the pharma company does not wish to communicate to the general public – ⁵ Possibility of “free access” within the retail pharmacy for certain OTC products – ⁶ Only for claims relating to healing, alleviating or preventing diseases – ⁷ Other than drugs and pharmaceutical products

1. Introduction

Since 2013, spending on drugs has been mainly driven by hospital sales and by non-reimbursed drugs and generics sold in retail pharmacies

Evolution of drugs sales by segment (2013 – 2018)

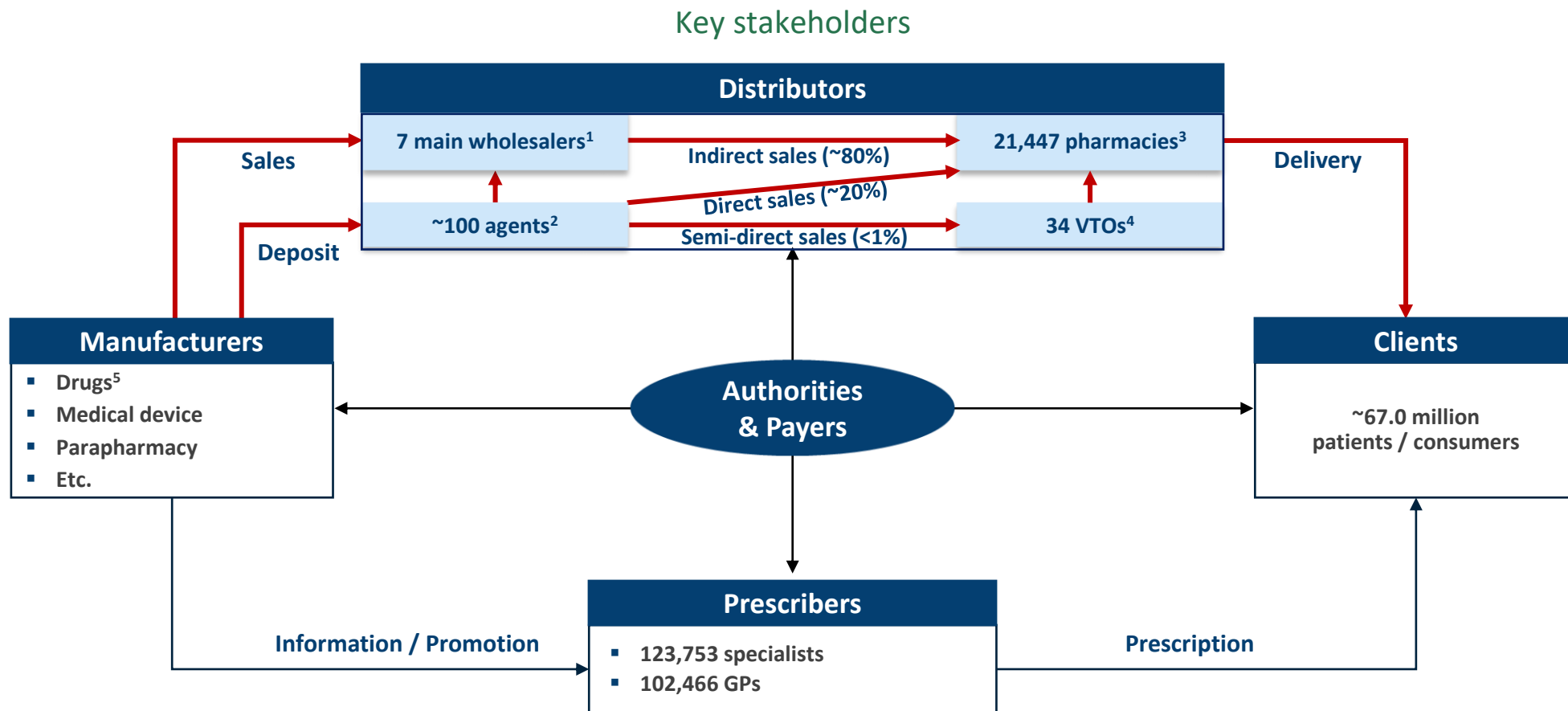


Sources: GERS dashboards –
 Smart Pharma Consulting estimates

¹ Constant ex-factory prices – ² Estimated rebated sales including hospital sales of biosimilars, products invoiced on top of "T2A" and reassigned medicines –
³ In 2018, classes of drugs (e.g. hepatitis C) have been transferred from the hospital to the retail market – ⁴ Reimbursable generics and quasi-generics –
⁵ Sales of drugs whose patents have not expired and of other specific products (e.g. calcium, sodium, potassium, paracetamol) – ⁶ Compound Annual Growth Rate

2. Drugs distribution

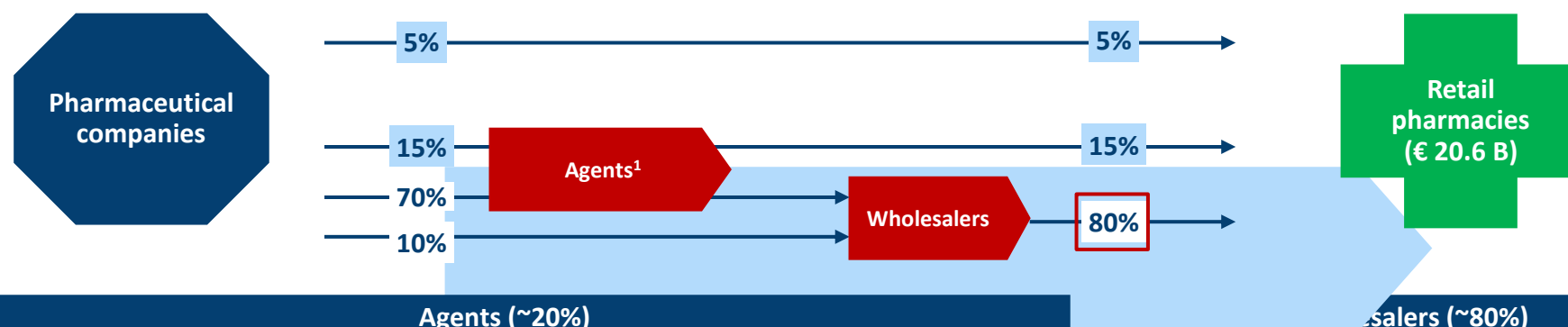
The drug supply chain organization involves 4 categories of stakeholders which are highly dependent on the decisions made by healthcare authorities and payers



2. Drugs distribution

~80% of the value goes through wholesalers, who are the cornerstone of the supply chain between pharma companies and retail pharmacies

Share of direct sales in the retail market



Agents (~20%)

■ Independent health specialists:

- CSP

■ Subsidiaries of integrated distribution groups and health specialists:

- Alloga / Directlog (Alliance Healthcare)
- Eurodep (CERP)
- IvryLab (PharmaVie / Phoenix Pharma)
- Movianto¹ (Owens & Minor, USA)
- Sogiphar (Giphar)

■ Subsidiaries of integrated distribution groups; non health specialists:

- FM Health (FM Logistic)
- Arvato Services Healthcare (Bertelsmann group)
- Pharmalog (Geodis)
- Rhenus (previously Wincanton)

■ Subsidiaries of pharmaceutical companies:

- AstraZeneca
- Pierre Fabre
- Sanofi Pasteur
- Servier

Wholesalers (~80%)

Market share²

- **CERP network** **36.2%**
 - CERP Rouen (Asteria) 20.7%
 - CERP Rhin Rhône Méditerranée 11.8%
 - CERP Bretagne Atlantique 3.7%
- **OCP (McKesson)** **31.3%**
- **Alliance Healthcare France** **19.2%** (Alliance Boots)
- **Phoenix Pharma** (Phoenix Group) **8.4%**
- **Giphar** **2.6%**
- **Others³** **2.3%**

Sources: Xerfi – LEEM – GERS – CSRP – ANSM – Register of the French pharmaceutical establishments – Smart Pharma Consulting analyses

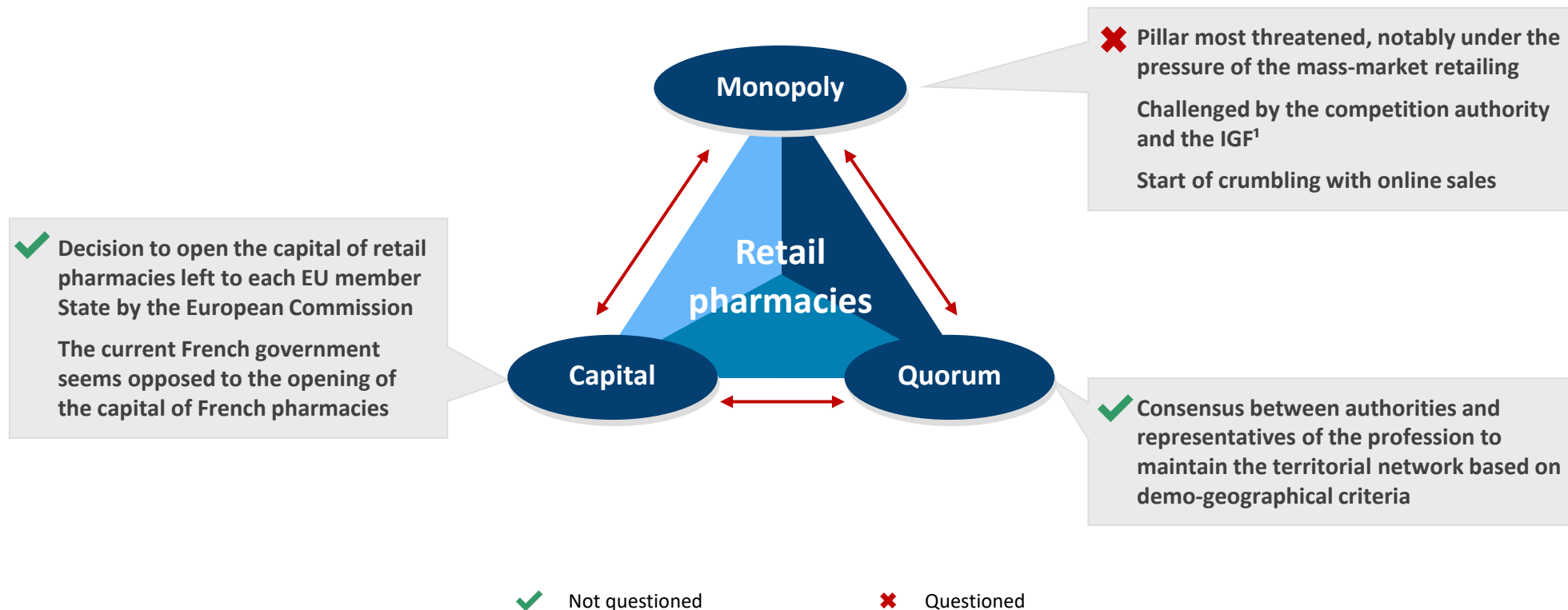
¹ Pre-wholeselling to wholesalers or VTOs or directly selling to retail pharmacists – ² Market share in value (2018) –

³ Non-members of the “Chambre Syndicale de la Répartition Pharmaceutique (CSRP)”

3. Regulatory environment

Amongst the three fundamental pillars of retail pharmacies, only the monopoly on the dispensing of self-medication products could be called into question

The 3 fundamental pillars of retail pharmacies in France



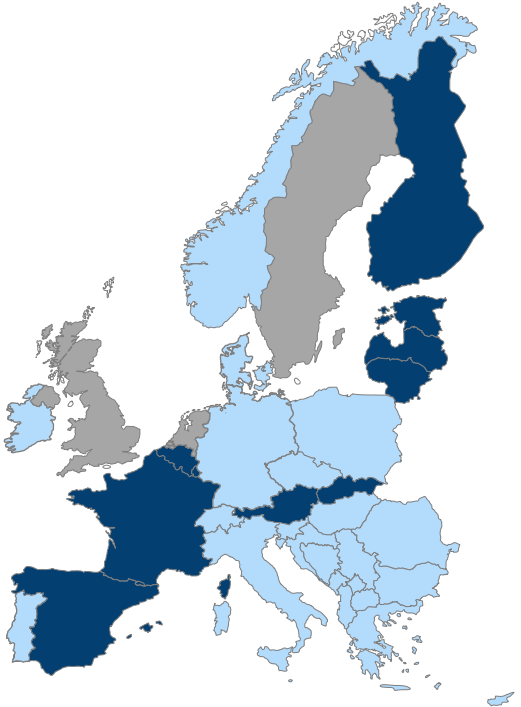
Sources: Interviews with retail pharmacists and representatives from VTOs and professional unions (September 2019) – Competition authority report (April 2019) – “La pharmacie d’officine: nouveaux défis, nouvelles opportunités de croissance”, Les Echos Etudes (2017) – Smart Pharma Consulting analyses

¹ “Inspection Générale des Finances”: General Inspectorate of Finance

3. Regulatory environment

Although questioned by distribution chains and reports, French governments and people have always shown an attachment to retail pharmacists monopoly

Monopoly – Situation in Europe

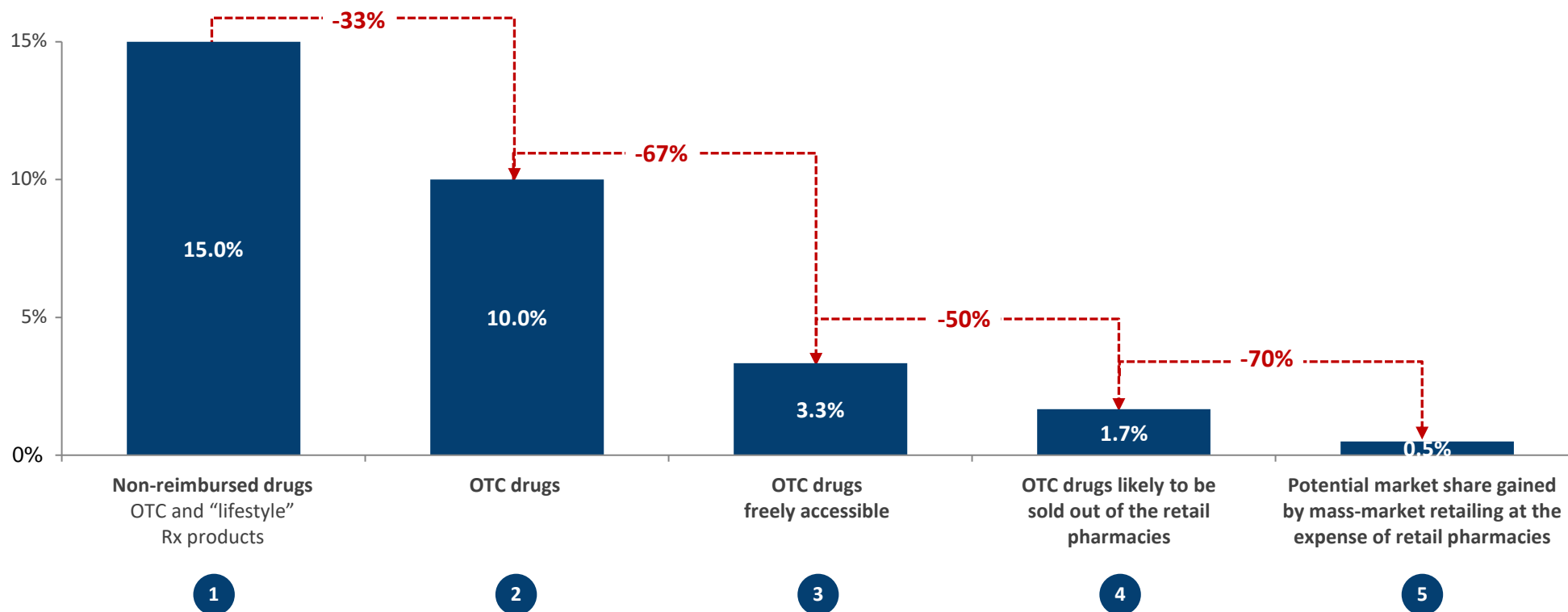
Situation of the monopoly for non-prescription bounds	Comments
 <ul style="list-style-type: none"> Monopoly (Dark Blue) No monopoly, but dispensation by pharmacists required, including outside pharmacies (Light Blue) No monopoly, and possible dispensation by non-pharmacists (Grey) 	<ul style="list-style-type: none"> In Europe, the opening of the monopoly is generally partial and never concerns prescription drugs Drug sales in mass-market retailing (e.g. supermarkets, drugstores, specialized stores) is most often limited to a list of self-medication drugs, as those currently proposed in free access in French retail pharmacies In France, many reports challenged the monopoly on self-medication drugs (e.g. the Attali report in 2008, the General Inspectorate of Finance report in 2013 or the French Competition Authority reports in 2014 and, more recently, in 2019) E-Leclerc chain also regularly calls for the end of the monopoly on self-medication products. This has been especially the case since 2013, when the authorization to sell non-prescription drugs online was granted to retail pharmacists only However, the successive French governments have always expressed their reluctance to sell drugs in supermarkets as it may question the continuity of care, especially in rural areas. Besides, as expressed by Agnès Buzin (the current Ministry for Health) after the latest French Competition Authority report was released in April 2019: <i>“drugs are not object of everyday consumption. There may be always side effects and pharmacists are there for that”</i> In 2014, 6 million patients had also signed a petition against the opening of the monopoly that had been launched by the USPO Pharmacists Union

3. Regulatory environment

If the monopoly is challenged, we estimate that the maximum impact for French retail pharmacies would be less than 1% of their total sales, i.e. ~5% of their OTC sales

Monopoly – Estimated impact of French retail pharmacies monopoly loss

% of retail pharmacies sales



Sources: Smart Pharma Consulting analyses and estimates

3. Regulatory environment

Since January 2nd, 2013, non-prescription-bound medicines can be sold online by pharmacies under some specific conditions...

Monopoly – Online drugs sales – Regulation

Date of authorization

The online sale of medicines is **allowed** in France since **January 2nd, 2013**¹

Authorized drugs

All **non-prescription-bound medicines**, either **reimbursable** if prescribed or **not reimbursable** drugs (+/- 4,300 references)

Conditions of creation and activity

- The **website** must be **attached** to a **physical retail pharmacy** and **managed** by the **pharmacy owner**
- It must be authorized by the **Regional Health Agency (ARS)** before being opened and declared to the **French Council of Pharmacists** (Ordre National des Pharmaciens)
- **Patients** must fill a **health status questionnaire** before placing the first order on a given website
- Drugs can be **either directly** sent to the patient or delivered to the **pharmacy** to which the website is attached
- Comply with **online commerce rules** and **good practices** set by a decree issued by the **Ministry of Health**

Evolution of the regulation

- In **March 2015**, a ministerial decree **limiting** the **promotion** of online pharmacies was canceled by the State Council, authorizing the **online promotion** of non-prescription bound medicines
- Since **July 1st, 2015**, a **unique logo** for the entire European Union appears on websites authorized to sell drugs online
- On **December 1st, 2016**, 2 ministerial decrees on good practices and technical rules applicable to Internet websites for the online commerce of medicinal products was published on the Official Gazette and entered into force in February 1st, 2017

3. Regulatory environment

... but corresponding sales remain limited, as online purchases are estimated to represent about 2% of the total self-medication purchases

Monopoly – Online drugs sales – Key Facts & Figures

Number of authorized websites

- As of **January 2021**, **689** websites¹ are officially authorized by Regional Healthcare Agencies (ARS) and published by the French Council of Pharmacists (Ordre National des Pharmaciens)

Performance

- According to French Council of Pharmacists, online purchases represented in 2017 **about 2% of the total self-medication** purchases in France
- In comparison, the online channel represents up to **18% of the total self-medication** purchases in **Germany** or in the **UK** (where online drug purchases have been authorized since 2004 and 2000, respectively)

Patients behavior

- Experience of online purchases: according to various studies, **~10% of French people** have already bought non-prescription-bound medicines online
- Willingness to purchase online in 2015: **45% of patients** declared to consider drugs purchase online vs. **30% in 2013** and **13% in 2012**

Key drivers for online purchases

- Convenience:** home delivery in **24 to 48 hours**
- Possibility to **compare prices** (with platforms like Unooc)
- Lower prices** than those in physical retail pharmacies

3. Regulatory environment

Various government reports have advocated the opening of the capital of pharmacies but it does not seem that there is any real political will to adopt such a law

Capital – Situation

Current regulation

- In **Europe**, although some countries have made the choice to reduce the ownership of retail pharmacies capital to **pharmacists**, as in **France**, other countries have chosen to open the capital of retail pharmacies to **non-pharmacists**, leading to the creation of drug chains (e.g. **UK**, **Netherlands**, etc.)
- In this context, and since the early 2000s, various **government reports** aimed at modernizing the French economy (e.g. Beigbeder, Attali and Longuet reports) **recommended** the **opening** of the **capital** to **non-pharmacists** ...
- ... like the **European Commission** which, in March 2007, put France and other countries in need of **liberalization**
- Subsequently, the **European Court of Justice** was solicited on similar cases in Italy and Germany. It ruled that a pharmacist *"is supposed to operate the pharmacy **not for a purely economic purpose**, but also for a **professional purpose** related to his **medical training**. The **subordination** of pharmacists, as **employees**, to an **outside operator** could make it **difficult** to **oppose** the **instructions** given"*
- More recently, in October 2014, the **Ferrand report** submitted to the Minister of the Economy, recommended *"to allow the **opening** of the capital of the liberal exercise societies (SEL) within the health professions, subject to the respect of the rules of incompatibility"*
- The negotiations following the Ferrand report are today in the spirit of **compromise**, with the possibility of opening up the capital to the **employees of the pharmacy only**

Sources: Press release n° 44/09 from the Court of Justice of the European Communities –Ferrand report (October 2014) – La distribution au détail du médicament au sein de l'Union Européenne: un croisement entre santé et commerce, CAIRN – Le Quotidien du Pharmacien (13/10/2014) –Smart Pharma Consulting analyses

3. Regulatory environment

Since November 2019, retail pharmacists must report to the French Council of Pharmacists all agreements / amendments signed with their related parties (including lenders)

Capital – Recent measure

The “Transparency” amendment (July 2019)

- On July 24th, 2019, the article L4221-19 of the French Public Health Code was amended to increase transparency on the agreements that may signed between pharmacy owners and non-pharmacists (e.g. investment funds)
- The amended article is written as follows:
 - “Pharmacists must **communicate** to the French Council of Pharmacists, in addition to the statutes of their pharmacy and their endorsements, all **agreements** and corresponding **amendments** related to their operations with related parties, including **partners** and, when applicable, **lenders** contributing to the funding of their pharmacy”
 - “These documents must be communicated **within one month** after the signature of the agreement or amendment”
 - “Contractual provisions which are **incompatible** with the rules of the profession or which may **deprive** the contracting parties of their professional **independence** render them liable to the **disciplinary sanctions** provided for in Article L. 4234-6 of the French Public Health Code”¹
- This amendment came into force from **November 1, 2019**

3. Regulatory environment

The authorization to set up a pharmacy in a city depends on the number of inhabitants and any creation, grouping or transfer is subject to the issue of a license

Quorum – Situation

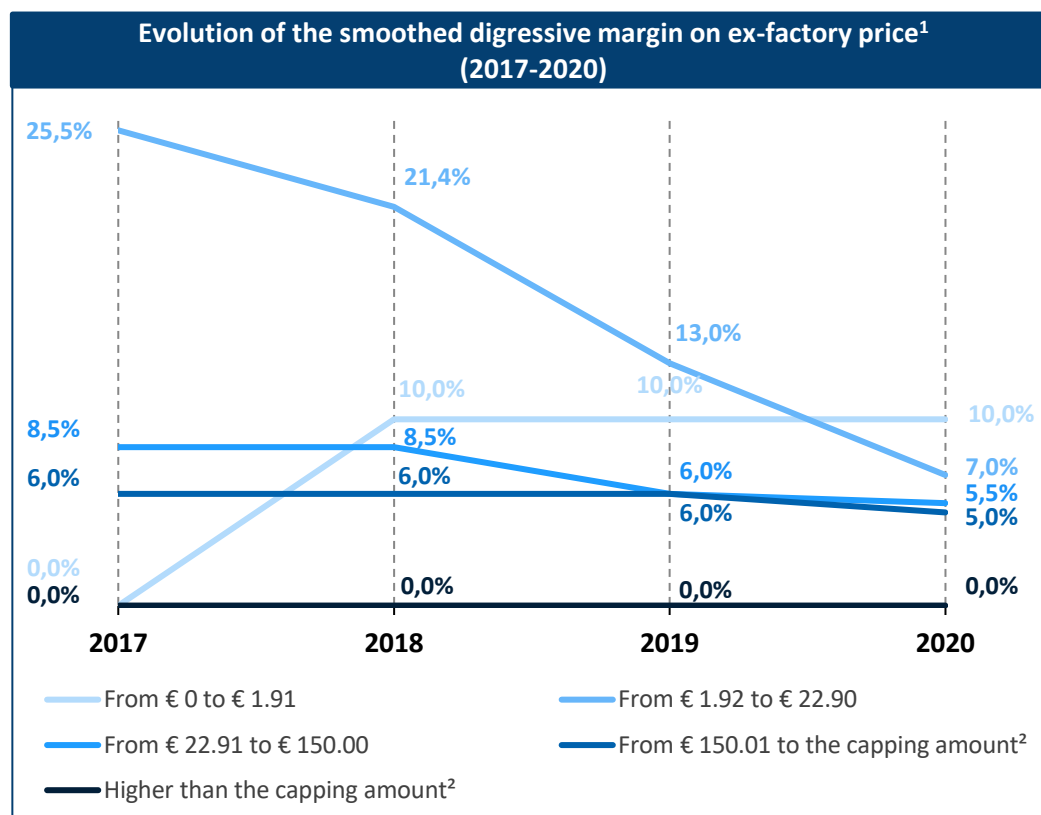
Current regulation

- In France, the **authorization** to **establish** a **retail pharmacy** in a city depends on the **number of inhabitants** identified in the city where it will be located, in accordance with the *numerus clausus*
- The **opening** of a pharmacy, by **transfer** or **creation**, is possible in cities with **over 2,500 inhabitants** (or 3,500 in Guyana, Moselle and Alsace and 7,500 for Mayotte). Then, the opening or transfer of new pharmacies is allowed for every **4,500 inhabitants**. Thus, a **second** pharmacy can be located in a city with more than **7,000 inhabitants**
- The establishment of a pharmacy in a city of **less than 2,500 inhabitants** is **not allowed unless** the city previously had a pharmacy that served more than 2,500 inhabitants
- The **transfer** of a pharmacy to **another city** is possible only if the city of origin has **fewer than 2,500 inhabitants**, if there is only **one pharmacy** or a population of less than **4,500 inhabitants per additional pharmacy**
- Any transfer, grouping or creation of pharmacies is subject to the issue of a license by the **Regional Health Agency (ARS)**
- In some cases, the **regional Prefect** may also impose a minimum distance between the pharmacies of the district where the transfer takes place

3. Regulatory environment

The revision of the smoothed digressive margin is part of a decorrelation process between the economy of retail pharmacies and the price of reimbursed drugs

Retail pharmacists margins and fees for reimbursed drugs – Excluding rebates



- The main priority of the 11th amendment³ to the National Pharmaceutical Agreement is to change the remuneration of retail pharmacies and make them **less dependent on the price and volume of reimbursable drugs**
- Thus, it proposes **progressive transfer to new forms of remuneration** related to dispensing and to the improvement of patients management

New dispensing fees	2019 ¹	2020 ¹
Fees for the delivery of a prescription	€ 0.50	€ 0.50
Fees related to the age of the patient (youth children and elderly people)	€ 0.50	€ 1.55
Fees for the delivery of specific drugs (e.g. immunosuppressive drugs)	€ 2.00	€ 3.50

New missions	Remuneration (2019)
Medication reports for elderly people taking more than 5 drugs	€ 60 for the initial interview and then € 30 ⁴ or € 20 ⁴
Belonging to a primary care team	€ 420 per year
Share medical file	€ 1 per open medical file

Sources: 11th amendment to the National Pharmaceutical Agreement (July 2017) – Official Gazette (September 2015, December 2017 and November 2018) – 11th Meeting of the USPO (January 2019) – Le Moniteur des pharmacies (December 2019) – Smart Pharma Consulting analyses

¹ VAT excluded – ² Amount from which the margin is capped: €1,500 in 2017, €1,515 in 2018, €1,600 in 2019 and €1,930 in 2020 – ³ The amendment was signed by only 1 of the 3 French pharmaceutical unions –

⁴ Whether new treatments are initiated in subsequent years or not

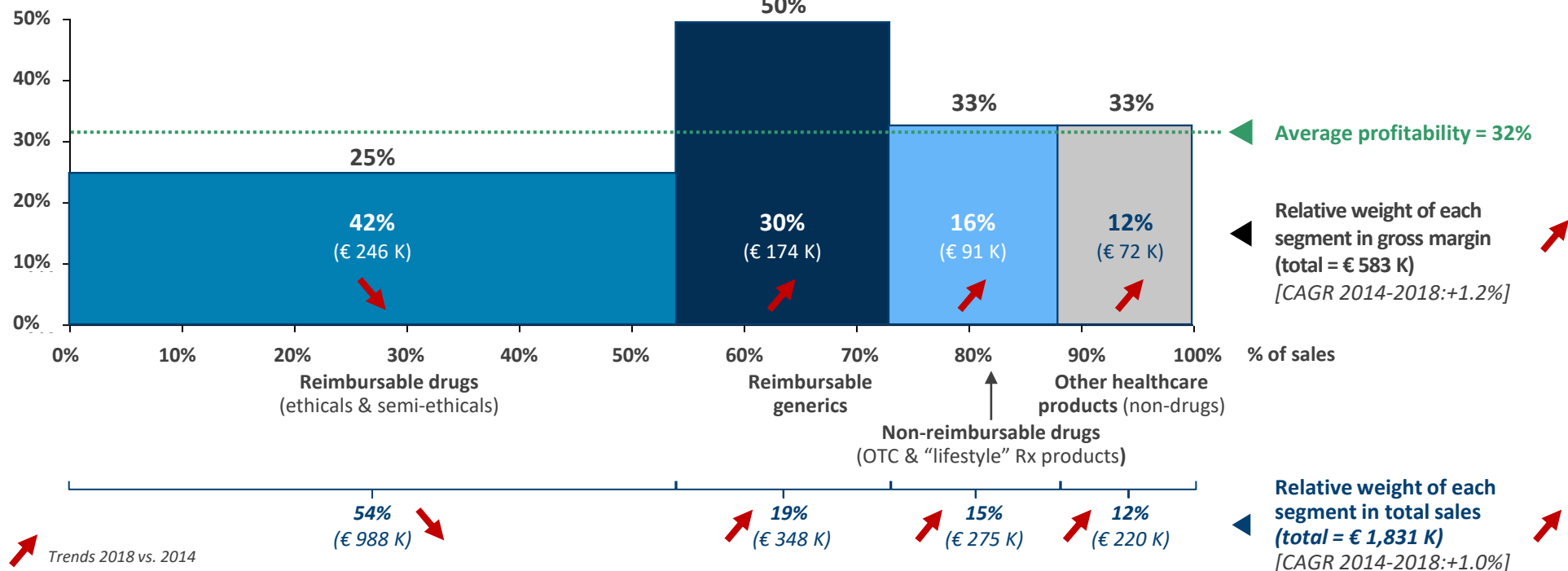
4. Sector financial performance

In 2018, reimbursable originators accounted on average for ~54% of retail pharmacies sales and ~42% of their gross margin

Economic structure of retail pharmacies in France (2018)

Average annual turnover of a retail pharmacy in 2018: € 1,831 K
 (public price excluding VAT)

Average profitability by segment¹



Sources: CGP Experts Comptables – KPMG –
 Smart Pharma Consulting estimates

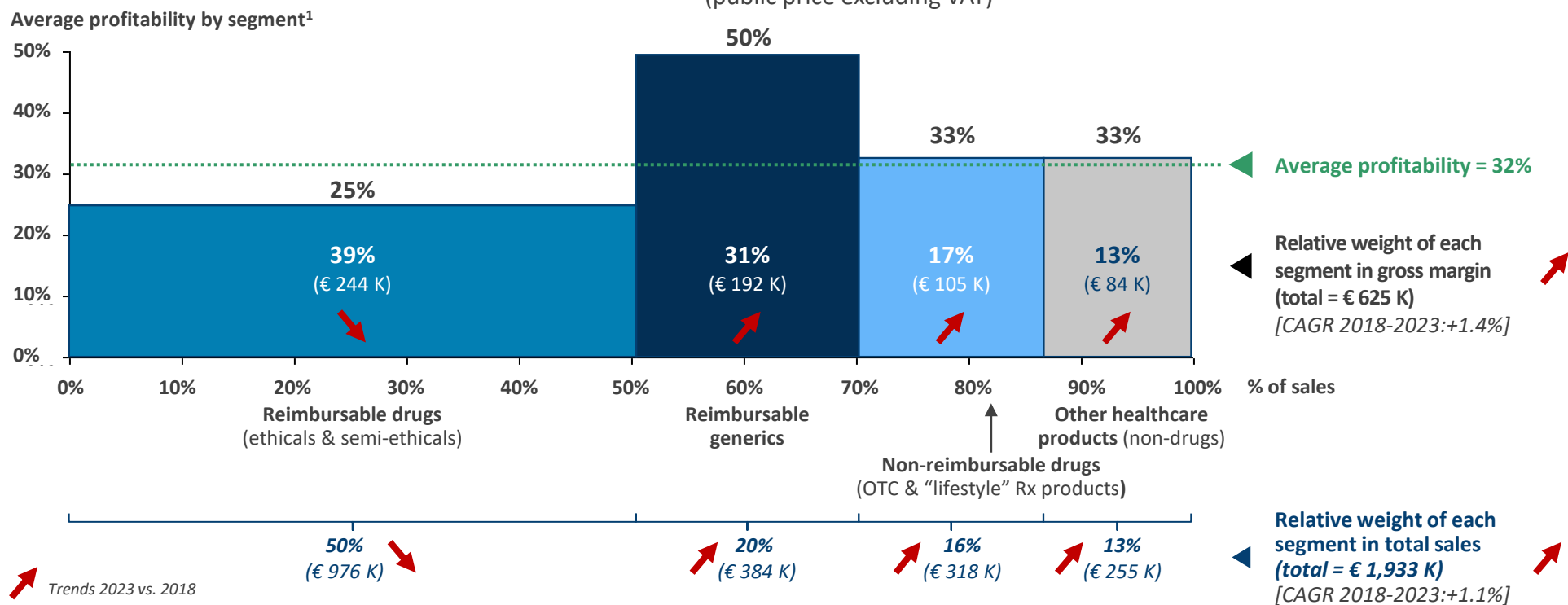
¹ Inclusive of legal margin, rebates, commercial agreements and remuneration for pharmaceutical services, notably those corresponding to the public health objectives (e.g. generics substitution objectives, pharmaceutical interviews with patients, etc.)

4. Sector financial performance

In 2023, reimbursable originators should account on average for ~50% of retail pharmacies sales and ~39% of their gross margin

Economic structure of retail pharmacies in France (2023)

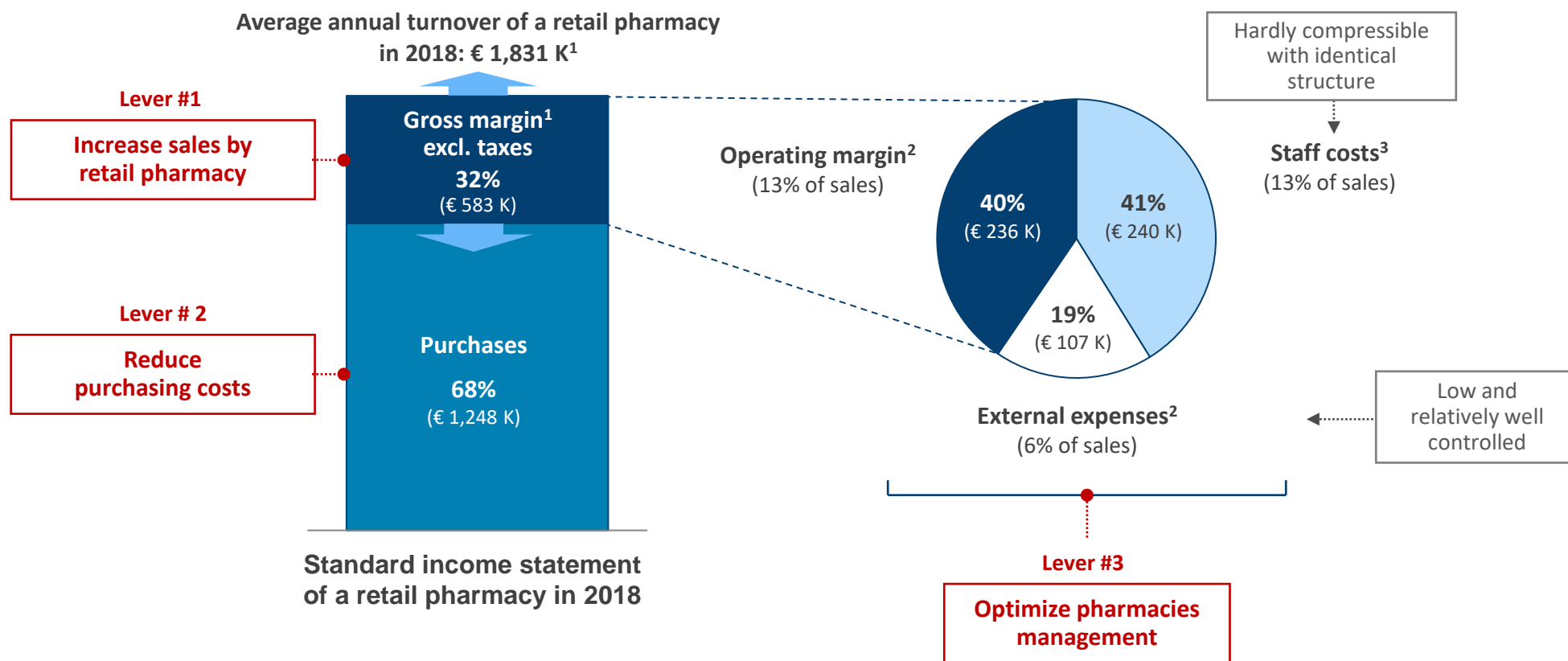
Average annual turnover of a retail pharmacy in 2023: € 1,933 K
 (public price excluding VAT)



4. Sector financial performance

The revitalization of sales (by the expansion of products and services offering) as well as cost and management optimization are the key levers to protect / increase profits

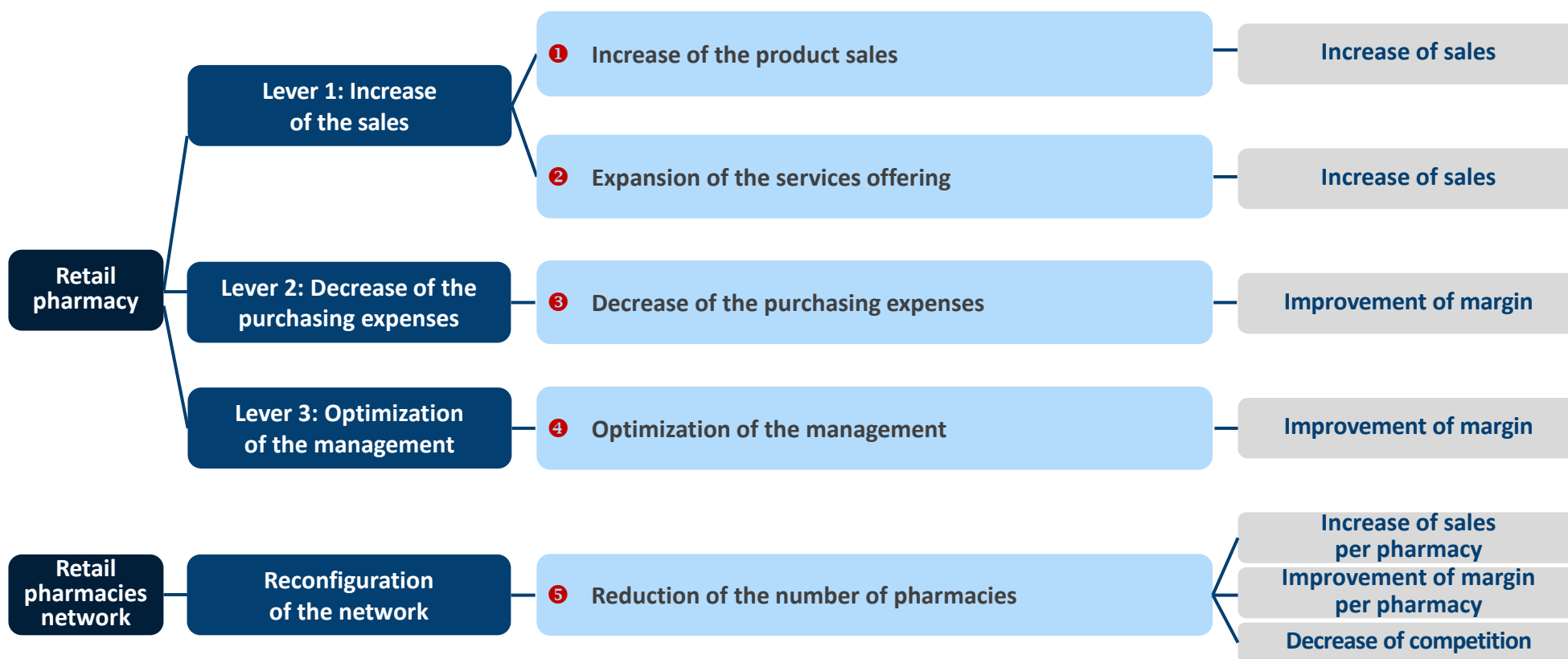
Optimization levers by retail pharmacy



5. Optimization levers

The room for improvement of retail pharmacies performance is important but requires to rethink and reshape the role and the organization of pharmacies

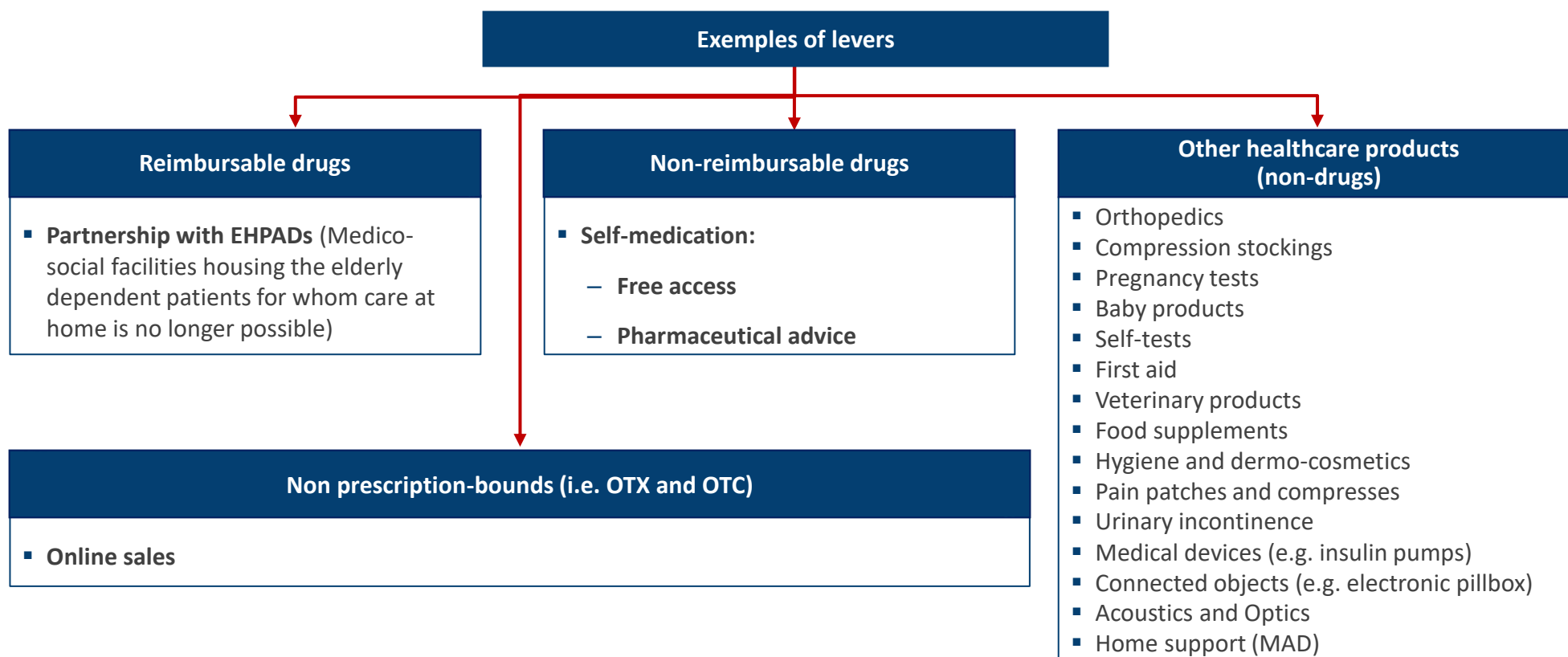
Overview of levers and solutions to improve retail pharmacies performance



5. Optimization levers

Retail pharmacies sales by product segment can be boosted by rigorously and systematically activating a certain number of levers

① Increase of the product sales



Sources: Interviews with retail pharmacists and representatives from VTOs and professional unions (September 2019) – Smart Pharma Consulting analyses

5. Optimization levers

In addition to their core business focused on drugs dispensation, pharmacists should carry out new missions, notably for patients suffering from chronic diseases

2 Expansion of the services offering

Extension of services

Regulatory framework:

- HPST law (2009)
- National Pharmaceutical Agreement (2012)
- National agreement on inter-professionality (2018)
- “My Health 2022”: Territorial reorganization of care (2019)

Supports (tools – means – structures):

- Shared patient file (DP)
- Connected health / Telemedicine / Telecare
- Multidisciplinary Health Centers (MSP)
- Healthcare networks

Prevention – Screening – Vaccination – Therapeutic education – Follow-up

- **In particular for patients suffering from chronic diseases** (e.g. patients receiving anti-vitamin K treatments (AVK) or direct-acting oral anticoagulants (AOD), long-term illness (ALD), diabetes, asthma, high blood pressure, COPD, overweight, etc.)
- **Services paid by various stakeholders:**
 - National Health Insurance / Private insurers / Mutual health organizations
 - Regional health agencies (ARS)
 - Regional unions of HCPs (URPS)
 - Pharma companies

5. Optimization levers

With SRAs and CAPs, the lawmaker proposed a solution to regularize retrocession practices between retail pharmacies

3 Decrease of the purchasing expenses

	SRA	CAP	SRA + CAP
	Grouped procurement structure	Buying group	SRA supported by a CAP
Principle	<ul style="list-style-type: none"> The SRA has no delivery points 	<ul style="list-style-type: none"> The CAP has delivery and storage points 	<ul style="list-style-type: none"> The SRA negotiates and invoices The CAP stores and delivers
Negotiation	<ul style="list-style-type: none"> The agent negotiates maximum purchasing conditions 	<ul style="list-style-type: none"> The CAP sales manager negotiates purchasing conditions 	<ul style="list-style-type: none"> The commissioner / agent negotiates maximum purchasing conditions
Procurement	<ul style="list-style-type: none"> The agent purchases on behalf of its pharmacy members 	<ul style="list-style-type: none"> The CAP purchases on its behalf 	<ul style="list-style-type: none"> The commissioner / agent purchases on behalf of its pharmacy members
Delivery	<ul style="list-style-type: none"> The pharma company delivers each retail pharmacy 	<ul style="list-style-type: none"> The pharma company delivers the CAP 	<ul style="list-style-type: none"> The pharma company delivers the CAP
Billing	<ul style="list-style-type: none"> The pharma company invoices the SRA 	<ul style="list-style-type: none"> The pharma company invoices the CAP 	<ul style="list-style-type: none"> The pharma company invoices the SRA
Relationship with members	<ul style="list-style-type: none"> The SRA invoices each pharmacy member 	<ul style="list-style-type: none"> The CAP delivers and invoices each pharmacy member 	<ul style="list-style-type: none"> The SRA relies on the CAP to store, delivers and invoices each pharmacy member

Note: The current regulations do not allow a retail pharmacist to buy large quantities of drugs to resell to colleagues

5. Optimization levers

Retail pharmacists can improve the operating result of their pharmacy by professionalizing their management methods

4 Optimization of the management

1. Margin and price strategy

- Don't limit it to a linear multiplying coefficient policy by product class and apply:
 - A **lower coefficient** on “sensitive” products whose price is well known by customers, in particular those in free access
 - A **higher coefficient** on **prestige** products or on products requiring a pharmaceutical **advice**
- The selling price must include a **profitability objective** and take into account the **competition** on the **catchment area**

2. Rationalization of the activity and organization according to the catchment area

- **Adapt** the **offer** of products and services
- Adapt **opening hours** to customer expectations and competition
- **Optimize** the **layout** of the retail pharmacy to boost sales and improve circulation of customers in the selling point, based on supermarkets and hypermarkets model
- **Streamline staffing**, organization and staff time
- Assess the opportunity of **automating inventory management** (i.e. robots)

3. Professionalization of pharmacy management

- **Monitor the performance** of the retail pharmacy thanks to few relevant KPIs¹
- Follow, if needed, a postgraduate **training of retail pharmacy management** (e.g. MBA, master, university diploma, certificate)

4. Financial, accounting and tax optimization

- Improve **control** over **operating costs** and **stock rotation**
- Reduce **borrowing costs** (individual contribution, short-term loan, renegotiation of the loan, if needed)
- Evaluate **tax optimization** opportunities

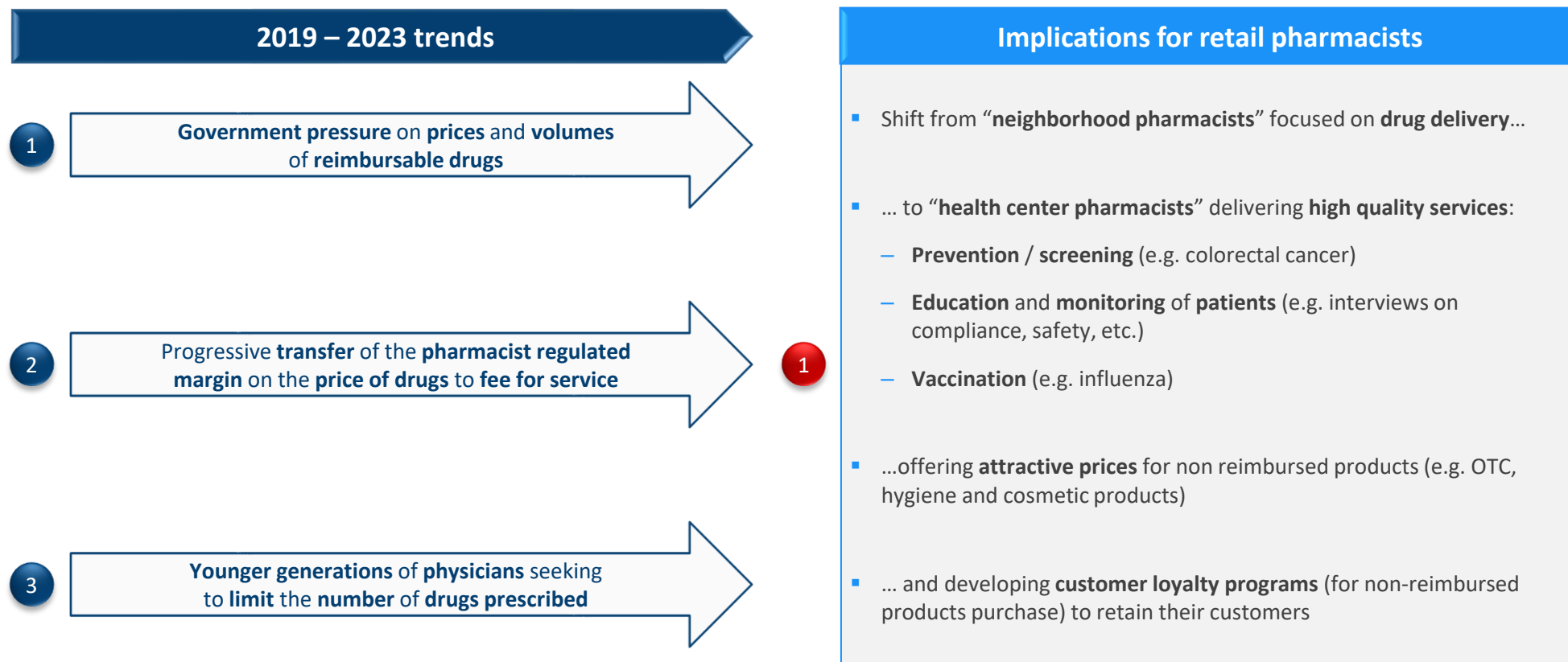
5. Cost sharing

- **Mutualize the cost of support functions** (e.g. procurement, IT, quality management, management control, treasury) with other retail pharmacies thanks to:
 - The membership in VTOs²
 - The creation of holdings of SELs (e.g. SPFPL)

6. Conclusion

French pharmacists are currently experiencing a revolution which will turn them from drugs dispensers to providers of high quality health and wellness services

Strategic priorities for retail pharmacists (1/2)

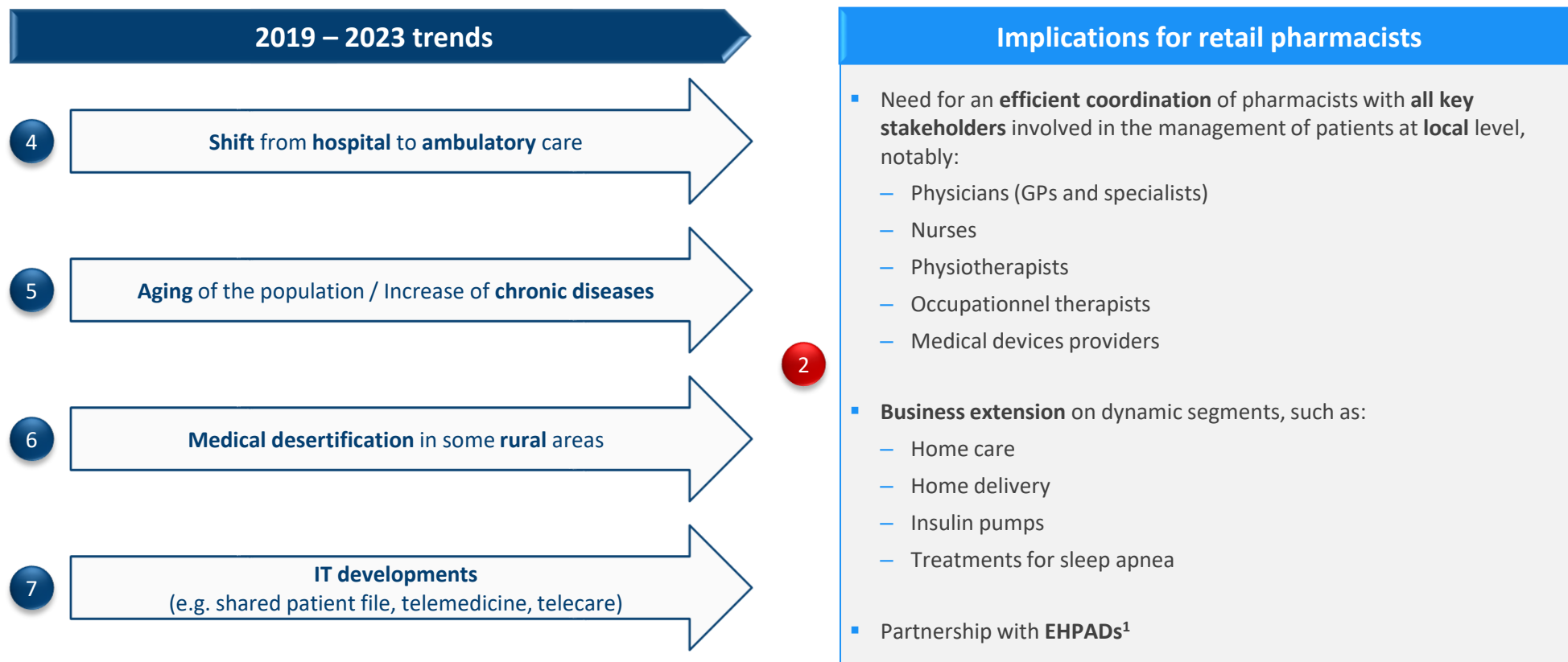


Sources: Interviews with retail pharmacists and representatives from VTOs and professional unions (September 2019) – Smart Pharma Consulting analyses

6. Conclusion

Pharmacists will be more and more at the cornerstone of a coordinated management of patients, notably in rural areas deserted by physicians

Strategic priorities for retail pharmacists (2/2)



Sources: Interviews with retail pharmacists and representatives from VTOs and professional unions (September 2019) – Smart Pharma Consulting analyses

¹ Medico-social facilities housing the elderly dependent patients for whom care at home is no longer possible



High-Performance Pharma Brand Plans

— SMART TOOL SERIES (#1) —

The 5 Pitfalls **to avoid**

Position Paper

FEBRUARY 2020

1. Introduction

Brand Plans are often inefficient and of little use due to insufficient brand teams involvement, lack of market insights and of coordination across pharma companies departments

- Smart Pharma consultants have helped 35 pharma companies develop brand plans on more than 80 products belonging to 18 different therapeutic areas:

- | | | |
|---------------------|----------------------------|-----------------------------|
| 1. Allergy | 7. Immunology | 13. Oncology |
| 2. Cardiology | 8. Infectiology / Virology | 14. Pulmonology |
| 3. Dermatology | 9. Metabolism / Diabetes | 15. Psychiatry |
| 4. Gastroenterology | 10. Nephrology | 16. Rare diseases (various) |
| 5. Gynecology | 11. Neurology | 17. Rheumatology |
| 6. Hematology | 12. Ophthalmology | 18. Urology |

- From this experience, we have identified several common pitfalls that should be avoided to craft brand plans likely to optimize brand performance

“At affiliate level, the Brand Planning process is often viewed as a window-dressing exercise”

1. Introduction

For each of these five pitfalls, we propose practical and easy-to-implement solutions so that pharma companies can transform useless brand plans into high-performance ones

Pitfall #1

Describing and not analyzing
the market situation

Pitfall #2

Carrying out a sub-optimal
SWOT analysis

Pitfall #3

Crafting an
inconsistent strategy

Pitfall #4

Selecting tactics which do
not support the strategy

Pitfall #5

Not integrating
monitoring indicators

*“The purpose of Brand Plans is to allocate the right resources
to reach the performance objective set, in an effective and efficient way”*

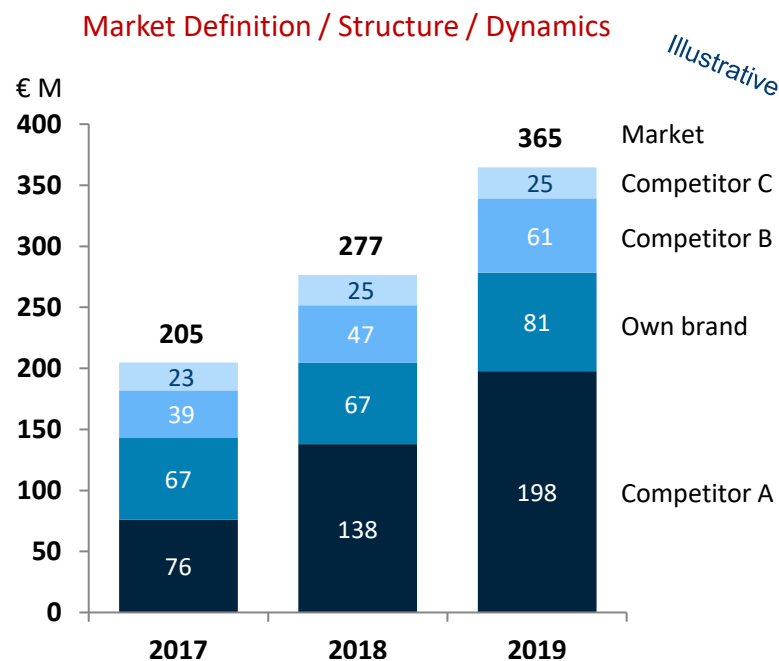
2. Pitfalls to avoid

Market situation is too often superficially analyzed and therefore poorly understood, preventing a proper identification of market opportunities and threats

Pitfall #1

Describing and not analyzing the market situation

What do we observe?



- The situation analysis section is most often just a description of the market facts with no or poor analyses
- Despite a large quantity of available data, the knowledge and the understanding of key market stakeholders are too often partial and not accurate
- The main reasons for these weaknesses in the brand planning process come from:
 - Affiliate brand teams considering it is just a constraint, imposed by the regional or global teams, having little, if any, value for them
 - Insufficient time spent to carry out in-depth analyses to enhance market insights (knowledge and understanding)

2. Pitfalls to avoid

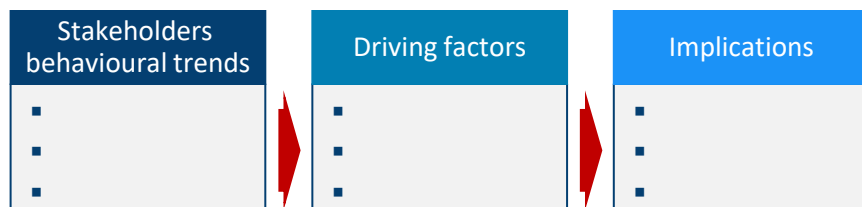
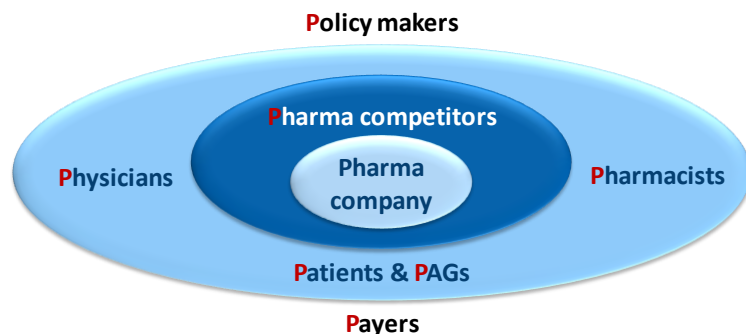
The situation analysis should focus on identifying and analyzing current and future key market events from which implications for the brand will be deducted

Pitfall #1

Describing and not analyzing the market situation

What do we recommend?

The 7 Ps – Market stakeholders analysis



- A robust analysis of the market situation requires to identify key market features, by gathering precise and reliable information regarding:
 - Sales data trends (historical and forecasted data)
 - Opinion and behavioral trends of key stakeholders (policy makers, payers, physicians, pharmacists¹, patients, patient advocacy groups (PAGs), pharma competitors)² who are likely to impact the market attractiveness and the competitive position
- Then, it is essential to understand the factors that drive stakeholders opinion and behavior, and market attractiveness
- An in-depth market knowledge and understanding will enable to identify the major market opportunities and threats and to assess the brand strengths and weaknesses

2. Pitfalls to avoid

The SWOT analysis is rarely properly structured, preventing from deducting the most relevant key strategic drivers to optimize the brand performance

Pitfall #2

Carrying out a sub-optimal SWOT analysis

What do we observe?

Conventional SWOT analytical tool

Market Opportunities	Market Threats
<ul style="list-style-type: none"> ▪ ▪ ▪ 	<ul style="list-style-type: none"> ▪ ▪ ▪
Brand Strengths	Brand Weaknesses
<ul style="list-style-type: none"> ▪ ▪ ▪ 	<ul style="list-style-type: none"> ▪ ▪ ▪

- The SWOT analysis constitutes a structured summary of the situation analysis from which the key strategic drivers (also called: key business drivers, key strategic imperatives, strategic priorities, etc.) should be drawn
- However, the conventional SWOT framework is not well conceived, leading to misuses:
 - It is frequent to see a long list of items, not always relevant, and considered to be of equal importance
 - Opportunities are often confused with strengths, and threats with weaknesses
 - It is not rare for an item to be mixed-up with its cause, leading to wrong strategic decisions¹
- The frequent inappropriate use of the SWOT framework has led detractors to rename it “*Silly Way Of Thinking*”

2. Pitfalls to avoid

The “Advanced SWOT” helps brand teams carry out a more specific and relevant assessment of the market situation and of the brand competitive position

Pitfall #2

Carrying out a sub-optimal SWOT analysis

What do we recommend?

Advanced SWOT analytical tool

Market Opportunities	RI ¹	Market Threats	RI
<ul style="list-style-type: none"> Authorities² Customers³ Competitors 		<ul style="list-style-type: none"> Authorities Customers Competitors 	
Brand Strengths	RI	Brand Weaknesses	RI
<ul style="list-style-type: none"> Product (4 Ps⁴) Services Corporate reputation 		<ul style="list-style-type: none"> Product (4 Ps) Services Corporate reputation 	

- To facilitate the definition of the brand strategic drivers, it is recommended to use the “Advanced SWOT framework” which structures:
 - Market opportunities and threats into stakeholders opinions and behaviors
 - Brand strengths and weaknesses into the product, the associated services and the reputation of the marketing company
- It is also essential to prioritize the items listed in each of the four components of the SWOT framework by evaluating their RI (relative importance) by using, for instance, a five-point scale
- These proposed adjustments of the SWOT framework have shown to be very helpful to transform it into a practical tool

2. Pitfalls to avoid

The brand strategy is too often crafted irrespective of the market reality and is not structured so that to foster the synergy of the supporting activities across departments

Pitfall #3

Crafting an inconsistent strategy

What do we observe?

Strategic drivers

Strategic driver #1

Strategic driver #2

Strategic driver #3

- The strategic drivers, which are the priorities on which the company concentrates its resources and capabilities to achieve the performance objective set for its brand, should derive from the SWOT analysis
- The links between the situation analysis, summarized in a SWOT, and the selected strategic drivers, are not always clearly established and sometimes may even not exist
- In addition, if not properly put into perspective with the set objective, the selected strategic drivers may not be the most relevant ones and lead to a suboptimal brand performance
- When the activities corresponding to each strategic driver are not well-defined, across key different operational functions (i.e. market access, medical, marketing, sales), the quality of execution is in general poor

2. Pitfalls to avoid

The Brand Strategy Card has shown to be a useful tool to align the brand ambition, the strategic drivers and the corresponding tactics

Pitfall #3

Crafting an inconsistent strategy

What do we recommend?

The Brand Strategy Card



- The Brand Strategy Card shows the brand ambition, the strategic drivers selected to achieve that ambition and the key tactics to support the strategic drivers
- Thus, this one-page Brand Strategy Card helps to ensure the consistency between the three building blocks of the brand strategy: the ambition – the strategic drivers – the key tactics
- The trickiest part is to select the most relevant strategic drivers, as derived from the Advanced SWOT, which are...
- ... opportunities to seize, threats to fight again, strengths to capitalize on, and/or weaknesses to address
- The preferred strategic drivers are those which are the most likely to have an impact on the brand performance so that to achieve the set ambition for the brand

2. Pitfalls to avoid

The tactics do not always support the strategic drivers and are too often limited to marketing and sales activities

Pitfall #4

Selecting tactics which do not support the strategy

What do we observe?

Table of key tactics

Tactic	Target	Timing	Responsible	Budget

- It is not rare to see, in brand plans, key tactics which do not formerly support the strategic drivers
- However, key tactics are the actions which are selected to support the strategy
- In other words, these actions are the operational expression of the strategic drivers
- Key tactics are too often described as a series of activities carried out by the marketing and sales departments...
- ... which are a renewal of past activities and for which objectives have not been clearly set and the impact formerly measured
- Being rarely based on the assessment of past experience, the process to prioritize these tactics is in general weak

2. Pitfalls to avoid

Each tactic should be carefully selected to best support the strategic drivers to enhance the probability to achieve the brand ambition

Pitfall #4

Selecting tactics which do not support the strategy

What do we recommend?

Table of key tactics related to the strategic drivers

Strategic Driver		Department ¹			
Tactic	Target	Objective	Timing	Responsible	Budget

- Tactics should be carefully selected to best support each strategic driver
- These tactics may concern not only marketing and sales departments, but also market access and medical affairs departments
- If the medical affairs department is not supposed to promote brands, it can/should however contribute to optimize the use of the brands in the best interest of the patients, by generating and disseminating to healthcare professional relevant medical data
- It is important, for each tactic, to precise the target concerned, to set a precise objective, to plan it, to name a responsible and estimate a budget
- Before selecting a tactic, it may be needed to test the idea²

2. Pitfalls to avoid

It is rare to see brand plans with integrated monitoring tools and associated monitoring process, which therefore prevents from measuring the efficacy and efficiency of the selected tactics

Pitfall #5

Not integrating monitoring indicators

What do we observe?

Monitoring indicators

Tactic	Target	Objective	Timing	Responsible	Budget	KEIs ¹	KPIs ²

- A brand plan without indicators to measure the quality of execution and the – direct or indirect – impact of the selected tactics on the business is of little use
- Rare are the companies which integrate, in their brand plan, indicators to measure the quality of execution (Key Execution Indicators) and/or the impact (Key Performance Indicators) of tactics
- Without these indicators and the implementation of a monitoring process, it is impossible to evaluate the efficacy and efficiency of the tactics planned in the brand plan
- Thus, a brand plan with no systematic monitoring can be viewed as a window-dressing exercise

“If you can’t measure it, you can’t manage it!” – Peter Drucker

2. Pitfalls to avoid

KEIs¹ and KPIs² are both essential, the first type of indicators measuring the quality of execution and the second one the degree of objective achievement

Pitfall #5

Not integrating monitoring indicators

What do we recommend?



Monitoring indicators



Quantitative

- % of customer target covered
- Number of interactions with customers
- Number of projects carried out
- Level of resources allocated to customers

- Number of new customers
- Average # of prescriptions per customer
- Sales dynamics
- Return on investment

Qualitative

- Quality of interactions with customers
- Level of market insights
- Proper management of projects, from the customer perspective

- Brand Preference Mix Index
- Corporate reputation improvement
- Perceived quality of products
- Perceived value of services

- All brand plans should include monitoring tools and a monitoring process related to each selected tactic
- We recommend to use:
 - **Key Execution Indicators (KEIs)** which measure the quality of execution of tactics
 - **Key Performance Indicators (KPIs)** which measure the business outcome of tactics
- By measuring carefully the quality of execution and the impact of tactics, it is possible to adjust the brand plans (during the year or from the previous year) to make them more efficient and effective

“KEIs check that you are on the right track and KPIs check that you arrive at destination”

3. Key takeaways

“High-Performance Pharma Brand Plans require method, rigor and pragmatism”

Recommendations

- Design brand plans with the intent of helping allocating the right resources to **achieve brand performance ambition**, and not just as a formality to be reported at corporate level
- Adopt the **4Ws¹ (What? – Why? – so What? – What to do?)** approach to improve the **relevance**, the **consistency** and the **robustness** of the brand plans
- Use the “Advanced SWOT” to facilitate the analysis of the **market situation** and of the brand **competitive position**, identifying **market opportunities** and **threats** and prioritizing brand **strengths** and **weaknesses**
- **Seek customer preference** rather than customer satisfaction by improving customers perception of the **brand attributes**, the **quality** of the proposed **services** and the **corporate reputation**
- Make the best use of the “**Brand Strategy Card**” to formalize clearly and precisely the brand **ambition**, the **strategic drivers** and the corresponding **key tactics**
- Define **Key Execution Indicators** and **Key Performance Indicators** to monitor respectively the **quality of execution** and the **impact** of tactics

4. Smart Pharma Service Offering

Consulting Services

- Smart Pharma Consulting is well-known for its ability to help brand teams build robust brand plans
- To date, Smart Pharma consultants have helped 35 pharma companies develop strategic and tactical plans on more than 80 brands belonging to 18 different therapeutic areas
- Thus, we can bring our support to address the following issues:
 - Which market analyses should be carried out?
 - How to define market key success factors and the corresponding brand challenges with the help of the “Advanced SWOT”?
 - How to develop market and brand scenarios?
 - How to define the brand performance ambition?
 - How to craft a specific strategy to achieve the brand ambition?
 - How to support the strategy by tactical initiatives likely to reinforce the preference of stakeholders for the brand?
 - How to anticipate the impact of future investment options on the brand performance?
 - How to monitor the quality of execution and the impact of investment decisions?

Training Program

Example of a One-Day Program¹

8:30	Introduction to the program
8:40	Definitions, concepts, methods, tools related to Brand Plans
9:00	Module 1: Situation analysis Market definition and dynamics Stakeholders opinion and behavioral analysis
10:30	Break
10:50	Advanced SWOT analysis
12:00	Module 2: Sales forecasting & ambition setting
13:00	Lunch
14:00	Module 3: Strategy crafting
15:00	Module 4: Tactics selection
16:00	Break
16:20	Module 4: Tactics monitoring
17:30	Conclusion and key takeaways
18:00	End of the program

Target Audience

- Collaborators involved in supporting the brands (e.g. from the medical, marketing, commercial, market research, strategic,... departments), whatever their level of responsibility and seniority

Pharma Training Programs...

— 2021 CATALOGUE —

... for High Potential **Performers**

Smart Pharma **Institute of Management**

Service Offering

JANUARY 2021

Table of Contents

Introduction

Unique value proposition

“Smartness Formula”

Publications

Faculty director

Training programs

Key topics covered

Inter-company programs

Seminars

1. Pharma Strategy & Marketing
2. High Performance Sales Manager

Intra-company programs

Masterclasses

Principles

1. Strategic Marketing Excellence
2. Tactical Marketing Excellence
3. Market Analysis & Forecasting
4. Action Plans for Med Reps
5. ELITE Program for Med Reps
6. Best-in-Class MSLs
7. BD&L best practices
8. Smart vs. Good Managers
9. Time Management
10. Project Management
11. KPIs & KEIs
12. Storytelling in Business
13. Implementing a Physician Experience Program
14. From Promotional- to Service-led Medical Calls

1. Introduction

The Smart Pharma Institute of Management offers a large array of training programs for high potential executives from pharma and biotech sectors

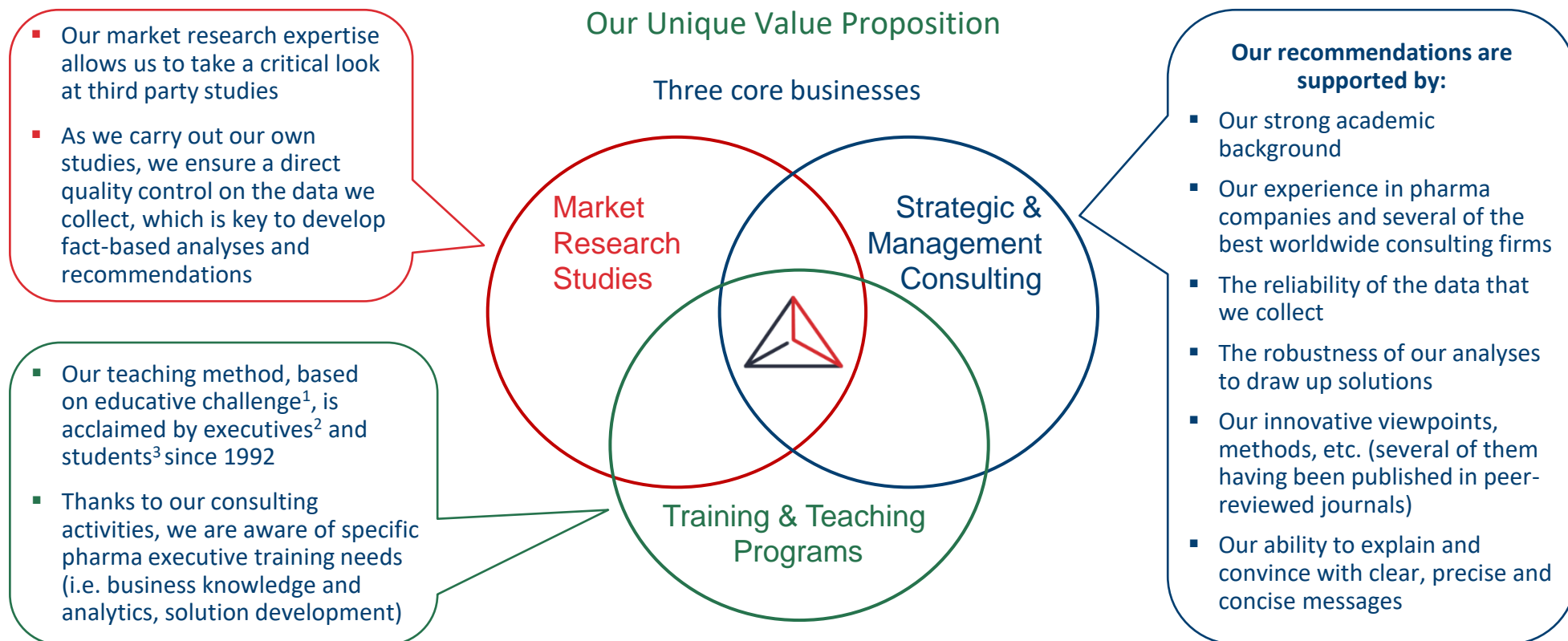
Training Program Offering

- Our training programs are developed and carried out by the “Smart Pharma *Institute of Management*” which is our professional training center
- Smart Pharma *Institute of Management* is a division of Smart Pharma Consulting that offers training programs to high potential executives from pharma and biotech sectors
- Those high-level training programs have been designed for professionals who are willing to reinforce their skills in Strategy, Operational Marketing and Management in both national and international contexts

*“The **Smart Manager** knows **where**, **why** and **how to go**”*

1. Introduction

Our training & teaching programs are unique because they are built on our market research and consulting expertise in the pharma sector and delivered by experts



Smart Pharma is a certified Training Organization since 2002

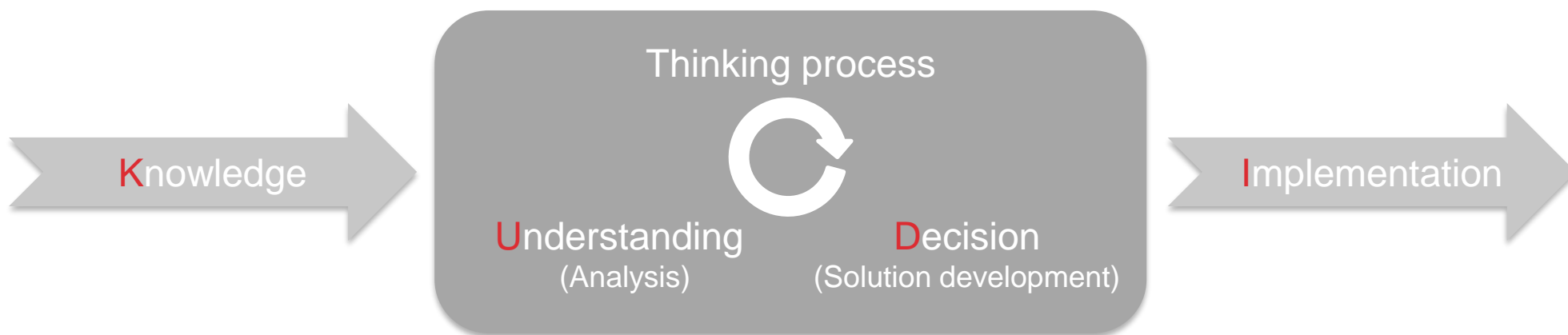
1. Introduction

Our training and teaching programs have been designed to boost the knowledge of participants, their ability to understand, to make decisions and to implement them

“Smartness Formula” (1/2)

- Our training and teaching method is based on the “**Smartness Formula**”:

Smartness = **K**nowing x **U**nderstanding x **D**eciding x **I**mplementing



“Any fool can know. The point is to understand” – Albert Einstein

1. Introduction

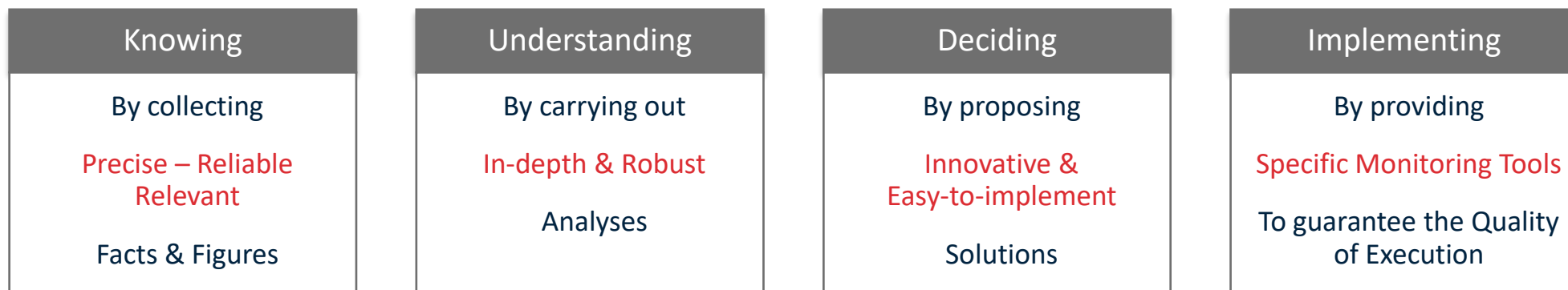
The “Smartness Formula” has shown to be effective to diagnose development needs of participants and to structure development programs

“Smartness Formula” (2/2)

- The “**Smartness Formula**” provides a structure to identify development needs and organize in an effective and more efficient manner

Smartness = **K**nowing x **U**nderstanding x **D**eciding x **I**mplementing

Smartness components



1. Introduction

Smart Pharma Consulting has published the “Pharma Marketing Tool Box” which is a book specifically designed for Pharma Marketers

Publications: Marketing book¹

Jean-Michel Peny

Pharma Marketing Tool Box



2nd Revised & Augmented Edition

Smart Pharma Institute of Management
A division of  **Smart Pharma Consulting**

Author: Jean-Michel Peny is President of the Strategy and Management consulting firm Smart Pharma Consulting, Director of Smart Pharma Institute of Management, Lecturer in Pharmaceutical Strategy and Marketing at the ESSEC business school, at the Faculty of Pharmaceutical Sciences (Paris XI)

Editor: Smart Pharma Consulting – 246 pages

Presentation

The book provides a clear, precise and concise review of the most relevant and useful concepts in the context of pharmaceutical marketing

The author presents:

- Innovative marketing approaches
- Specific analyses
- Practical tools

This user-friendly “tool box” has been structured to encourage the rigor and relevance of marketing thinking of pharmaceutical executives

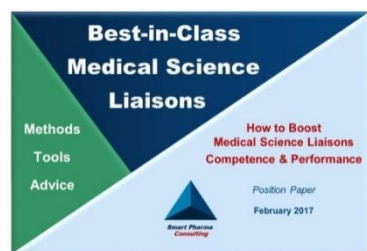
Brief Content

- Introduction
- Part 1 – Market Research
- Part 2 – Strategic Marketing
- Part 3 – Operational Marketing
- Part 4 – Marketing Planning

1. Introduction

Since 2017, Smart Pharma Consulting has published
12 Best-in-Class position papers applicable to the pharma sector

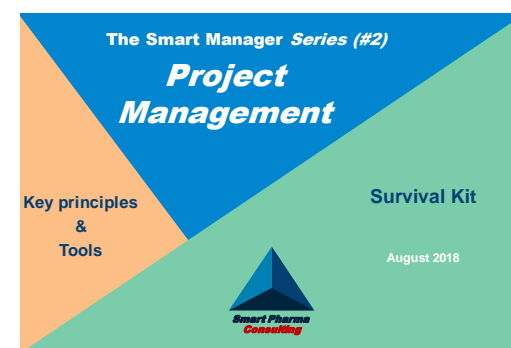
Publications: Position papers¹ (1/3)



1. Introduction

Smart Pharma Consulting has published
6 position papers on general management applicable to the pharma sector

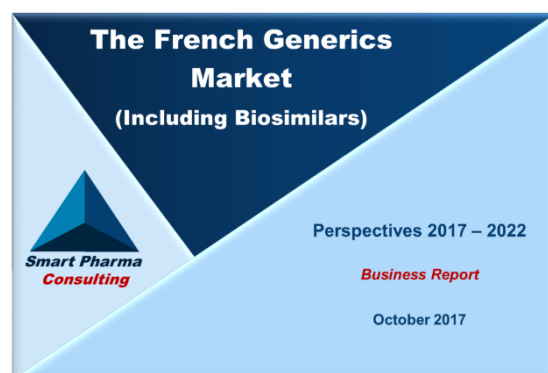
Publications: Position papers¹ (2/3)



1. Introduction

Since 2017, Smart Pharma Consulting has published 5 market reports about the global and French pharma markets; the generics and biosimilars markets

Publications: Position papers¹ (3/3)



1. Introduction

Smart Pharma Consulting has published 40 articles in national and international specialized magazines, addressing key pharmaceutical market issues

Publications: Articles¹

Strategy: Ethical products

- Building prescriber loyalty (1993)
- ACE-inhibitors - an analysis of marketing strategy (1994)
- Are generic defense strategies worth the effort? (1996)
- Winning strategies in the French hospital market (1996)
- Making the most of maturity (2003)
- The end of the back-up brands? (2005)
- Financial requirements of immunisation programmes in developing countries: 2004-2014 perspective (2005)
- Les marques sont-elles condamnées à mourir ? (2007)
- Le BPS, pour la "justesse de voix" (2008)
- La réputation d'entreprise – Un nouvel enjeu stratégique (2008)

Effectiveness and Operational organization

- Heading for change: marketing and sales trends in France (1995)
- Counting the cost of purchase (1997)
- The brave new world of corporate marketing (2000)
- Talking up sales (2002)
- How customer-centricity can increase brand preference? (2009)

Environment

- Drug reimbursement harmonization in Europe (1994)
- Working with the authorities (2002)
- The Evolution of the global pharma industry (2012)
- Disease management opportunities in France (1997)
- Survival strategies in contract sales organizations (2002)
- Changes at the French pharmacy (2004)

Strategy: Generics

- Entering the French generics market (1997)
- Is the sun rising for Japanese generics? (1998)
- Can generics really help to curb French healthcare costs? (1999)
- Lighting fire from wet timber in French generics market (2001)
- How bright is the future for generics? (2003)
- Barriers to substitution (2005)
- What is the value of authorized generic agreements? (2006)
- Princeps-génériques: Faut-il pactiser avec l'ennemi ? (2007)
- Quelles perspectives pour les génériques ? (2007)
- Les génériques, ce n'est plus automatique (2011)
- What future for the French retail generic market? (2015)

Strategy: OTC & Dietary Supplements

- Assessing the OTC market in France (1997)
- How bright are the prospects for self-medication in France? (1999)
- Thin pickings in dietary supplements (1999)
- Should big pharmas sell their OTC business? (2004)
- Automédication: Quel attrait pour le marché mondial ? (2006)
- Des stratégies opposées pour les « big pharma » (2006)
- Le switch: solution ou danger (2006)⁵
- Le médicament en libre accès: La grande illusion (2007)

1. Introduction

All programs are led by Jean-Michel Peny, President of Smart Pharma Consulting and Program Faculty Director of the Smart Pharma Institute of Management

Jean-Michel Peny

■ Experience:

- 1 year as pharmacist at Begin hospital blood bank¹
- 7 years as General Manager for pharma companies:
 - 3 years in Sri Lanka (Servier)
 - 3 years in India (Servier)
 - 1 year in France (Novartis Generics)
- 27 years as Consultant specialized in Strategy and Management in the pharmaceutical sector (Bain & Co, Arthur D. Little, AT Kearney, ISO Health Care Consulting, Smart Pharma Consulting)
- 28 years of teaching activity:
 - Lecturer: ESCP Europe B-School, ESSEC B-School, Paris Pharmaceutical and Medical Universities
 - Former affiliate Professor of Strategy & Marketing at HEC B-School
 - 1992-2001: Master “Pharma & Biotech Management” – ESCP Europe B-School

– 18 years of training activity:

- Intra-company programs since 2002
- Inter-company programs since 2006

■ Education:

- Pharm. D. – Nantes University
- MBA – HEC Business School
- Executive programs:
 - Strategic Marketing – Harvard Business School
 - Corporate Strategy – Sloan School of Management
 - Management of small corporations – Stanford B-School
- Master 2, International Trade – IAE Lyon 3 University
- Master 2, Pharmaceutical marketing – Paris 5 University

■ Publications:

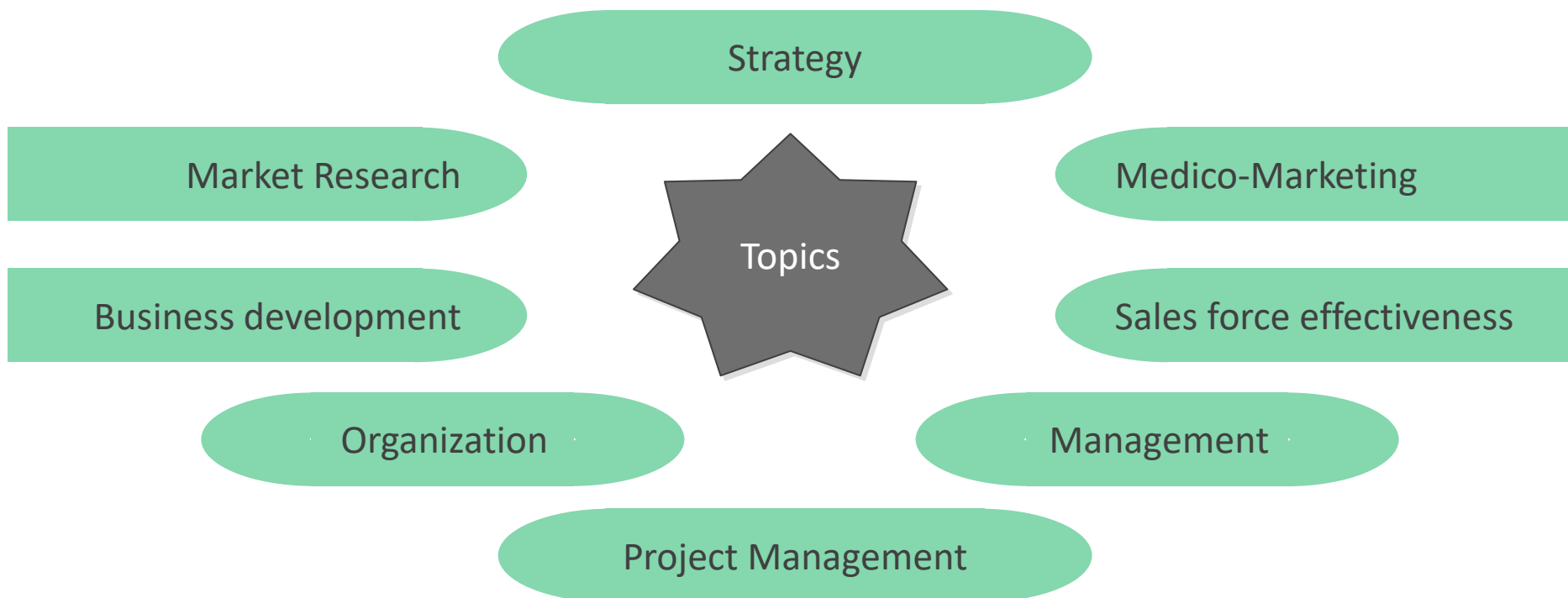
- 6 books
- 40 articles
- ~150 position papers

2. Training Programs

Our training programs are developed and carried out by the Smart Pharma Institute of Management which is our professional training center, registered since 2002

Key topics covered

- We disseminate insights through our training programs which cover eight key topics:



2. Training Programs – Inter-companies

We propose a 5-day seminar for high potential and seasoned marketers who want to reinforce their strategic and operational marketing skills

2021 sessions in French in Paris
 March 8 to 12

Seminar¹: Pharma Strategy & Marketing

2021 sessions in French in Paris
 October 18 to 22

Day 1: Strategic thinking applied to companies

- Worldwide Pharma and Biotech sectors
- Evolution of the Pharma business model by 2020
- Strategic management of Pharma companies

Day 2: Marketing strategic thinking

- Optimization of brand value: Brand Preference Mix, etc.
- Dynamic prescribers segmentation: Behavioral Prescribers Segmentation (BPS) approach
- Sales forecasting and performance objectives setting
- Brand Planning: Advanced SWOT, Strategy Card, etc.

Day 3: Marketing tactical thinking

- Digital marketing and multi-channel approach
- Promotional resource allocation
- Definition of Key Execution Indicators (KEIs) and Key Performance Indicators (KPIs)
- Integration of new marketing tools: Integrated Promotional Strategy (IPS) approach

Day 4: Specialized market segment analysis

- Marketing of generics and biosimilar products
- Marketing of OTC products and Rx-to-OTC switches
- Management of mature products
- Marketing of niche and hospital products

Day 5: Development of managerial skills

- Sales force effectiveness
- Team leadership
- Corporate behavior
- Communication principles

Target Audience

- | | |
|---|--|
| – Marketing executive
(e.g. marketing managers, group product managers, product managers) | – Medical executives
(e.g. MSLS, medical managers) |
| – Market research executives | – Sales forces executives
(e.g. sales force managers, area managers) |
| – Strategic planners | |

2. Training Programs – Inter-companies

**We propose a 5-day seminar for sales managers
of pharma companies wishing to become “High Performers”**

Seminar¹: High Performance Sales Manager

2021 session in French
in Paris

Day 1: Recent changes in the environment and implications

- The healthcare system: national, regional and local (hospitals and other institutions)
- Strategic, tactical and organizational implications for sales forces

Day 2: Sales force performance – Strategy

- Dynamic and individual customer segmentation
- Search for customer preference
- Creating high impact interactions with customers

Day 3: Sales force performance – Organization

- Adapt activities and strengthen skills required
- Define a flexible structure adapted to targeted customers
- Craft procedures to facilitate the cooperation between medical, marketing and sales departments
- Establish a culture of commitment and excellence

Day 4: Best-in-class Leaders & Managers

- Develop and share a vision and values
- Stimulate collaborators passion for their job
- Manage according to the “mutual benefits” principle
- Organize and monitor sales forces activities

Day 5: Specific development of collaborators

- Use methods and tools to improve customers insights
- Analyze performance and set priorities
- Support the crafting of pragmatic action plans
- Improve cross-functional collaboration

Target Audience

- Marketing & Sales Managers
- Sales force Managers
- Commercial Managers
- Area Managers

2. Training Programs – Intra-companies

We have specifically designed Masterclasses to offer in-depth trainings to pharma company executives on a specific topic

Masterclass¹: Principles

Concept

- Masterclasses offer participants the opportunity to focus on a specific subject and apply innovative concepts, useful methods and practical tools to real-life situations, to learn by doing
- Masterclasses are moderated by Jean-Michel Peny, who has been, for 28 years:
 - Teaching students of the best French Business Schools and Universities of Pharmacy and Medicine
 - Training executives from the pharma industry
- Each Masterclass is limited to a maximum of 12 participants and lasts from 1 to 4 days

Organization

- **Pre-Masterclass session**
 - Participants will receive a specific documentation including concepts, methods and tools
- **Masterclass session (1 to 4 days)²**
 - Part 1: Review of the concepts, methods and tools that will be used
 - Part 2: Lecture by and discussion with a “guest speaker” expert in the topic covered
 - Part 3: Implementation of the concepts, methods and tools through real-life case studies
 - Part 4: Co-development with participants of key learnings
- **Post-Masterclass**
 - Structuration of the key learnings of the Masterclass session to be sent to participants

2. Training Programs – Intra-companies

The “Strategic Marketing Excellence” masterclass focuses on high-performance positioning and segmentation case studies calling on creativity and rigor

Masterclass¹: Strategic Marketing Excellence

Day 1

9:00	Introduction to the masterclass
9:10	Review and discussion of conventional and innovative strategic marketing concepts, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “How to create a sustainably attractive brand? – Lessons from non-pharma industries”
11:45	Break
12:00	Case study #1: Development and implementation of a Brand Preference strategy for: - A secondary care brand (working group A) - A primary care brand (working group B) ²
13:00	Lunch
14:00	Case study #1: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 1

Day 2

9:00	Introduction to the 2 nd day
9:10	Case study #2: Development and implementation of an optimized customer segmentation applied to: - Individual prescribers (working group C) - Individual hospital departments (working group D) ³
11:10	Break
11:30	Presentation of the working groups C & D outputs, discussion and agreement on key learnings
13:00	Lunch
14:00	Case study #3: Development and implementation of an Individual Prescriber Plan for: - Individual prescribers (working group E) - Individual hospital departments (working group F) ³
15:30	Break
15:45	Presentation of the working groups E & F outputs, discussion and agreement on key learnings
16:45	Co-development with participants of key learnings
17:45	End of the masterclass

2. Training Programs – Intra-companies

The “Tactical Marketing Excellence” masterclass proposes attendees to work on case studies dedicated to best practices re. the execution of marketing initiatives

Masterclass¹: Tactical Marketing Excellence

Day 1

9:00	Introduction to the masterclass
9:10	Review and discussion of conventional and innovative tactical marketing concepts, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “What is the real value of digital marketing initiatives? – Lessons from best-in-class pharma companies”
11:45	Break
12:00	Case study #1: Development and implementation of conventional and digital multichannel initiatives to: - Individual prescribers (working group A) - Individual hospital departments (working group B) ²
13:00	Lunch
14:00	Case study #1: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 1

Day 2

9:00	Introduction to the 2 nd day
9:10	Case study #2: Marketing sensitivity to investment and resource allocation optimization at: - Individual prescribers (working group C) - Individual hospital departments (working group D) ²
11:10	Break
11:30	Presentation of the working groups C & D outputs, discussion and agreement on key learnings
13:00	Lunch
14:00	Case study #3: Development and implementation of action plans and monitoring tools (KEIs ³ & KPIs ⁴) for: - Individual prescribers (working group E) - Individual hospital departments (working group F) ²
15:30	Break
15:45	Presentation of the working groups E & F outputs, discussion and agreement on key learnings
16:45	Co-development with participants of key learnings
17:45	End of the masterclass

2. Training Programs – Intra-companies

The “Market Analysis & Forecasting” masterclass has been designed for participants looking for robust and simple tools, and wishing to strengthen their analytical skills

Masterclass¹: Market Analysis & Forecasting

Day 1: Market Analysis

9:00	Introduction to the masterclass
9:10	Review and discussion of analytical concepts, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “Review of the most advanced market analyses – Lessons from non-pharma markets”
11:45	Break
12:00	Case study #1: Market & brand dynamics evaluation: - Stakeholders behaviors analysis ² - Key market drivers & barriers analysis - Sensitivity of brands to operational ³ investments - From data analysis to decision making
13:00	Lunch
14:00	Case study #1: cont.
16:00	Break
16:15	Presentation of the case study outputs, discussion and agreement on key learnings
17:45	End of day 1

Day 2: Forecasting

8:30	Introduction to the 2 nd day
8:40	Review and discussion of sales forecasting concepts, methods and tools sent to participants as a pre-read
10:00	Break
10:15	Case study #2 part 1: Baseline & scenario building: - Historical trends evaluation - Determination of future events and of their impact
12:30	Lecture by and discussion with an expert: “What is the business value of sales forecasting?”
13:00	Lunch
14:00	Case study #2 part 2: Sales forecast modeling: - Patient-based forecasting - Lifecycle based forecasting (new, growing, mature)
16:00	Break
16:15	Presentation of the case study (parts 1 & 2) outputs, discussion and agreement on key learnings
16:45	Co-development with participants of key learnings
17:45	End of the masterclass

2. Training Programs – Intra-companies

This masterclass helps med reps better understand how they must build and then use action plans to improve the efficiency and efficacy of their daily activities

Masterclass¹: Action Plans for Med Reps

Day 1

9:00	Introduction to the masterclass
9:10	Review and discussion of activity planning objective, concepts, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “How to build useful action plans benefiting primarily to the med reps?”
11:45	Break
12:00	Case study #1: Analysis of the situation at territory level – External & Internal analysis: - Primary care brand (group A) - Secondary care brand (group B)
13:00	Lunch
14:00	Case study #1: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 1

Day 2

9:00	Introduction to the 2 nd day
9:10	Case study #2: Objective setting and strategy crafting: - Primary care brand (group A) - Secondary care brand (group B)
11:10	Break
11:30	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
13:00	Lunch
14:00	Case study #3: Development of specific actions to support the territory strategy previously set and selection of activity and performance indicators: - Primary care brand (group A) - Secondary care brand (group B)
15:30	Break
15:45	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
16:45	Co-development with participants of key learnings
17:45	End of the masterclass

2. Training Programs – Intra-companies

We propose four-day sessions to familiarize participants (med reps and/or their manager) with the four pillars supporting the ELITE Program¹

Masterclass²: ELITE Program for Med Reps (1/2)

Day 1 – Pillar #1: Prescriber Insight

9:00	Introduction to the session
9:10	Review and discussion of the concept, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “Customer Insight – Lessons from FMCG ³ companies”
11:45	Break
12:00	Case study: Application of the “Seeker Portrait” Model developed by Smart Pharma Consulting to: - Individual prescribers (group A) - Individual hospital departments (group B)
13:00	Lunch
14:00	Case study: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 1

Day 2 – Pillar #2: Brand Preference Tactic

9:00	Introduction to the session
9:10	Review and discussion of the concept, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “How do non-pharma companies proceed to strengthen customer preference to their brands?”
11:45	Break
12:00	Case study: Application of the “Brand Preference Mix” approach by med reps at: - Individual prescriber level (group A) - Individual hospital department level (group B)
13:00	Lunch
14:00	Case study: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 2

2. Training Programs – Intra-companies

We propose four-day sessions to familiarize participants (med reps and/or their manager) with the four pillars supporting the ELITE Program¹

Masterclass²: ELITE Program for Med Reps (2/2)

Day 3 – Pillar #3: High Impact Interactions

9:00	Introduction to the session
9:10	Review and discussion of the concept, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “How to create unique touchpoints with customers? – Lessons from FMCG ³ companies”
11:45	Break
12:00	Case study: Application of the “H2I” ⁴ Program developed by Smart Pharma Consulting to: - Individual prescribers (group A) - Individual hospital departments (group B)
13:00	Lunch
14:00	Case study: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 3

Day 4 – Pillar #4: Job Passion

9:00	Introduction to the session
9:10	Review and discussion of the concept, methods and tools sent to participants as a pre-read
10:30	Lecture by and discussion with an expert: “How to boost your passion for your work? – A practical approach”
11:45	Break
12:00	Case study: Identification of the drivers likely to stimulate the passion of med reps for their job: - Job-related drivers (group A) - Company-related drivers (group B)
13:00	Lunch
14:00	Case study: cont.
16:00	Break
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of the masterclass

2. Training Programs – Intra-companies

This masterclass provides a method and tools to help MSLs increase their efficacy and efficiency, especially when interacting with KOLs

Masterclass¹: **Best-in-Class MSLs**

Day 1

9:00	Introduction
9:15	Reminder of MSLs role & responsibilities taking into account the national regulatory framework
10:00	Presentation: MSLs issues & challenges
10:30	Presentation: Recruitment and Management of KOLs
11:15	<i>Break</i>
11:30	Workshop #1: “ KOLs mapping ”
12:30	<i>Lunch</i>
13:30	Workshop #2: “ KOLs relationship management ”
14:30	Workshop #3: “ Creation of high impact interactions ”
15:30	<i>Break</i>
15:45	Workshop #4: “ Contribution of the MSL to the enhancement of pharma company’s reputation ”
16:45	Plenary discussion: “ How to improve collaboration with medical reps and KAMs? ”
17:30	Conclusion
18:00	End of day 1

Day 2

9:00	Introduction
9:15	Presentation: MSLs’ strategic & operational plans (best practices – models)
10:00	Presentation: Changes in the healthcare system and in the pharma market by 2020
10:45	Workshop #5: “Analysis of the regional environment ” (ARS, KOLs, hospital services, healthcare networks)
11:30	<i>Break</i>
11:45	Workshop #6: “Analysis of the regional activities of MSLs ” (partnerships, projects, quality of interactions with KOLs)
12:15	Presentation & practical exercises “ SWOT analysis in the scope of MSLs ”
13:00	<i>Lunch</i>
14:00	Workshop #7: “ Objectives setting, definition of a strategy and of operational activities monitoring ”
16:00	<i>Break</i>
16:15	Conclusion
17:00	End of the masterclass

2. Training Programs – Intra-companies

The ambition of this masterclass is to provide participants with a unique experience during which they will boost their BD&L¹ knowledge and thinking process

Masterclass²: BD&L best practices

Day 1

- 9:00 Introduction (objectives, organization of the day, specific requests from participants)
- 9:15 Lecture / discussion #1: BD&L objective and basic principles
- 10:00 Exercise #1 in plenary session: Would BD&L deals make sense at your affiliate / region level? And why?
- 10:40 Break
- 11:00 Exercise #2 in working groups: Draw the list of relevant information to be collected to evaluate BD&L opportunities, the corresponding sources and their level of reliability
- 11:50 Debrief of the exercise #2 and key takeaways
- 13:00 Lunch
- 14:00 Lecture & discussion #2: Market, product and company data analyses: best practices
- 15:00 Case study #1: Opportunity assessment
Rx-driven product – OTC product and/or Medical device
- 16:15 Break
- 16:30 Debrief of the case study #1 and key takeaways
- 17:30 Conclusions of the day
- 17:45 End of day 1

Day 2

- 9:00 Lecture & discussion #3: Method and Tools to select most attractive opportunities (charts, ID cards, valuation techniques)
- 9:40 Case study #2: Best candidate(s) selection
- 11:00 Break
- 11:15 Debrief of the case study #2 and key takeaways
- 12:15 Lecture & discussion #4: Definition of the best deal structure (e.g. in-licensing, JV, acquisition)
- 12:35 Case study #3 in plenary session: Which deal structure to favor according to the situation?
- 13:00 Lunch
- 14:00 Lecture & discussion #5: How to approach and negotiate a BD&L opportunity?
- 14:45 Case study #4: Approach & Negotiation
- 15:45 Break
- 16:00 Debrief of the case study #4 and key takeaways
- 16:45 Lecture & discussion #6: Alliance management best practices
- 17:15 Conclusions of the session
- 17:45 End of the masterclass

2. Training Programs – Intra-companies

This masterclass provides Good Managers with tips to become Smart Managers and thus boost their performance and the performance of their collaborators

Masterclass¹: Smart vs. Good Managers

Day 1

9:00	Introduction to the masterclass
9:10	Review of and discussion about the seven tips to be mastered to become a Smart Manager (pre-read sent to participants)
10:30	Lecture by and discussion with an expert: "Managers vs. Leaders"
11:45	Break
12:00	Workshop #1: Purpose – Mission – Values – Vision
13:00	Lunch
14:00	Workshop #2: Strategy crafting
15:00	Workshop #3: Management by mutual benefits
16:30	Break
16:45	Workshop #4: Use of the Smart Index
18:15	End of day 1

Day 2

9:00	Introduction to the 2 nd day
9:10	Workshop #4: Use of the Smart Index (cont.)
10:45	Break
11:00	Workshop #5: Dynamic management of collaborators
13:00	Lunch
14:00	Workshop #6: Stimulation of job passion
15:30	Break
15:45	Workshop #7: Management model selection
17:15	Conclusion of the masterclass
18:00	End of the masterclass

2. Training Programs – Intra-companies

This program helps participants significantly improve their time management through the application of simple and effective good practices

Masterclass¹: Time Management

Day 1

9:00	Introduction to the masterclass
9:10	Review of and discussion about the 8 tips to better manage time at work (pre-read sent to participants)
10:30	<i>“Why is your time at work so precious?”</i>
11:45	<i>Break</i>
12:00	Workshop #1: <i>How well do you manage your time? – Express Self-diagnosis</i>
13:00	<i>Lunch</i>
14:00	Workshop #2: <i>Situation analysis: Time wasters identification</i>
15:30	<i>Break</i>
16:00	Workshop #3: <i>Management of time wasters</i>
17:30	End of day 1

Day 2

9:00	Introduction to the 2 nd day
9:10	Workshop #3: <i>Management of time wasters</i> (cont.)
10:45	<i>Break</i>
11:00	Workshop #4: <i>Planning and implementation</i>
12:00	Workshop #5: <i>Tracking & sharing outcomes</i>
13:00	<i>Lunch</i>
14:00	Case study #1: <i>“Manager Time”</i>
15:30	<i>Break</i>
15:45	Case study #2: <i>“Pharma Time”</i>
17:15	Conclusion of the masterclass
17:30	End of the masterclass

2. Training Programs – Intra-companies

This program helps participants significantly improve their project management through the application of simple and effective good practices

Masterclass¹: Project management

Content & Organization

- The program will include basic principles, key tools, practical exercises and case studies relative to the pharmaceutical industry
- The program content will be customized according to the specific needs of the clients
- The program duration will be of one day, one day and a half or two days, according to the clients needs and desire

Target Audience

- Any collaborators from pharmaceutical companies having the responsibility to manage projects that are more or less complex
- Participants can be part of the medical, marketing, commercial, market research, strategic,... departments

Example of a One-Day Program

9:00	Introduction to the program
9:10	Review of the basic principles and key tools to properly manage projects
10:40	<i>Break</i>
11:00	Exercises: Familiarization with the key tools
12:30	<i>Lunch</i>
13:30	Case study #1: Application to a simple project
15:00	<i>Break</i>
15:20	Case study #2: Application to a moderately complex project
16:50	Conclusion and key takeaways
17:30	End of the program

2. Training Programs – Intra-companies

This one-day program will help participants define relevant KPIs (key performance indicators) and KEIs (key execution indicators) for a better efficacy and efficiency

Masterclass¹: KPIs & KEIs

Content & Organization

- The program will include basic definitions, recommendations, key tools, practical exercises and case studies relative to the pharmaceutical industry
- The program content will be customized according to the specific needs of the clients
- The program duration will be of one day, one day and a half or two days, according to the client needs and desire

Target Audience

- Any collaborators from pharmaceutical companies, whatever their level of responsibility and seniority
- Participants can be part of the medical, marketing, commercial, market research, strategic,... departments

Example of a One-Day Program

9:00	Introduction to the program
9:10	Review definitions and basic principles related to KPIs and KEIs, in general and in the context of the pharma business
10:40	<i>Break</i>
11:00	Exercises: Indicators selection – Data collection – Data analysis – Dashboard design – Action taking
12:30	<i>Lunch</i>
13:30	Case study #1: Practical implementation
15:00	<i>Break</i>
15:20	Case study #2: Practical implementation
16:50	Conclusion and key takeaways
17:30	End of the program

2. Training Programs – Intra-companies

This program will help participants get familiar with the basic principles and methods to tell stories to connect with and influence audiences

Masterclass¹: **Storytelling in Business**

Content & Organization

- The program will include basic definitions, recommendations, key tools, practical exercises and case studies related to the pharmaceutical industry
- The program content will be customized according to the specific needs of the client
- The program duration will be of one day, one day and a half or two days, according to the client needs and desire

Target Audience

- Any collaborators from pharmaceutical companies, whatever their level of responsibility and seniority
- Participants can be part of the medical, marketing, commercial, market research, strategic,... departments

Example of a One-Day Program

9:00	Introduction to the program
9:10	Review definitions and basic principles related to storytelling, in general and in the context of the pharma business
10:40	<i>Break</i>
11:00	Exercises: Know your audience – Define the right message – Be authentic – Keep it simple & visual – Involve the audience
12:30	<i>Lunch</i>
13:30	Case study #1: Practical implementation
15:00	<i>Break</i>
15:20	Case study #2: Practical implementation
16:50	Conclusion and key takeaways
17:30	End of the program

2. Training Programs – Intra-companies

The Physician Experience Program will provide participants with ready-to-implement solutions for in-field and back-office collaborators of pharma companies

Masterclass¹: Implementing a Physician Experience Program

Content & Organization

- The program will include basic definitions, recommendations, key tools, practical exercises and case studies related to the pharmaceutical industry
- The program content will be customized according to the specific needs of the client
- The program duration will be of one day, one day and a half or two days, according to the client needs and desire

Target Audience

- Any collaborators from pharmaceutical companies, whatever their level of responsibility and seniority
- Participants can be part of the medical, marketing, commercial, market research, strategic,... departments

Example of a One-Day Program

9:00	Introduction to the program
9:10	Definitions, concepts, methods, tools related to Experience
10:40	<i>Break</i>
11:00	Exercises: Defining a shared vision & ambition – Crafting a strategy – Mapping physician journeys and selecting the most relevant
12:30	<i>Lunch</i>
13:30	Case study #1: Rethinking medical calls experiences
15:00	<i>Break</i>
15:20	Case study #2: Rethinking medical meetings
16:50	Conclusion and key takeaways
17:30	End of the program

2. Training Programs – Intra-companies

This program specially designed for medical reps will help them find solutions to secure access to physicians and boost their preference for the brands they promote

Masterclass¹: From Promotional- to Service-led Medical Calls

Content & Organization

- The program will include basic definitions, recommendations, key tools, practical exercises and case studies related to the pharmaceutical industry
- The program content will be customized according to the specific needs of the client
- The program duration will be of one day, one day and a half or two days, according to the client needs and desire

Target Audience

- Medical reps and their managers
- Area Managers
- Sales Force Managers

Example of a One-Day Program

9:00	Introduction to the program
9:10	Definitions, concepts, methods, tools related to Service-led Medical Calls
10:40	<i>Break</i>
11:00	Case study #1: Defining the medical calls likely to create a unique and memorable positive experience for physicians
12:30	<i>Lunch</i>
13:30	Case study #2: Preparing service-led medical calls
15:00	<i>Break</i>
15:20	Case study #3: Executing and following-up service-led medical calls
16:50	Conclusion and key takeaways
17:30	End of the program

**Consulting firm dedicated to the pharmaceutical sector operating
in the complementary domains of strategy, management and organization**

The Smart Pharma Publications

- Our publications have in common to:
 - Be well-documented and propose in-depth analyses
 - Share innovative concepts, methods and tools

2020 Collection

- This e-book includes 7 position papers, a bonus presentation and the catalogue of our 2021 training programs:

Covid-19 related Insights & Recommendations

- Covid-19 Outbreak & Business Continuity
- Engaging HCPs in Post Covid-19 Era
- Global Pharma Market & Covid-19 Impact
- Med Reps Survival Post-Covid-19
- Omnichannel Best Practices
- Digital Pharma Promotion (**bonus** - not previously published)

Market Insights

- French Retail Pharmacies

Management

- High Performance Brand Plans
- Pharma Training Programs (2021 Catalogue)

Smart Pharma Consulting



- Besides our consulting activities which take 85% of our time, we are strongly engaged in sharing our knowledge and thoughts through:
 - Our teaching and training activities
 - The publication of articles, booklets, books and expert reports
 - More than 80 publications, in free access, can be downloaded from our website, of which:
 - 18 business reports (e.g. The French Pharma Market)
 - 9 position papers in the “Best-in-Class Series”
 - 16 position papers in the “Market Insights Series”
 - 8 position papers in the “Smart Manager Series”
 - 10 position papers in the “Smart Tool Series”
 - Our research activities in pharma business management and our consulting activities have shown to be highly synergistic
 - We also organize training seminars or carry out projects to help your collaborators improve their operational excellence
 - This e-book includes a presentation of our training programs
- Best regards
- Jean-Michel Peny