

2016 – 2022

Publications

Market Insights

Strategy – Market Access

Medical Affairs – Marketing

Sales Force Effectiveness

Management

Insights - Concepts - Methods - Tools

Introduction	p. 4	2. Strategy	p. 207
Presentation of the Collection 2016 – 2022	p. 4	Top 20 Pharma Companies	p. 208
Smart Pharma Expertise	p. 5	Pharma Strategy Crafting	p. 232
1. Market Insights	p. 19	Pharma Strategy at Affiliate Level	p. 256
Pharma Market Insight Studies	p. 20	How to Boost Corporate Reputation?	p. 269
Global Pharma Market & Covid-19 Impact	p. 44	Best-in-class Pharma BD&L	p. 298
What Future for Orphan Drugs?	p. 61	Digitalization of the Value Chain	p. 327
French Pharma Market 2020 – 2025	p. 82	Digital Therapeutics	p. 350
French Retail Pharmacies	p. 120	Hospital Value-based Procurement	p. 373
Economics of Generics Manufacturers	p. 146	Patient-centric Strategy	p. 387
French Biosimilars Market	p. 157	How can Creativity boost Performance?	p. 415
Dietary Supplement & Baby Care Markets	p. 186	3. Market Access	p. 435
		Drug Value & Market Access Optimization	p. 436
		4. Medical Affairs	p. 462
		Best-in-class Medical Science Liaisons	p. 463
		Strategic KOL Engagement Planning	p. 498

5. Marketing	p. 539	7. Management	p. 875
Strengthening Brand Preference	p. 540	Be a Smart Manager – Not just a good one!	p. 876
Best-in-class Pharma Marketers	p. 569	Excellence in Execution	p. 893
Outstanding Physician Experience	p. 597	KPIs & KEIs for Success	p. 931
Engaging HCPs in Post-Covid-19 Era	p. 634	Time Management Programs	p. 951
Omnichannel Strategy in Pharma Marketing	p. 651	Project Management	p. 966
Mature Brands Management	p. 668	Storytelling in Business	p. 998
Value of Established Pharma Brands	p. 690		
High-Performance Pharma Brand Plans	p. 713		
6. Sales Force Effectiveness	p. 728	8. Smart Pharma Institute of Management	p. 1019
Boosting Med Reps Effectiveness	p. 729	2023 Pharma Training Programs	p. 1020
Med Reps Survival Post-Covid-19	p. 753	20 Pharma Conferences	p. 1047
Service-led Medical Calls	p. 772		
Best-in-class Hospital KAM	p. 790	9. Smart Pharma Care	p. 1060
Hospital & Institution Relationships in Regions	p. 817	“Children of Kathmandu” Project	p. 1061
Best-in-class Field Force Organization	p. 840		

This e-book is the complete collection of the best position papers published by Smart Pharma Consulting, in line with its commitment to share knowledge and thoughts

Presentation of the 2016 – 2022 Publications

- Smart Pharma Consulting has compiled in a single electronic document a selection of 38 position papers and 2 excerpts of reports published since 2016
 - These publications propose effective and practical solutions to help pharma companies improve their performance
 - For so doing we share openly:
 - Business insights
 - Concepts
 - Methods
 - Tools
- } The majority of which have been developed by Smart Pharma Consulting
- They have been grouped into seven chapters:
 1. Market Insights
 2. Strategy
 3. Market Access
 4. Medical Affairs
 5. Marketing
 6. Sales Force Effectiveness
 7. Management
 - We have added to these position papers:
 - A presentation of Smart Pharma Consulting capabilities and experience
 - The catalog of our 2023 training programs and conferences for management teams
 - A link to our “Children of Kathmandu” project
 - We hope that this collection will be of high value to you

Jean-Michel Peny

Introduction



Smart Pharma
CONSULTING

Smart Pharma **Expertise**

———— CORPORATE PRESENTATION ————

Capabilities & Experience

What does make us so unique?

SERVICE OFFERING January 2023

The slide features a background image of a person's hands interacting with a tablet. The text is centered on the right side of the slide, with the company logo at the top right. The word 'Expertise' is highlighted in red. The text 'CORPORATE PRESENTATION' is flanked by horizontal lines. The phrase 'What does make us so unique?' is in italics. At the bottom left, there is a red box containing the text 'SERVICE OFFERING' and the date 'January 2023'.

Smart Pharma **Expertise**

————— CORPORATE PRESENTATION —————

Capabilities & Experience

What does make us so unique?

Smart Pharma Consulting has been created in 2001 to deliver pharma and MedTech companies high-end services in strategy, management and organization; and to redistribute opportunities

Smart Pharma Consulting in a nutshell

Key Facts & Figures

- 22nd anniversary
- 136 clients, of which 103 pharma / MedTech companies
- ~1,200 missions (i.e., 55 p.a.)
- ~40% of international projects
- 980 executives trained
- 1,960 students have been taught strategy & marketing
- More than 100 publications
- Since 2005, €5M donation to humanitarian projects

Core priorities to deliver unmatched services

- Smart Pharma Consulting strives to:
 - Generate and disseminate high quality insights
 - Offer innovative concepts, methods, tools and solutions
 - Share knowledge and thoughts through consulting, training, teaching and publishing activities

Corporate societal engagement to redistribute opportunities

- **Sharing & Caring** is in our **DNA**
- Smart Pharma Consulting is engaged to “Protect & Raise” the most vulnerable children
- Since 2005, we partner through our department “Smart Pharma Care” with 4 reputable NGOs in Africa
- In 2006, we have started our own program in Nepal, which today supports more than 200 disadvantaged children

Smart Pharma Consulting has an in-depth knowledge and understanding of the pharma and MedTech markets based on three decades of specialization and experience of its consultants

Experiences & competencies

- Smart Pharma consultants have an in-depth knowledge and understanding of the pharma and MedTech markets as shown by:
 - More than 30 years of experience
 - A dedication to strategic, management and organizational issues for pharma and MedTech companies
 - A list of 136 clients (of which 103 pharma and MedTech companies)
 - More than 100 publications¹ (e.g., reports, position papers, articles and books)
 - Operational experience in pharma companies:
 - In various countries: Africa, France, India, Middle-East, Pakistan, Turkey, Sri Lanka
 - At positions such as: country manager, product manager, sales manager, business intelligence manager, portfolio and operation manager
- Smart Pharma Consulting is also strongly involved in sharing experiences and competencies through:
 - Trainings of executives and teaching of students
 - Regular publications of “position papers” including innovative concepts, methodologies and tools

Our triple expertise provides us with a unique positioning on the consulting market and enables us to create synergies to deliver our clients Smarter Services

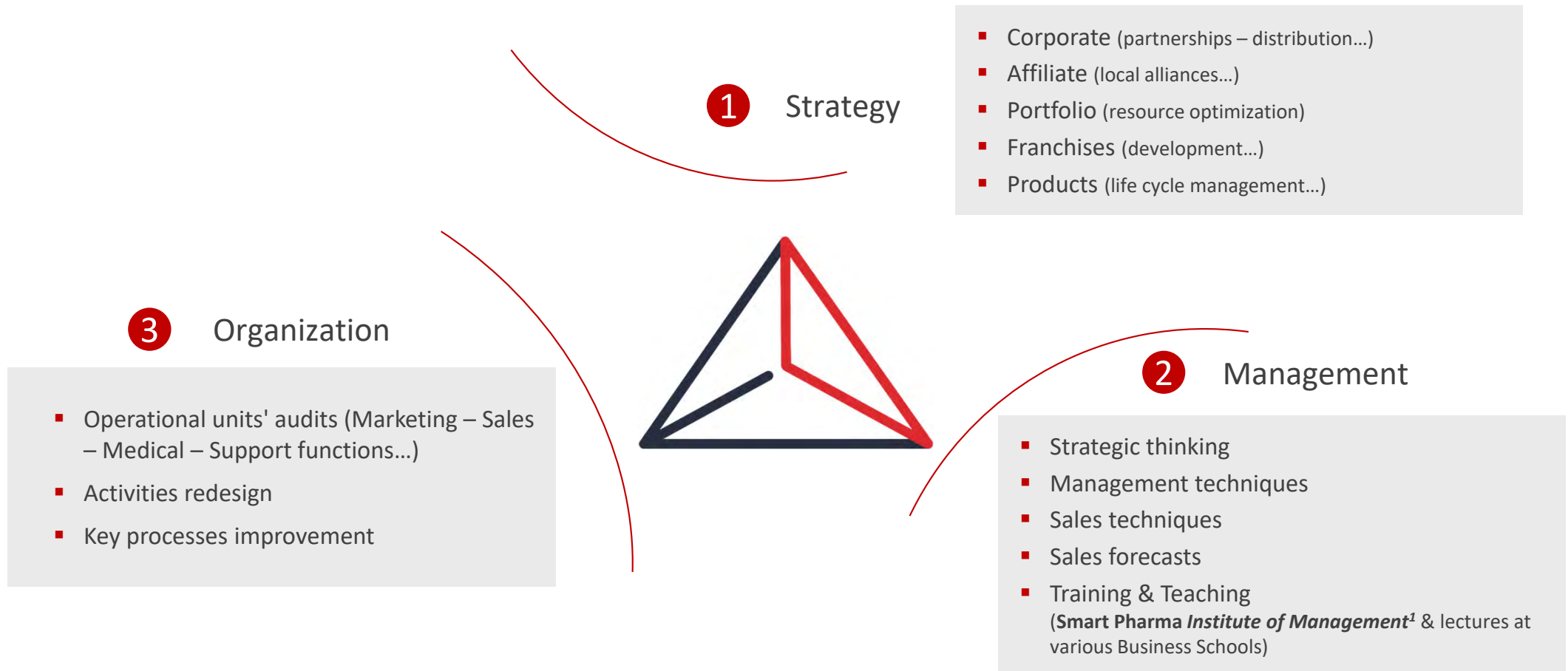
Smart Pharma Consulting unique positioning



Smart Pharma Consulting is officially registered as a training organization by the French government since 2002

Dedicated to the pharmaceutical sector, Smart Pharma Consulting operates in the three complementary domains of Strategy, Management and Organization since 2001

Smart Pharma Consulting core capabilities



Beyond its excellent pharma market insights, Smart Pharma Consulting is known and recognized for its methodological skills and the rigor of its analyses and advice

Specific expertise

1 In-depth knowledge and understanding of the pharma market as shown by our most recent reports

- French healthcare system and pharmaceutical market (2023, 2021, 2019, 2017, 2015, 2014)
- Generics market (2017, 2016, 2014)
- Global biosimilars drugs market (2019, 2021, 2015)
- Drug value & Market access optimization (2016)
- Best pharma performers (2021, 2019, 2015)
- Pharma distribution (2015)

4 Development of innovative and practical concepts, methodologies and tools to improve the relevance of strategies and tactics, and the quality of their execution

- Publication of 41 articles...
- ... 7 books (of which 3 on Marketing)
- ~10 position papers p.a.
- Participation in conferences

1

2

4

3

Smart Pharma
 Competitive
 Advantages

2 Knowledge of and access to stakeholders

- Pharma & MedTech companies: missions carried out for 103 companies since 2001
- Interviews of:
 - ~35 companies (benchmarking studies) p.a.
 - ~40 KOLs p.a.
 - ~100 physicians (specialists & GPs) p.a.
 - ~100 retail and hospital pharmacists p.a.
 - ~200 patients p.a.
 - ~15 health authorities, payers, PAGs¹ p.a.

3 Experience in multiple strategic segments, including:

- Rx-bound products (R&D-based, biologics, generics and biosimilars) in 16 therapeutic areas
 - Vaccines
 - OTCs and food supplements
 - Medical devices
- for various companies across the world

We partner with companies wishing to optimize their current and future business based on best-of-class consulting services

Key clients (2001-2021) – (1/2)

« Pharma & MedTech companies »

- | | | | | |
|--|---|--|--|---|
| <ul style="list-style-type: none"> • Abbott • AbbVie • Actelion (Janssen) • Aga Linde • AJ Pharma • Alfasigma • ALK • Allergan (AbbVie) • Almirall • Arkopharma • Aspen • Astellas • AstraZeneca • B. Braun • Bayer • Becton Dickinson | <ul style="list-style-type: none"> • BMS • Boehringer Ingelheim • Chiesi • Daiichi-Sankyo • Delbert • Diaxonhit • Diepharmex • Dynavie • Effik • Eisai • Esteve • Ethypharm • Expanscience • Fresenius Kabi • Galderma • Gilead | <ul style="list-style-type: none"> • Grünenthal • GSK • Hartmann • HRA Pharma • Indivior • Innothera • Insulet • Invacare • IPRAD (Biocodex) • IPSEN • Janssen • Keocyt (Esteve) • Leo Pharma • Lilly • LFB • Lundbeck | <ul style="list-style-type: none"> • Menarini • Merck AG • MSD • Mundipharma • Nemera • Nobel Biocare • Nordic Pharma • Norgine • Novartis • Novo-Nordisk • Organon • Otsuka • Pfizer • Pierre Fabre • Reckitt-Benckiser • Recordati | <ul style="list-style-type: none"> • Roche • Sanofi • Schwabe • Servier • Sinclair Pharma • SOBI • Takeda • The Medecine Co. • Therabel • Tillotts Pharma • UCB pharma • UPSA • Urgo • Vifor Fresenius • Zambon • Wellspect |
|--|---|--|--|---|

We partner with companies wishing to optimize their current and future business based on best-of-class consulting services

Key clients (2001-2021) – (2/2)

Biotech companies	Generics companies	Distributors	Investors	Miscellaneous
<ul style="list-style-type: none"> Alexion (AstraZeneca) Amgen Biogen Celgene (BMS) Genzyme (Sanofi) GSK Biologicals Innavirvax Sanofi-Pasteur 	<ul style="list-style-type: none"> Accord Health Biogaran (Servier) Dr Reddy's EG Labo (Stada) Gedeon Richter Glenmark Hospira Polymedic Sandoz (Novartis) Sothema Teva Viatrix Wockhardt Zentiva (Sanofi) Zydus 	<ul style="list-style-type: none"> Alliance Healthcare Ceido Collectif des groupements (CNGPO) FM Logistic Giphar Pharma Référence PharmaVie (Phoenix) 	<ul style="list-style-type: none"> Alma Capital Astorg Cinven Exane Keensight Capital PAI Rothschild Sagard Valpre Weinberg Capital 	<ul style="list-style-type: none"> Celtipharm CEGEDIM Cosmétique Active¹ GEMME CRIP Datapharm DDB health Fondation Deniker MedToMed Osalia Preciphar Unilever Zoetis
			<p>Lawyers</p> <ul style="list-style-type: none"> Jones Day Simmons & Simmons Véron & Associés 	

Source: Smart Pharma Consulting

¹ L'Oréal subsidiary

We have published 41 articles in national and international specialized magazines, addressing key pharmaceutical market issues

Published 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)²
- Nosocomial Rotavirus infection in European countries (2006)⁴
- Les marques sont-elles condamnées à mourir ? (2007)⁵
- Le BPS, pour la “justesse de voix” (2008)⁵
- La réputation d’entreprise – Un nouvel enjeu stratégique (2008)⁵

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 can customer-centricity increase brand preference? (2009)

Environment (international)

- Drug reimbursement harmonization in Europe (1994)
- Working with the authorities (2002)
- The Evolution of the global pharma industry (2012)⁶

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)³
- Princeps-génériques: Faut-il pactiser avec l’ennemi ? (2007)⁵
- Quelles perspectives pour les génériques ? (2007)⁴
- Les génériques, ce n’est plus automatique (2011)⁶
- What future for the French retail generic market? (2015)³

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 pharma sell its OTC business? (2004)
- Automédication: Quel attrait pour le marché mondial ? (2006)⁵
- Des stratégies opposées pour les « big pharma » (2006)⁵
- Le switch: solution ou danger (2006)⁵
- Le médicament en libre accès: La grande illusion (2007)

Environment (national)

- Disease management opportunities in France (1997)
- Survival strategies in contract sales organizations (2002)
- Changes at the French pharmacy (2004)

Consultants working at Smart Pharma Consulting benefit from a double experience, in pharmaceutical companies and specialized consulting firms

Senior Management Team

Jean-Michel Peny

- **President**
- **Pharm. D.**
- **MBA – HEC Business School**
- **Postgraduate in International Business – IAE Lyon**
- **1-year experience at Begin hospital**
- **7-year experience as General Manager for pharmaceutical companies:**
 - 3 years in Sri Lanka (Servier)
 - 3 years in India (Servier)
 - 1 year in France (Novartis Generics)
- **30-year experience in Strategy and Management consulting for the pharmaceutical sector**
 (Bain & Co, Arthur D. Little, AT Kearney, ISO Health Care Consulting)
- **31-year teaching experience**
 Lecturer (ESCP & ESSEC B-schools - Paris Pharmaceutical and Medical Universities)
 Former affiliate Professor (HEC B-school)

Laurent Chesnel

- **Senior Manager**
- **Graduated from KEDGE Business School (Bordeaux) – Specialization in audit, law and management control**
- **10-year operational experience in Financial Audit at KPMG**
 - 3 years as a Manager
 - Audit of statutory and consolidated financial statements, in French GAAP, IFRS or US GAAP
 - Specialization in the Technology Media & Telecommunication (TMT) practice
 - “Key accounts” clients (Capgemini, SFR, TF1, Vivendi)
- **8-year consulting experience with Smart Pharma Consulting**

Consultants working at Smart Pharma Consulting benefit from a double experience, in pharmaceutical companies and specialized consulting firms

Consulting Team

Yanis Chamen

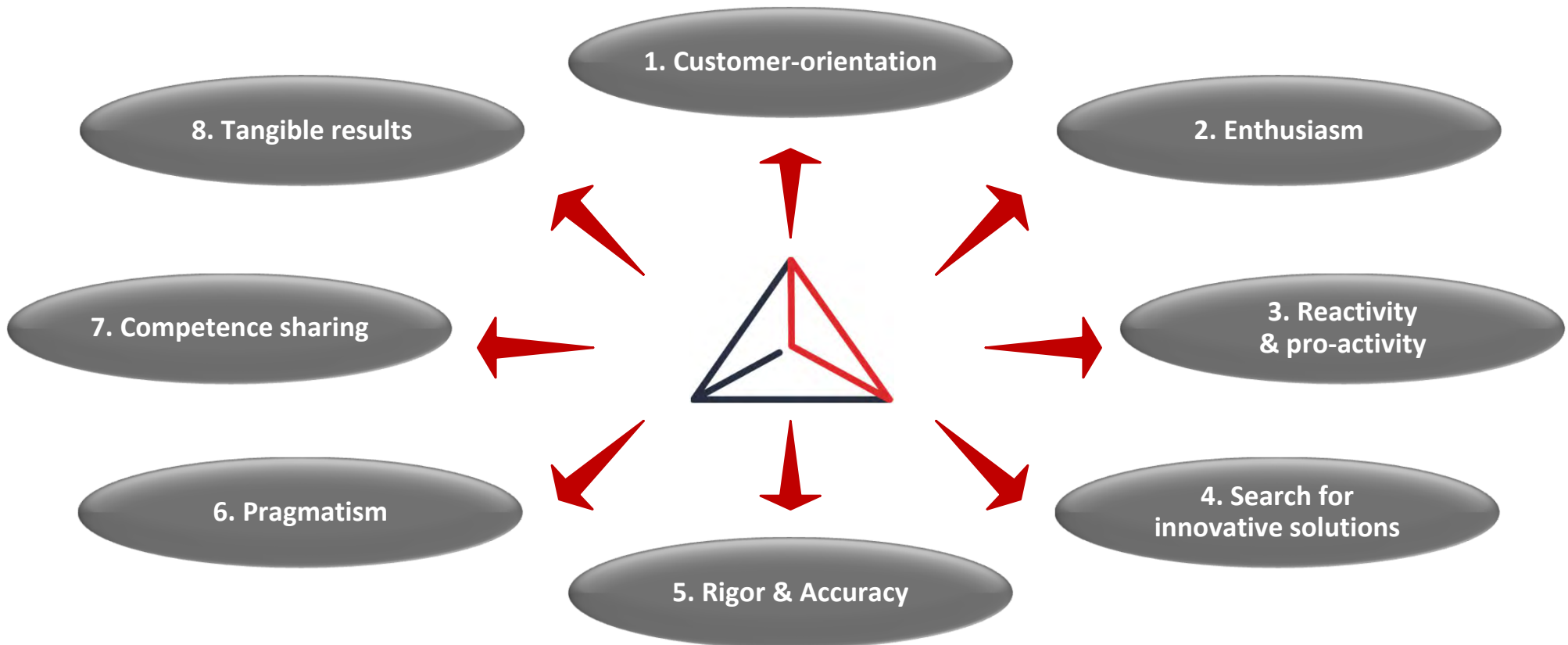
- Senior Business Analyst
- Pharm. D. (Paris XI)
- Bachelor degree – INSEEC B-School (London)
- Advanced Master in Biopharma Management – ESCP B-School
- 1-year internship as non-resident pharmacist (Saint-Antoine Hospital – Paris):
 - Orthopedic surgery department
- ½-year internship in Global Marketing Department – Metabolism Franchise (Servier)
- 1-year experience (part time) in retail pharmacies
- 1-year consulting experience with ALCIMED and Smart Pharma Consulting

Thibaud Valton

- Senior Business Analyst
- Advanced Master in Marketing & Commercial Management in Healthcare Industries Biopharma Management – Toulouse School of Economics (Toulouse)
- Master 2 degree – Analysis & Political Economics – (Lyon 2)
- Bachelor degree – Economics & Management – Econometrics – (Lyon 2)
- Bachelor degree – Economics & Mathematics – Toulouse School of Economics (Toulouse)
- 1-year experience (part time) as Product Manager in neurology – (UCB Pharma)
- 2-year experience as Consultant in Strategy & Patients Care – (Sirius-Customizer)
- 7-month experience as Market Research Associate – (IQVIA)

Smart Pharma Consulting delivers a unique service based on eight commitments which are determinant to ensure a service delivery, second to none

The eight commitments of Smart Pharma Consulting



Smart Pharma Consulting partners with four reputable NGOs on projects located in Africa and runs its own project in Nepal to protect and raise the most disadvantaged children

Smart Pharma Consulting's engagement in humanitarian actions

- We are strongly engaged, through our "Smart Pharma Care" department, to help the world's most vulnerable children
- This engagement is a pillar of our societal commitment to redistribute opportunities and wealth

African Programs

We partner, since 2005, with 4 NGOs to protect children against violence, diseases; and to secure their access to water and food



Nepalese Program

- In 2006, we started our own program in Nepal to protect and educate children at risk
- The project is founded and managed by Smart Pharma, with the help of FSNB Health & Care¹
- The Nepalese NGO Saathi ensures the operational activities of this project including > 200 children



"Our ambition is to protect and help children build a better future"

1. Market Insights



**Pharma Market
Insight Studies**

MARKET INSIGHTS

Smart Pharma Expertise
- Methods & Tools -

POSITION PAPER January 2022



**French Pharma Market
2020 – 2025**

BUSINESS REPORT

Strategic Implications
for Pharma Companies

EXCERPTS March 2022



**French Retail
Pharmacies**

MARKET INSIGHTS

2019-2023 Perspectives

POSITION PAPER January 2021



**Global Pharma Market
& Covid-19 Impact**

MARKET INSIGHTS

2019-2024 Perspectives

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

POSITION PAPER July 2020



**Economics
of Generics Manufacturers**

MARKET INSIGHTS

Performance on the
French Retail Market

POSITION PAPER December 2022



**French
Biosimilars Market**

MARKET INSIGHTS

Key Success Factors

POSITION PAPER June 2021



**What Future
for Orphan Drugs?**

MARKET INSIGHTS

Strategic Insights
for Pharma Companies

POSITION PAPER January 2022



**Dietary Supplement
& Baby Care Markets**

MARKET INSIGHTS

Key Learnings based
on a French Qualitative Study

POSITION PAPER March 2022

Pharma Market Insight Studies

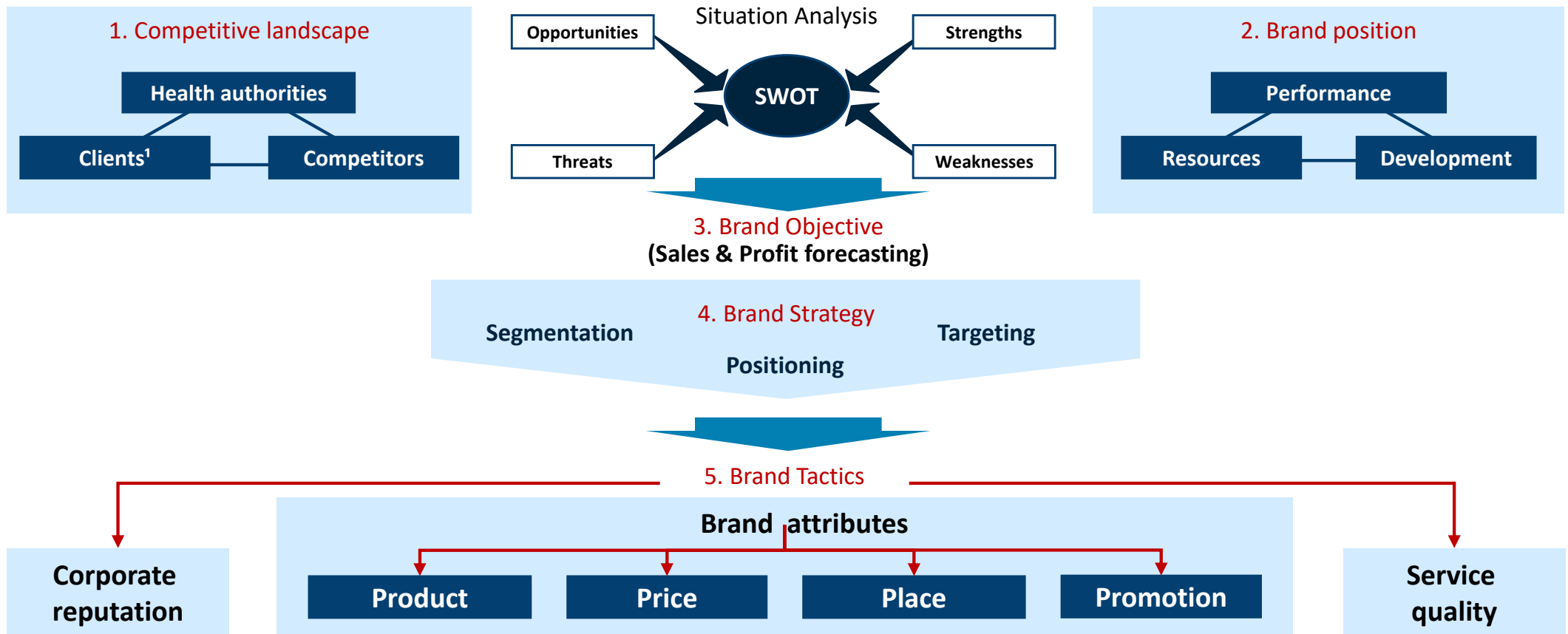
MARKET INSIGHTS

Smart Pharma Expertise
- Methods & Tools -

Smart Pharma Consulting carries out Market Insight Studies, at the 5 steps of the marketing thinking process, to help pharma companies improve their performance

Introduction

Marketing thinking process



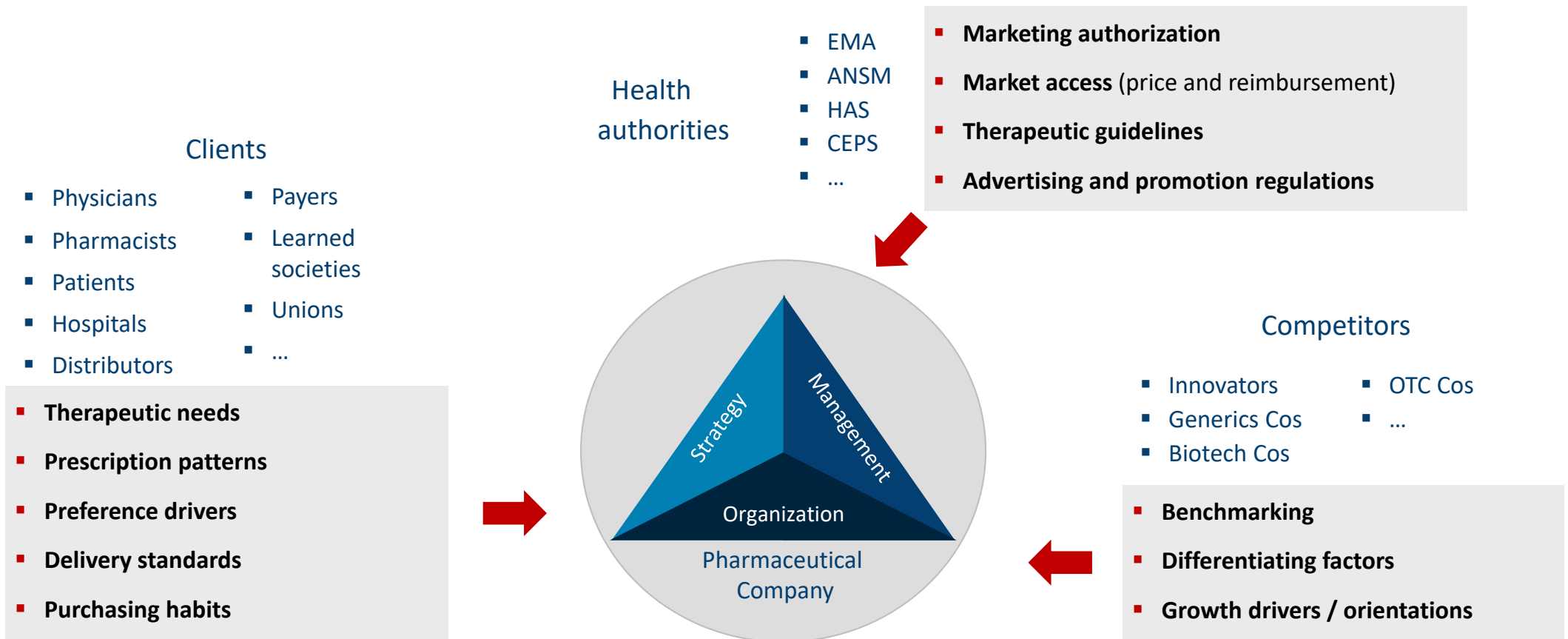
Sources: Smart Pharma Consulting

¹ Including payers, physicians, pharmacists, patients, patient advocacy groups, hospitals, distributors, etc.

Our ability to collect insights from all market stakeholders and our robust analytical skills allow us to deliver high value-added recommendations

1. Competitive landscape

Methodological approach

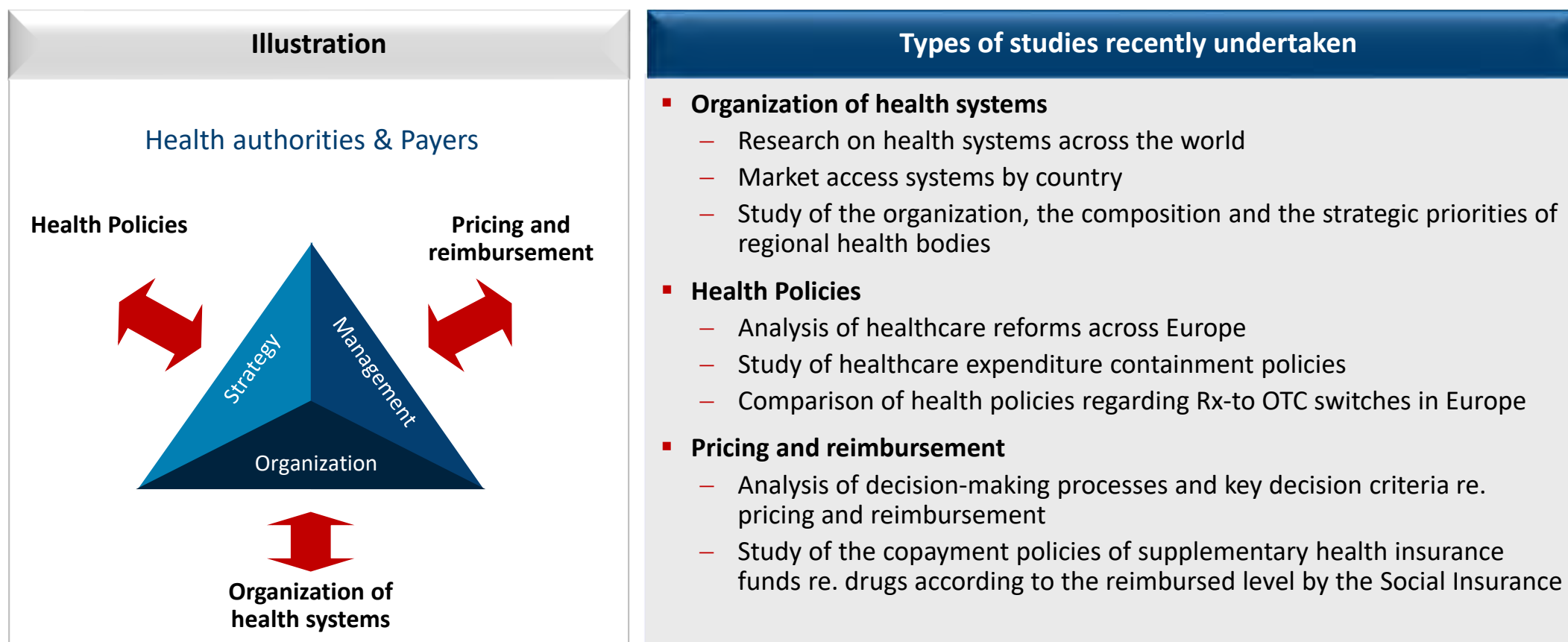


Smart Pharma Consulting is used to carrying out studies to better know and understand healthcare systems through in-depth desk researches and individual interviews

1. Competitive landscape

Health authorities

Market studies targeted at health authorities



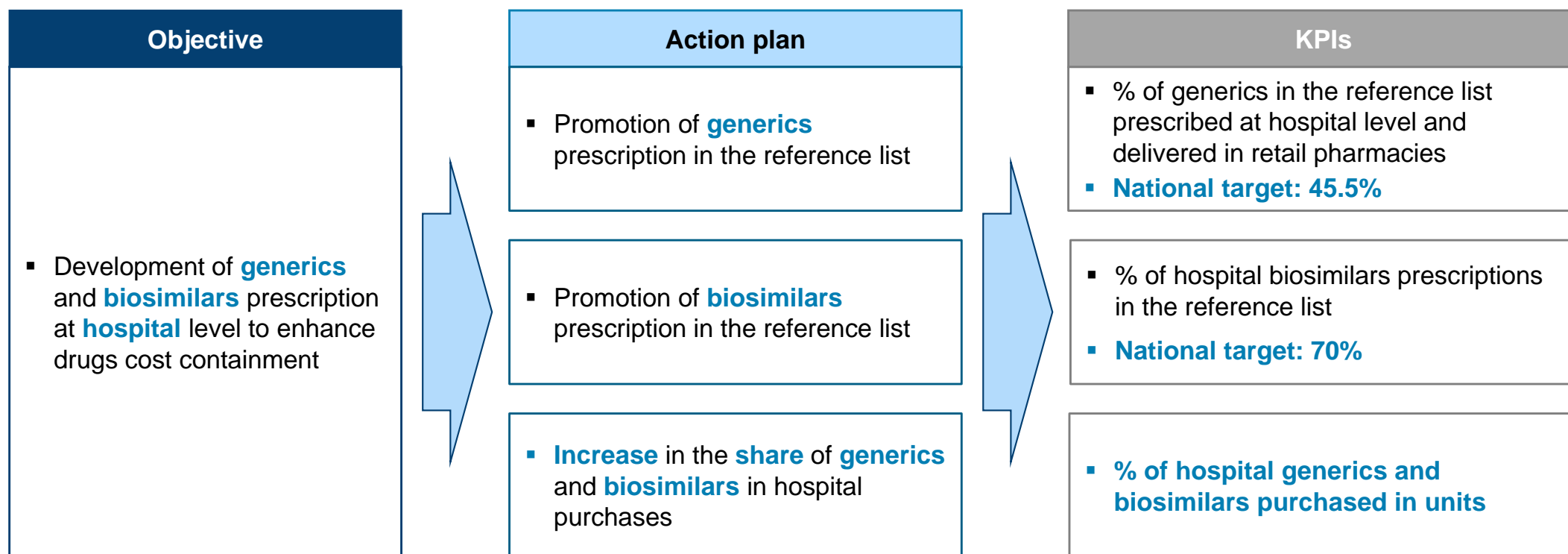
Smart Pharma Consulting has interviewed hospitals and regional health authorities' collaborators to evaluate the impact of a new measure on drug performance

1. Competitive landscape

Health authorities

Example: Measure to enhance drug prescription quality and efficiency

The French health authorities have recently introduced contracts between hospitals, regional health agencies and regional health insurance through which physicians are encouraged to prescribe more generics and biosimilars

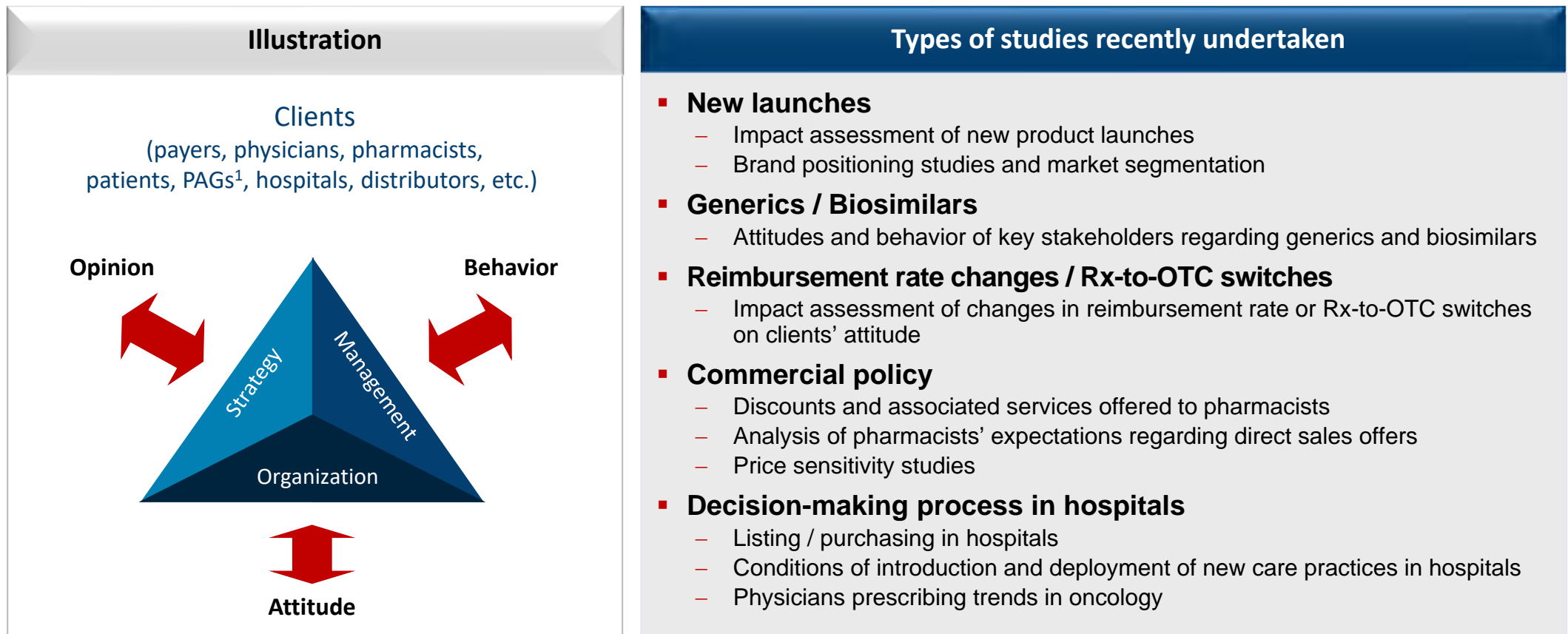


Smart Pharma Consulting is used to collecting and analyzing information about all pharma companies' clients involved on the retail and the hospital markets

1. Competitive landscape

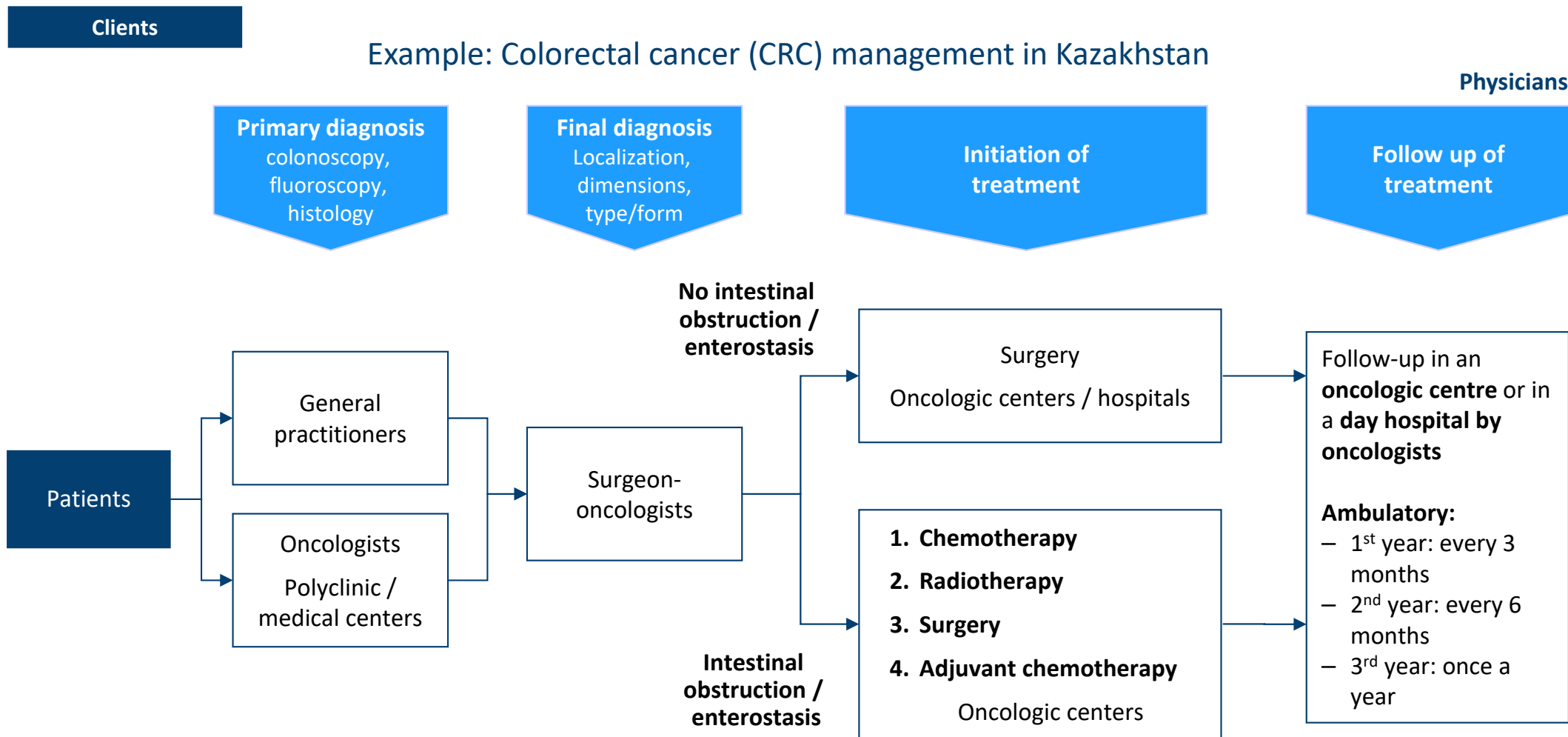
Clients

Market studies targeted at clients



Smart Pharma Consulting is able to figure out protocols and disease management in countries where there is little data published, by interviewing stakeholders

1. Competitive landscape



Sources: Smart Pharma Consulting

Smart Pharma Consulting assesses regularly the degree of physicians' preference for competing brands with the help of the "Brand Preference Mix" concept¹

1. Competitive landscape

Clients

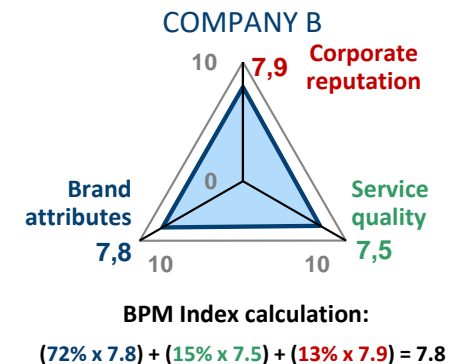
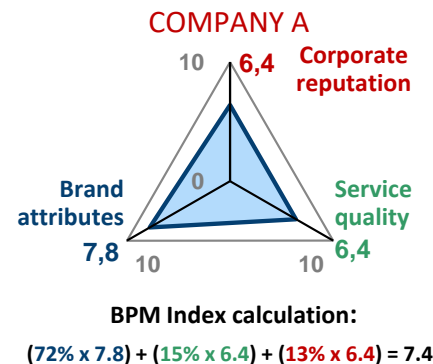
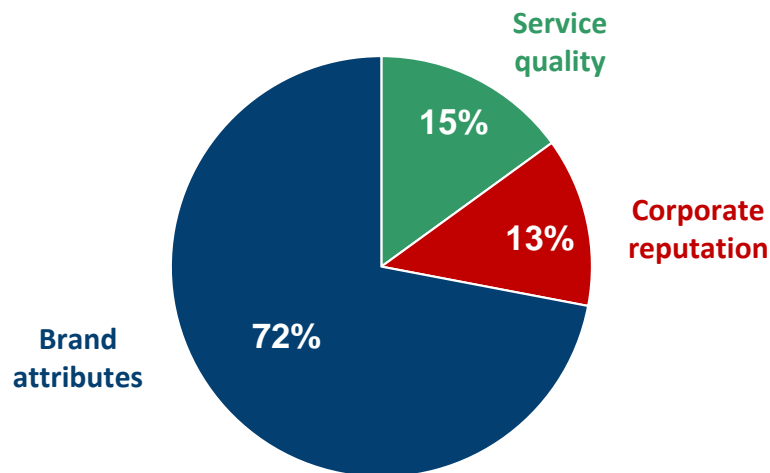
Example: Assessment of brand preference in the respiratory market

Physicians

The **Brand Preference Mix (BPM)** helps determine the **key prescribing drivers** that can be activated to **enhance prescribers' preference** for a brand, and thus increase its **market share**

General Practitioners

"When you decide to prescribe a maintenance treatment in COPD over another one, what is the relative weight in your decision of the three following components?"



Sources: Smart Pharma Consulting

¹ Developed by Smart Pharma Consulting (see position paper "How to get physicians prefer your brand?" on: www.smart-pharma.com)

The in-depth knowledge and understanding of the market, through regular studies, enables Smart Pharma Consulting to produce complex and insightful analyses

1. Competitive landscape

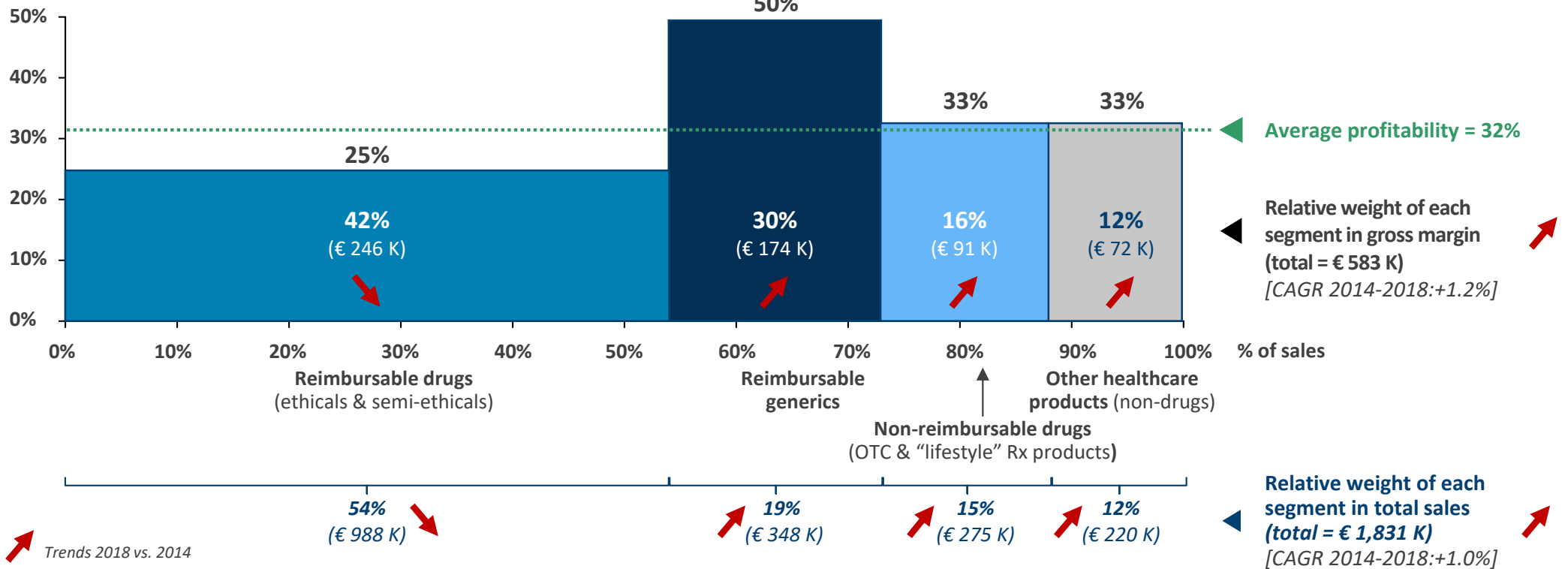
Clients

Marketing thinking process

Pharmacists

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.)

Smart Pharma Consulting is used to carrying out patient surveys to understand patients' behaviors and motivations

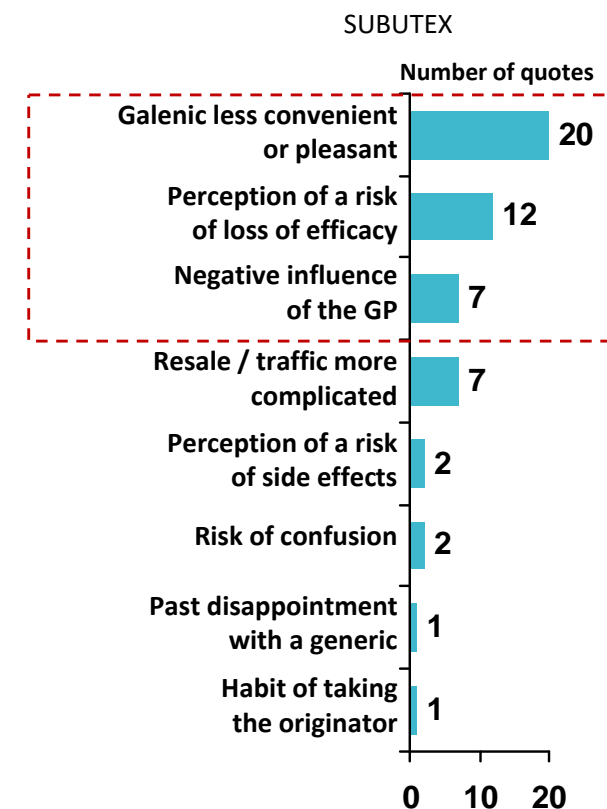
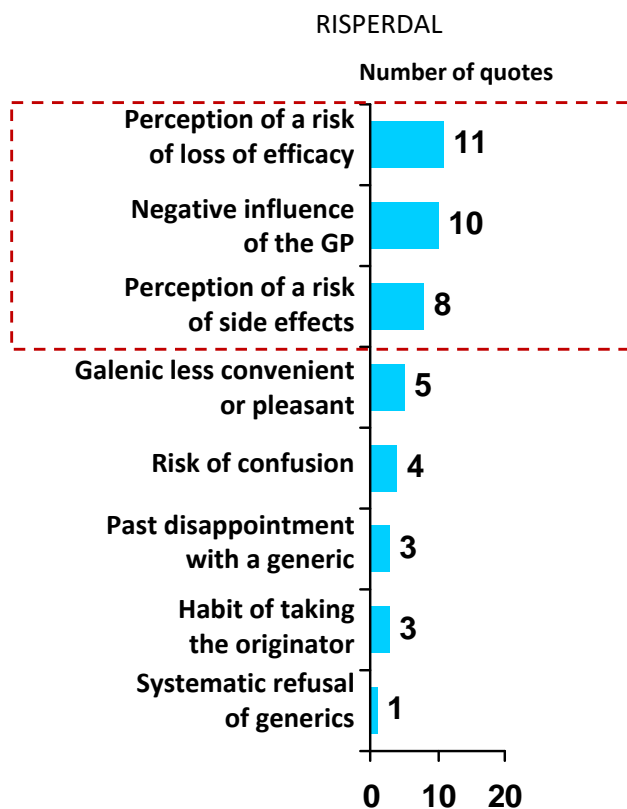
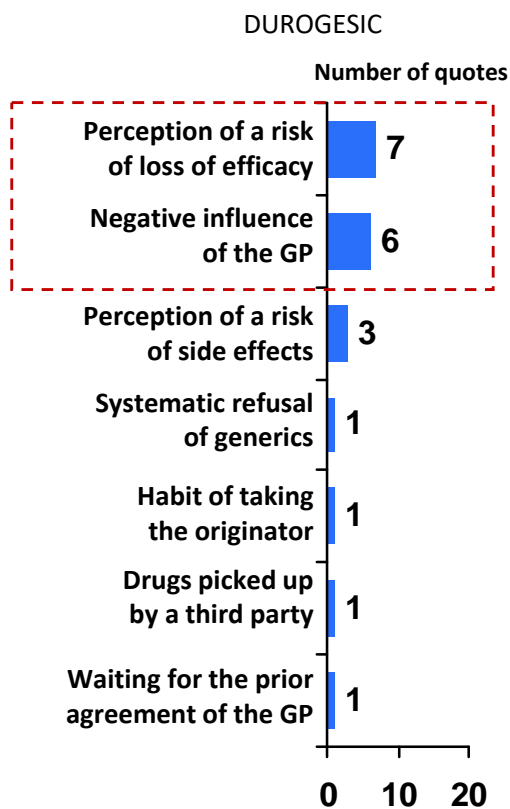
1. Competitive landscape

Clients

Example: Generics substitution refusal by patients

Patients

"Why do you refuse generics substitution?"

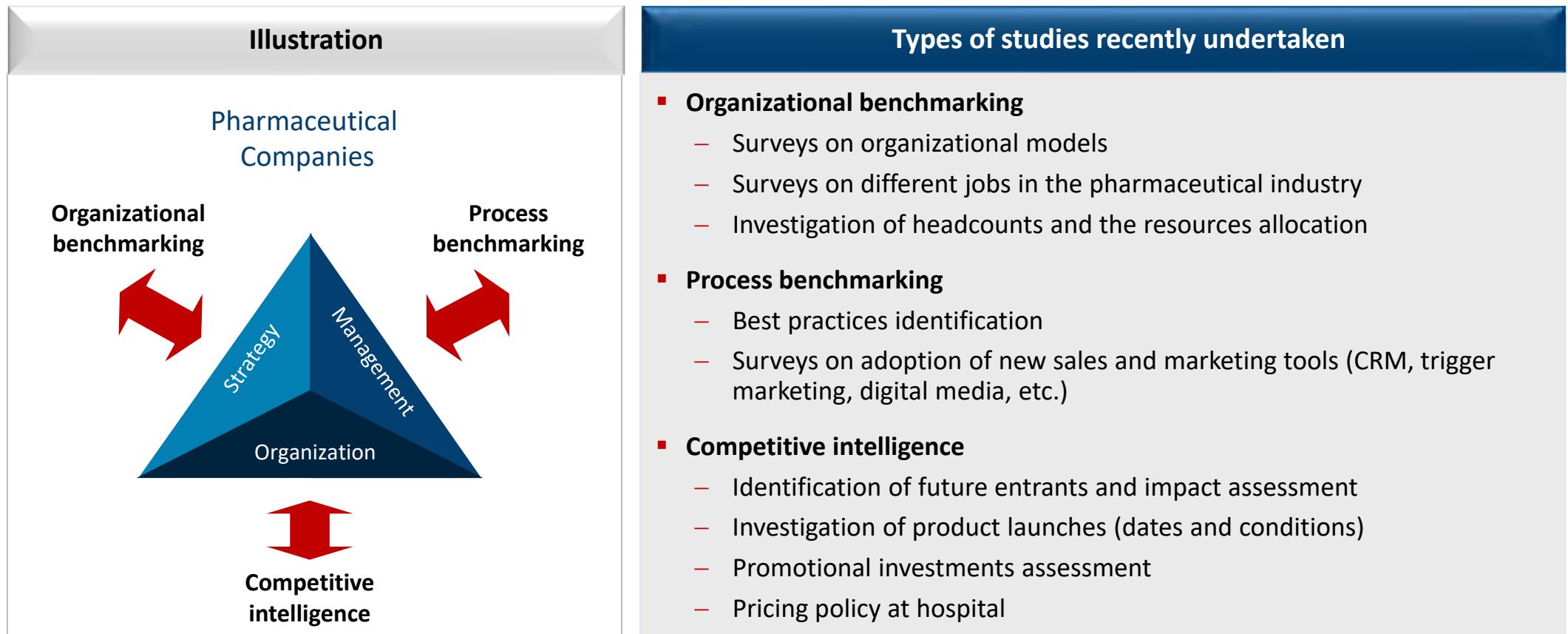


Smart Pharma Consulting carries out various types of benchmarking and competitive intelligence studies in the pharmaceutical sector, following a strict code of ethics

1. Competitive landscape

Competitors

Market studies on competitors



As shown in this example, Smart Pharma Consulting can realize organizational benchmarking such as detailed headcount surveys

1. Competitive landscape

Competitors

Example: Headcount survey in small to mid-sized pharma companies

Organizational benchmarking

	Pharma company A	Pharma company B	Pharma company C	Pharma company D	Pharma company E	Pharma company F	Pharma company G	Average
	50 to 79 €M	20 to 49 €M	20 to 49 €M	50 to 79 €M	50 to 79 €M	80 to 120 €M	20 to 49 €M	
Sales	2	2	1.5	1.5	1.5	2	2	2
General management	6	7	3	5	6	10	5	6
Marketing	5	1	4	3	2	7	9	4
Sales management	3	0	2.5	2.5	3.5	8	5	4
Medical	8	5	3	3	2.5	13	4	6
Finance	2	12	2	0.5	8	12	4	6
Regulatory affairs	0	0	0	0	0	2	2	1
Legal	2.5	2	1	3	1	6	4.5	3
Human Resources	0	0	0	0	0	0	0	0
Public affairs / Communication	0	0	0	0	0	8	0	1
Commercial excellence	0	0	0	1	0	0.5	0	0
Training department	0	1	0	0	0	1	0	0
Business Development	0	0	0	1	0	2	0	0
Market access	1	1	0	0	0	3	0.5	1
General services	0	0	2	0	0	7	0	1
Logistic / IT	0	0	0	0	4	12	0	2
R&D / Clinical studies								
Total headquarters	29.5	31.0	19.0	20.5	28.5	93.5	36.0	37
Sales Reps – GPs	66	8	48	160	20	111	33	64
First line managers – GPs	6	1	0	16	3	13	4	6
Second line managers	0	0	4	2	0	2	0	1
Sales Reps – Specialists & hospital	11	10	0	10	0	6	0	5
First line managers – Specialists & hospital	0	0	0	1	0	1	0	0
KAM & others	0	0.5	0	0	0	0	3	1
Total field forces	83.0	19.5	52.0	189.0	23.0	133.0	40.0	77
Grand total	112.5	50.5	71.0	209.5	51.5	226.5	76.0	114
Number of therapeutic areas	8	5	5	7	1	9	4	6
Number of products	18	7	16	17	1	32	16	15

Smart Pharma Consulting interviewed service providers and pharma companies to survey the remote e-detailing adoption, identify best practices and assess the impact

1. Competitive landscape

Competitors

Example: Benchmarking of remote e-detailing practices

Process benchmarking

Context

- Specific needs to strengthen detailing:
 - Inform physicians about new indications and side effects of non-promoted products
 - Vacancies
 - Campaigns with temporary increase of targeted physicians
 - Geographic dispersion of physicians (Russia)
 - Limited access to physicians (Sweden, Turkey)

Objectives

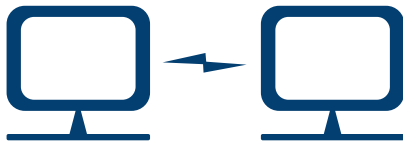
- Increase the reach of the message by expanding the target
- Improve the efficacy of communication by increasing the call frequency
- Reduction of overall detailing costs

Implementation

- France: sales reps 100% dedicated to remote e-detailing, quantitative approach (20 contacts/day)
- Italy: sales reps 100% dedicated to remote e-detailing, qualitative approach (retention goal)
- Russia, Sweden: implementation of hybrid sales reps (face-to-face and remote e-detailing)

Results

- France: some physicians systematically refuse remote e-detailing
- Italy: 35%-40% of physicians regularly accept remote e-detailing
- Russia and Sweden: increase of call frequency



Key learning

- Remote e-detailing does not suit all physicians, hence, before implementing it, to identify those who:
 - Can have online access
 - Are likely to accept remote e-detailing
- The quality of calls is key to build a long-term relationship with physicians, thus it is important to:
 - Train the sales force properly
 - Propose interesting and useful contents, meeting customer expectations and needs
 - Fix appointment by telephone rather than by e-mail (risk of spamming)

Through desk research and interviews, Smart Pharma Consulting has been able to estimate the magnitude of generics price war overtime on the French hospital market

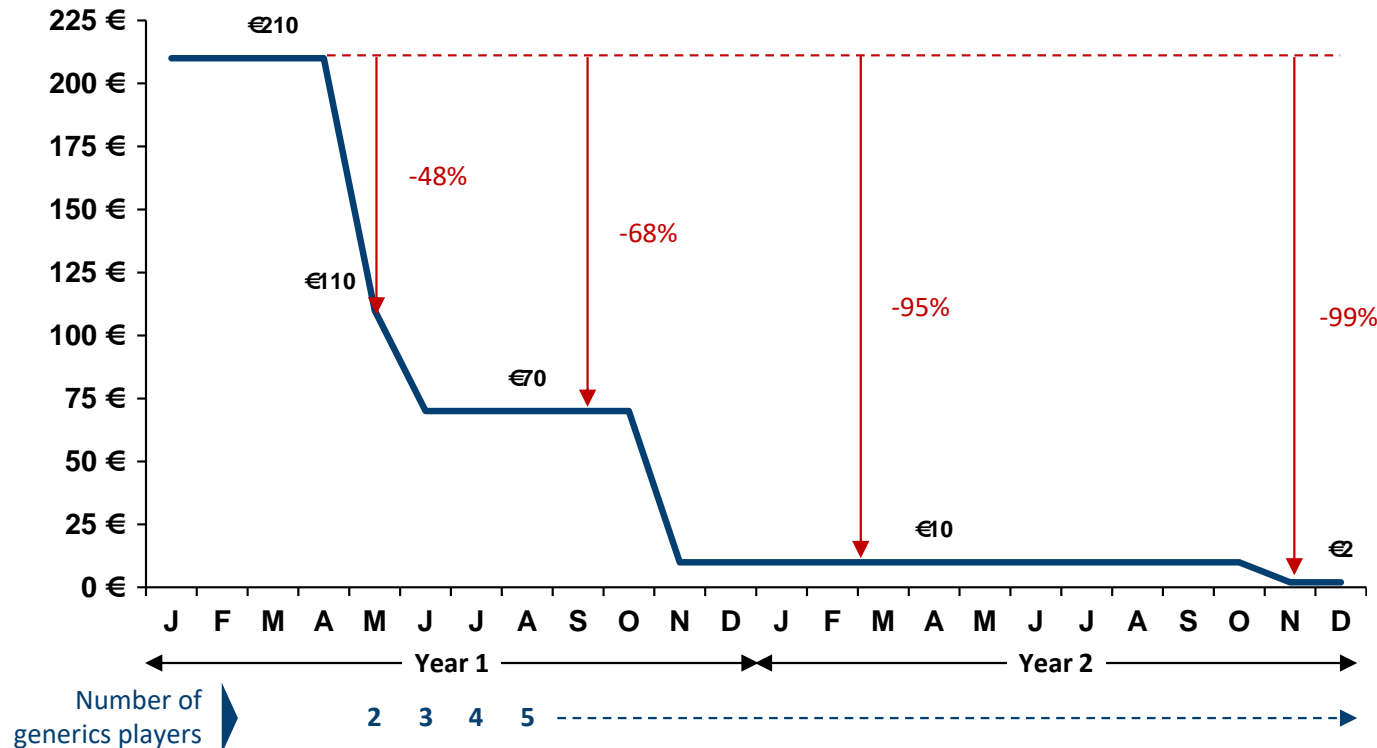
1. Competitive landscape

Competitors

Example: Hospital generics pricing

Zometa case study in France

Estimated price on hospital market



Competitive intelligence

Comments

- Zometa (zoledronic acid), marketed by Novartis, is a bisphosphonate used in:
 - The prevention of bone complications in adult patients with advanced malignant disease with bone involvement
 - The treatment of tumor-induced hypercalcemia in adult patients
- The first generic, marketed by Sandoz, entered the market mid-May 2013, a week before Mylan. Fresenius launched its 4 mg version in June, Pfizer (ex-Hospira) in May and Medac in August
- **Competition on price is usually even more aggressive in hospitals when there are more than one company marketing a generic version**
- According to a generics company: *“This behavior is illogical and is prejudicial for all generics companies as this price does not support the market and does not permit us to offer associated services”*

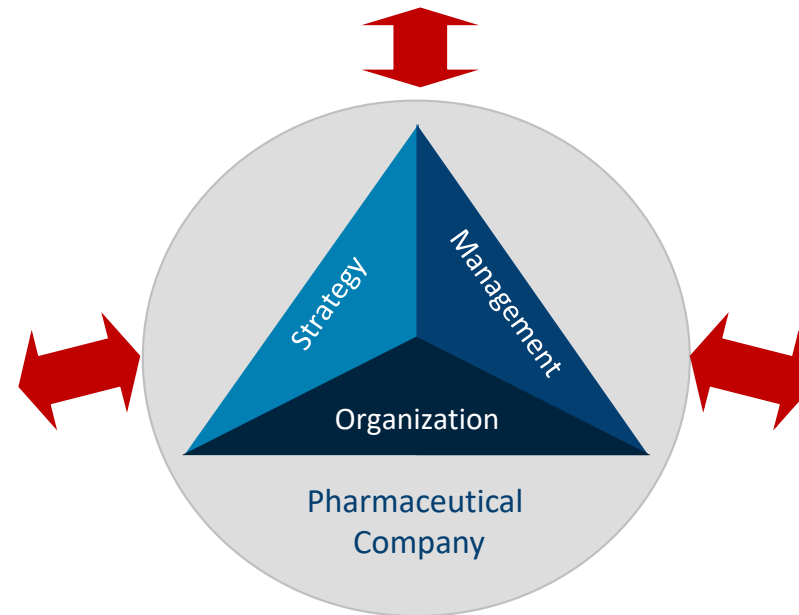
Smart Pharma Consulting rigorous and evidence-based analyses allow to transform information into actionable and added-value recommendations to pharma companies

2. Brand Position

Methodological approach

Performance

- In-depth historical sales analysis



Development

- Brand value assessment in a partnership perspective
- Potential partnership identification (e.g., in- and out-licensing)

Resources

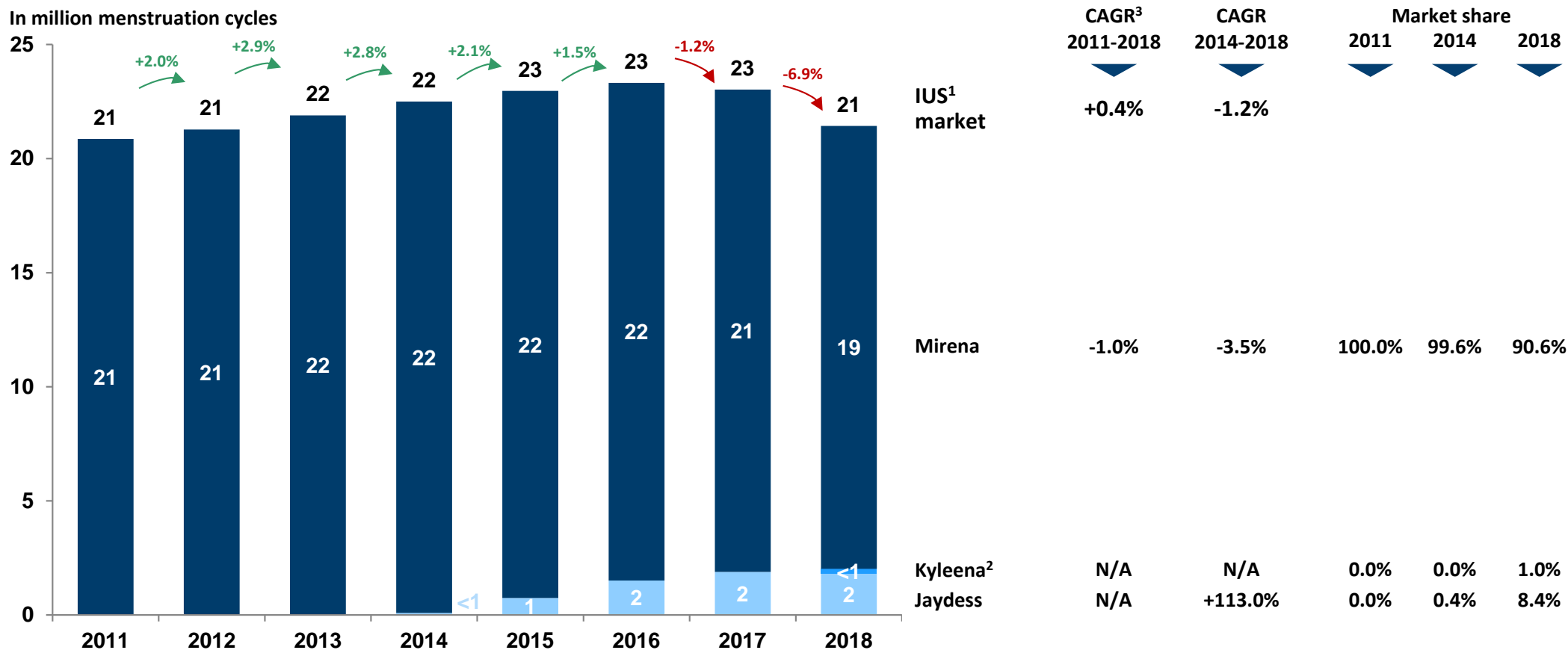
- Sensitivity to promotion
- Sales force sizing
- Competencies requirement

Smart Pharma Consulting regularly carries out in-depth brands analyses to get a comprehensive understanding of the dynamics of their performance

2. Brand Position

Performance

Example: Historical analysis of intra-uterine contraception systems



Sources: Smart Pharma Consulting

¹ Intra-uterine system – ² Product launched at the end of March 2018 – ³ Compound annual growth rate

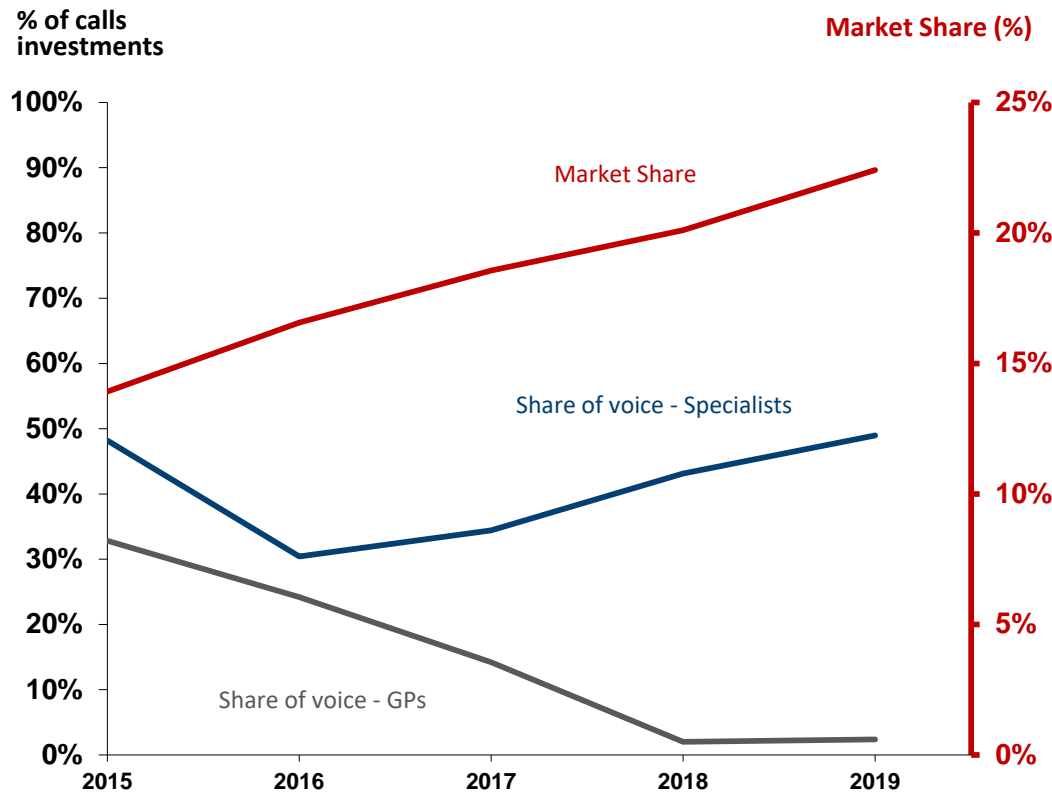
Smart Pharma Consulting can help pharma companies assess the sensitivity of their brands to promotional investments in quantitative and qualitative terms

2. Brand Position

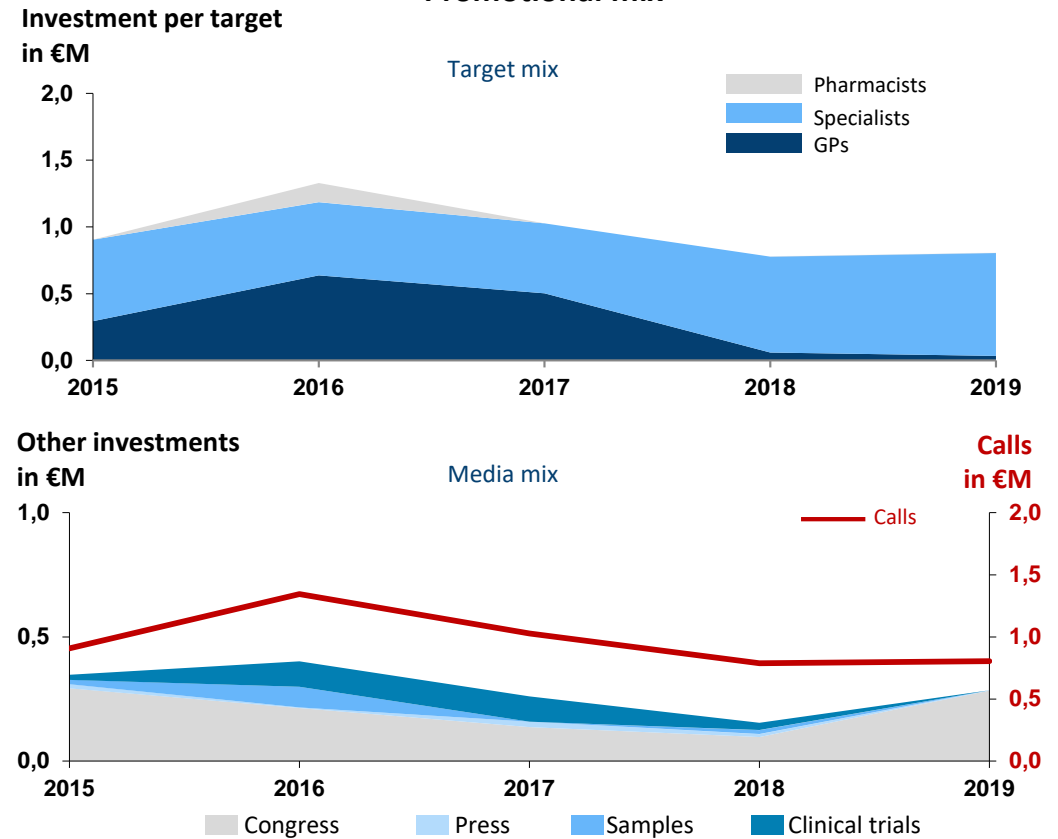
Resources

Example: Sensitivity to promotional investments

Performance & share of voice



Promotional mix



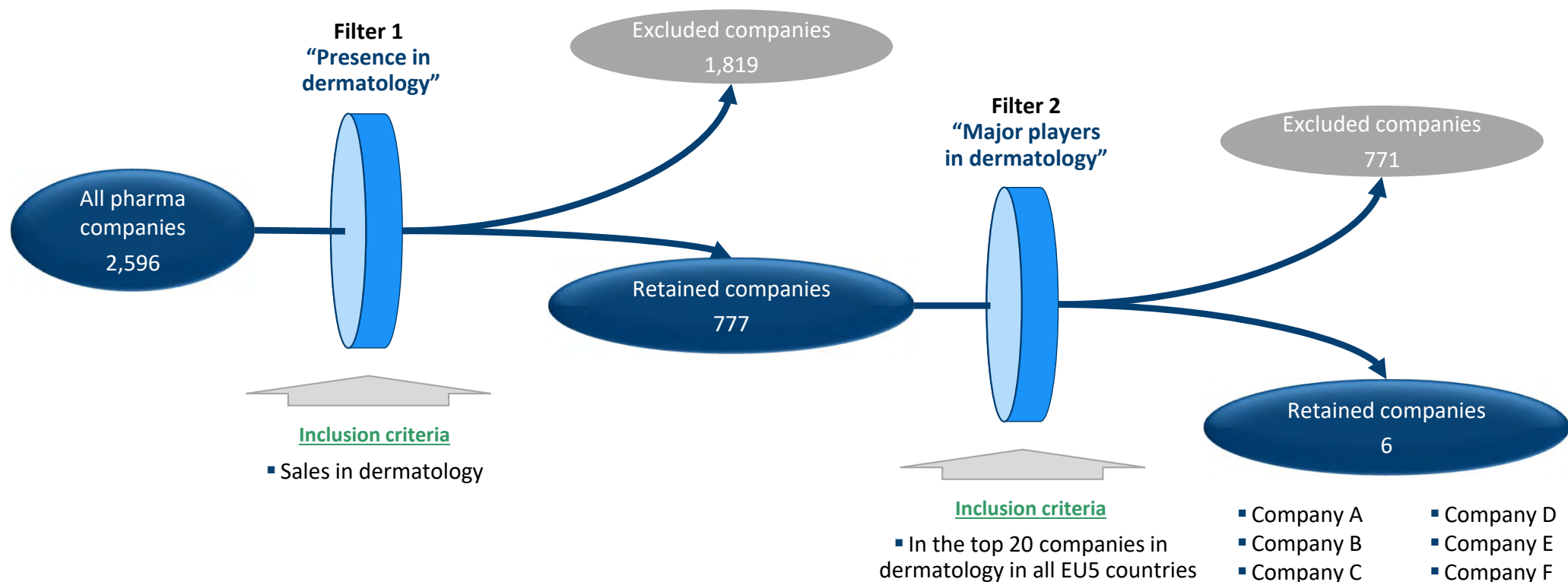
Sources: Smart Pharma Consulting

Based on rigorous market analyses and an effective methodology¹,
Smart Pharma Consulting can help identify potential partners for in- or out-licensing deals

2. Brand Position

Development

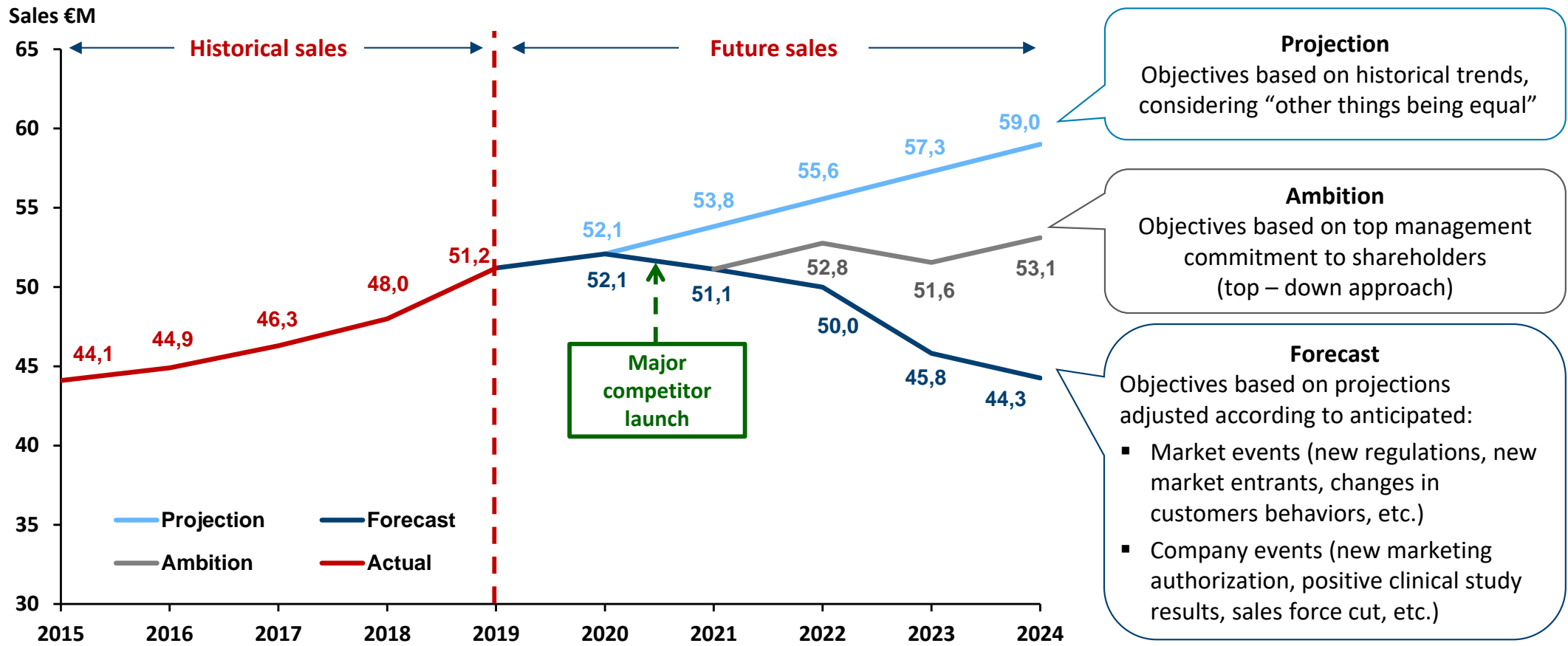
Example: Identification of partners for an out-licensing deal



Smart Pharma Consulting is regularly asked by pharma companies to build scenarios to estimate sales and profits objectives according to the forecast method

3. Brand Objective

Methodological approach



Sources: Smart Pharma Consulting

A patient approach based on epidemiological data, diagnosis and treatment rates can be applied to estimate the evolution of a market size and of a brand market share

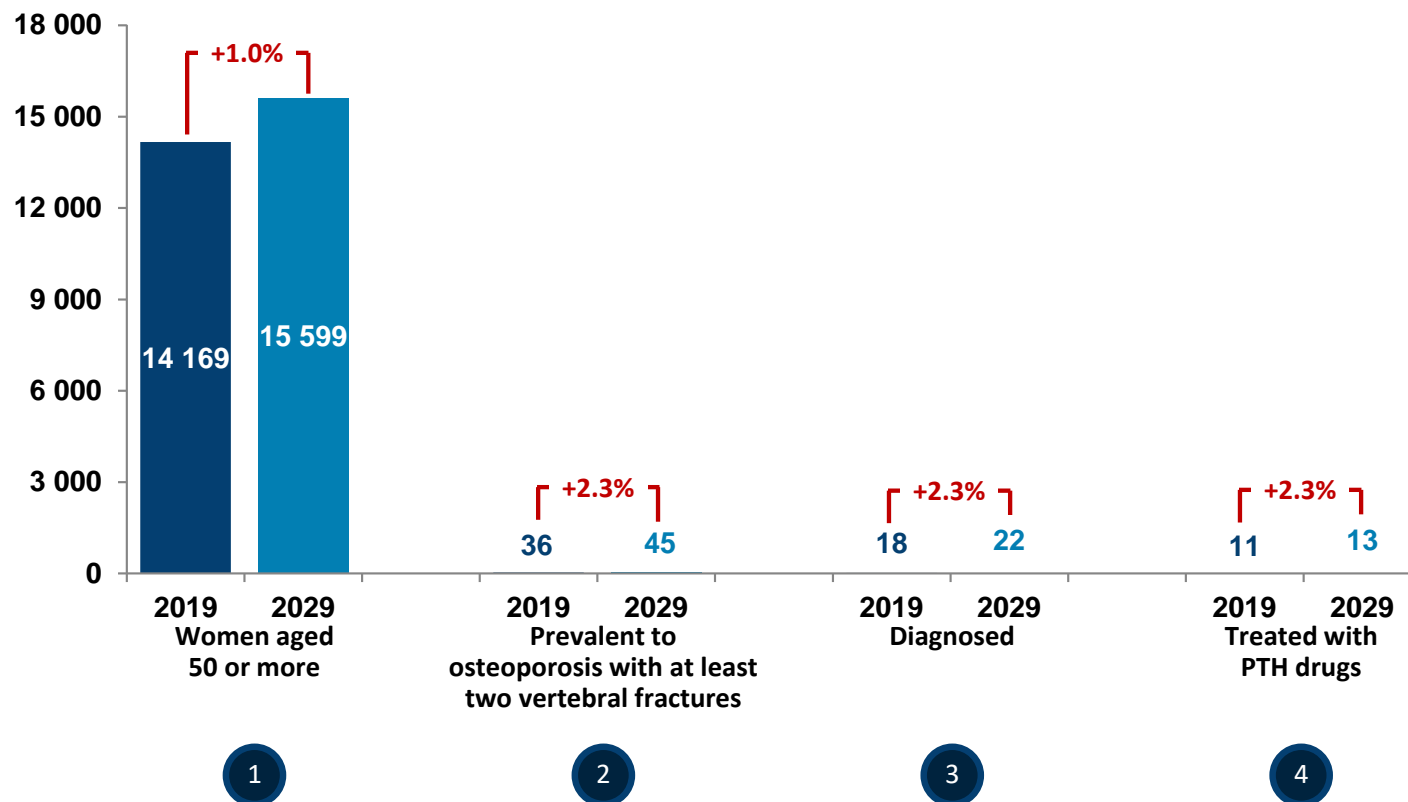
3. Brand Objective

Example: Sales forecasting in the osteoporosis market

Patient approach

Number of women, in thousands

In red: CAGR¹ 2019-2029



Comments
<ul style="list-style-type: none"> Prevalence (+2.3% on average per year) increases faster than the total population of women aged 50 or more (+1.0% p.a.) because of a mixed effect : <ul style="list-style-type: none"> Ageing effect (baby boomers): women aged 75 and more will represent ~31% of the women aged 50 and more in 2029, vs. ~27% in 2019 In addition, the prevalence rate within women aged 75 and more (~0.85%) is much higher than the prevalence of women aged between 50 and 74 years (~0.04%) Diagnosis and treatment rates have been maintained at a stable rate over the period, in accordance with interviewed KOLs feedback: <ul style="list-style-type: none"> Diagnosis rate: 50% of prevalent women Treatment rate: 60% of diagnosed women

Sources: Smart Pharma Consulting

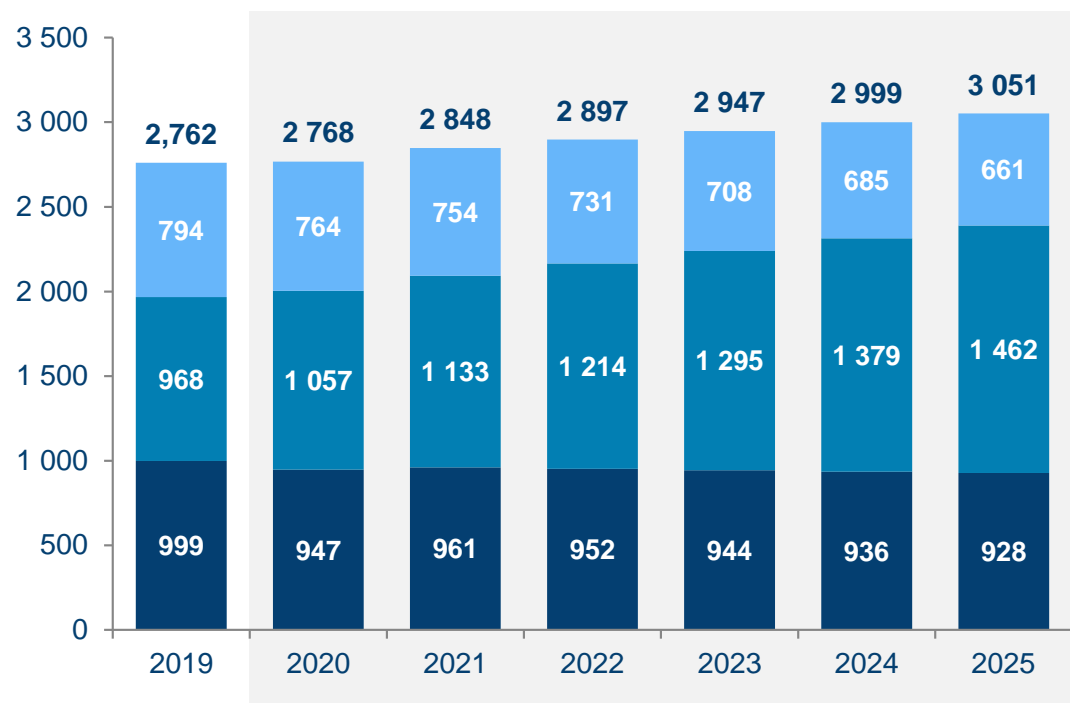
¹ Compound annual growth rate

A market approach based on the adjustment of historical sales projections can also be applied to estimate the dynamics of a brand on its market

3. Brand Objective

Example: Sales forecasting in the oncology market

Sales in '000 units



	Market approach		
	2019	2022	2025
Total market	CAGR¹ 2019-2025		
Product A	+1.7%	28.8%	25.2%
Product B	-3.0%	35.1%	41.9%
Product C	+7.1%	36.2%	32.9%
	-1.2%	30.4%	

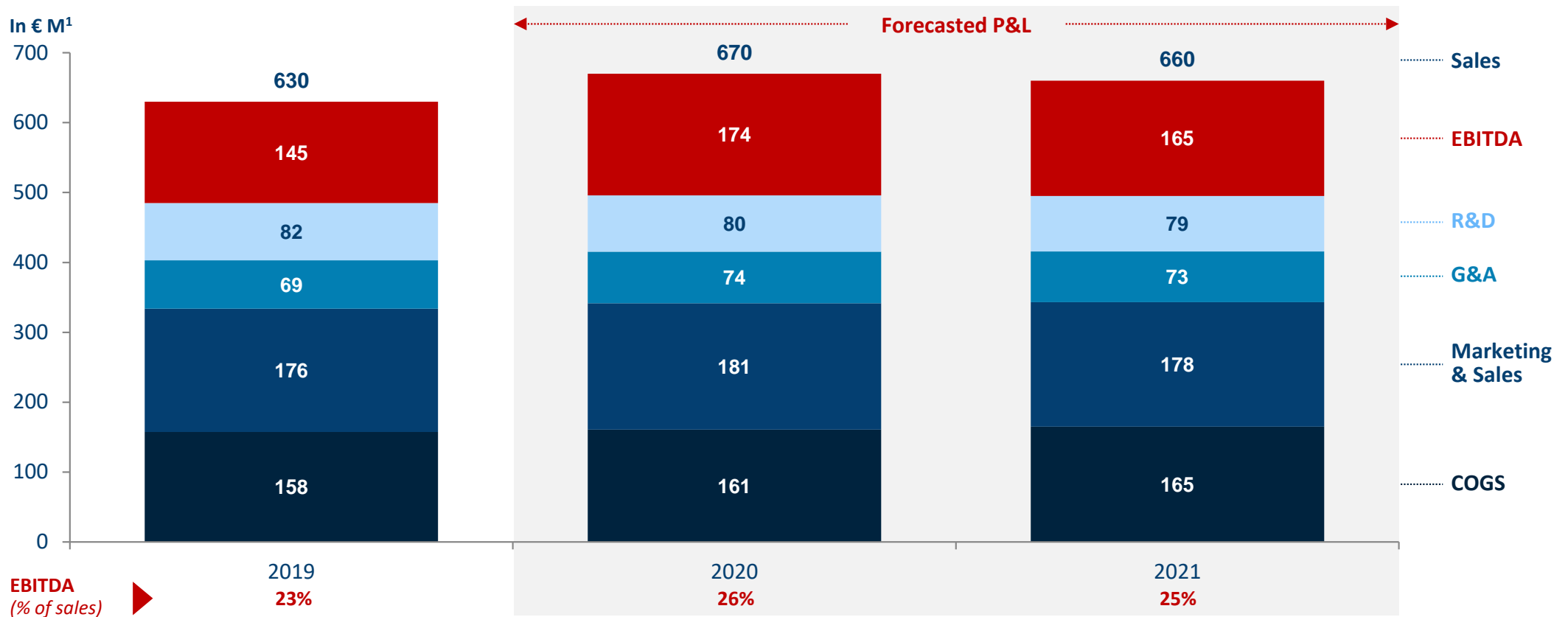
Sources: Smart Pharma Consulting

¹ Compound annual growth rate

Smart Pharma Consulting can develop for pharma companies' models to forecast the potential margin of selected products

3. Brand Objective

Example: Profit forecasting for a CNS product



Sources: Smart Pharma Consulting

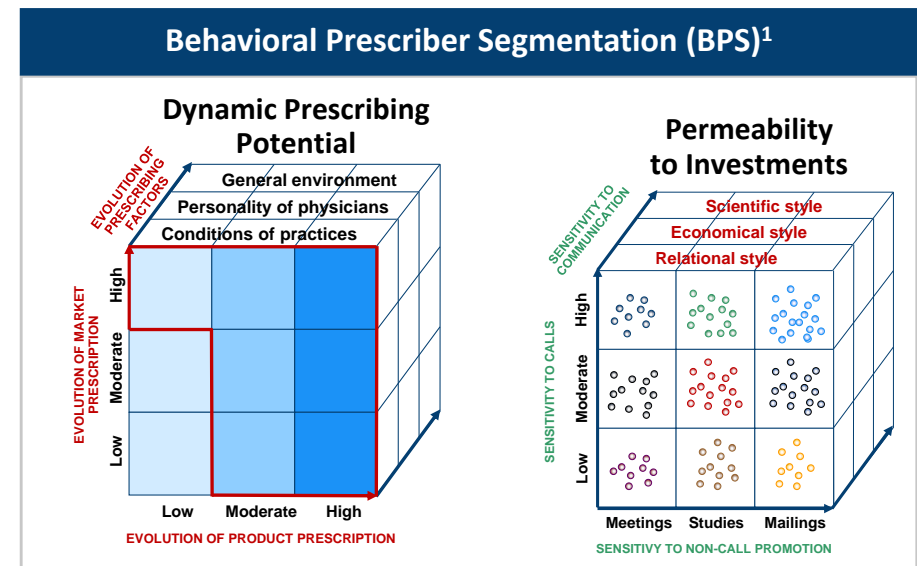
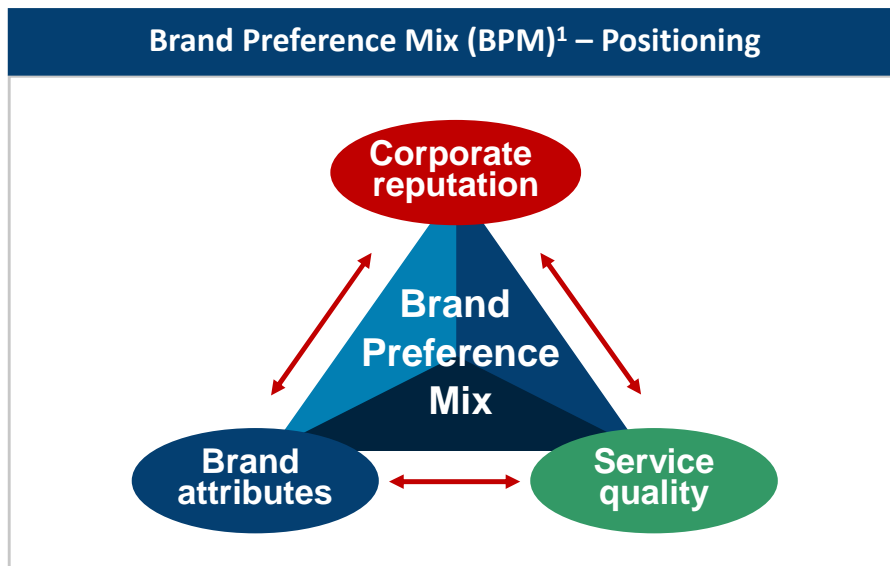
¹ Constant ex-factory prices, excluding VAT

Smart Pharma Consulting proposes highly effective positioning and segmentation methods that are associated with specific data collection about customers

4. Brand Strategy

Positioning & Segmentation studies

Applications to Physicians



- The share of brand prescription is driven by physicians' preference level...
- ... which is enhanced by acting on the BPM: (1) brand attributes, (2) service quality and (3) corporate reputation

- The BPS optimizes investment efficiency by considering:
 1. Factors that drive the dynamics of prescriptions²
 2. Prescribers' personalities
 3. Prescribers' permeability to investments³

Smart Pharma Consulting has developed methods and tools to gather each physician opinion on the 3 components of the Brand Preference Mix and information regarding the 3 dimensions of the Behavioral Prescriber Segmentation

Sources: Smart Pharma Consulting

¹ Developed by Smart Pharma Consulting (see position paper "Best-in-Class Pharma Marketers" on: www.smart-pharma.com) – ² By market (competitors + brand) and by brand – ³ Medico-marketing-sales investments

The ELITE Program¹ enables med reps to interact more efficiently with prescribers and to optimize the prescription share of the brands they promote

5. Brand Tactics

Sales force effectiveness studies

The ELITE Program proposes a **holistic** and **practical** approach to **improve med reps' efficiency** and **efficacy**



Smart Pharma Consulting has created a series of **tools** and **indicators** to measure the **impact of the ELITE Program** on **physicians' opinion** and **prescribing behavior**, especially in terms of **Brand Preference**

Global Pharma Market & Covid-19 Impact

MARKET INSIGHTS

2019-2024 Perspectives

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

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

Introduction

- This position paper provides specific insights for those who want to anticipate the global pharma market evolution, 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

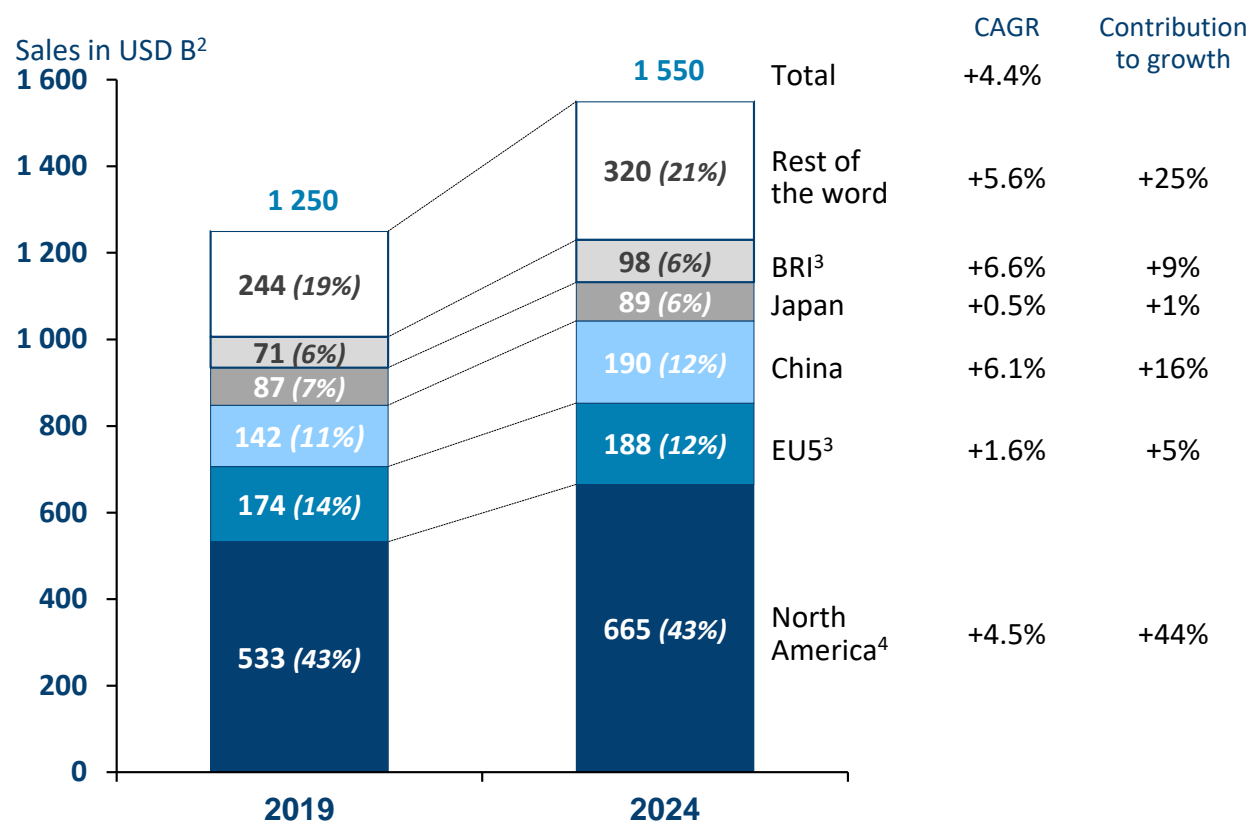


Part B - Pharma Company Insights

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

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

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



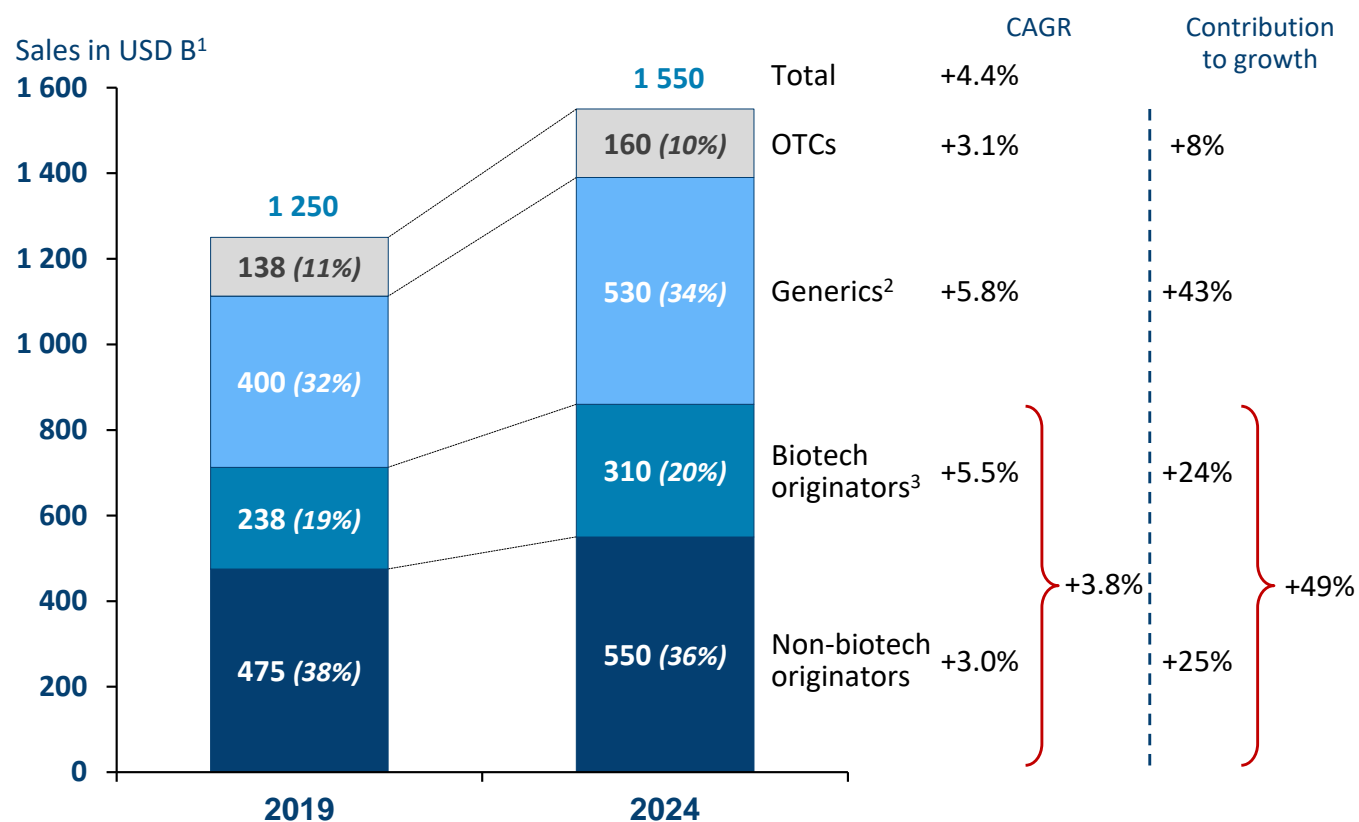
- The global pharma market is expected to grow with of a **CAGR of +4.4%** by 2024 including the impact of Covid-19, that should negatively **impact volumes** over 4 to 6 months **in 2020** and lead to **higher pressure** on **prices** worldwide in the next 5 years
- **EU5** countries account together 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

Sources: IQVIA Institute (March 2020) – Smart Pharma Consulting estimates

¹ France, Germany, Italy, Spain, UK – ² Ex-factory price before rebates – ³ Brazil, Russia, India – ⁴ USA and Canada

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

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



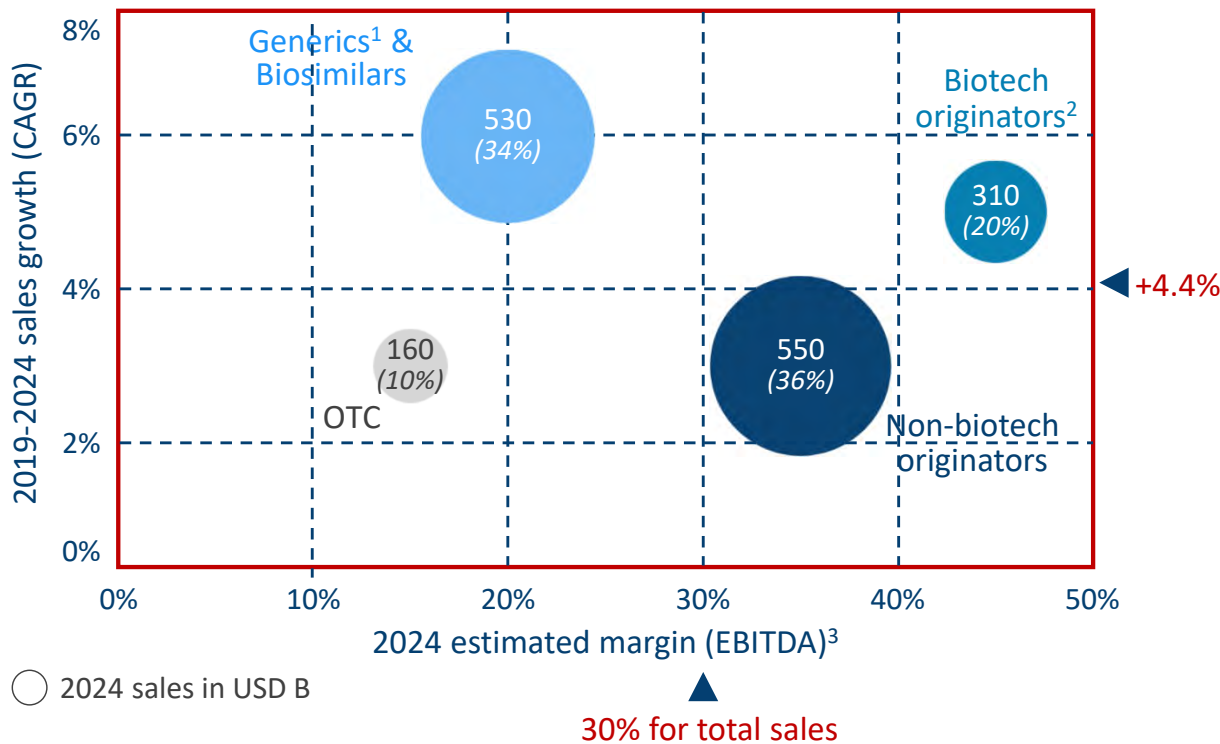
- **OTCs**, which should remain the smallest segment of the global pharma market, has been significantly **affected** by the **Covid-19** crisis, especially **during the lockdown** period and the **following months**
- **Generics** and **biosimilars** should continue to **grow in volume** due to patents 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

Sources: IQVIA Institute (January 2019) – Smart Pharma Consulting estimates

¹ Ex-factory price before rebates – ² Including branded and unbranded generics and biosimilars, excluding OTC – ³ Excluding biosimilars, already included in the “Generics” segment

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

Part A – Pharma Market Insights – 3. Attractiveness



- 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

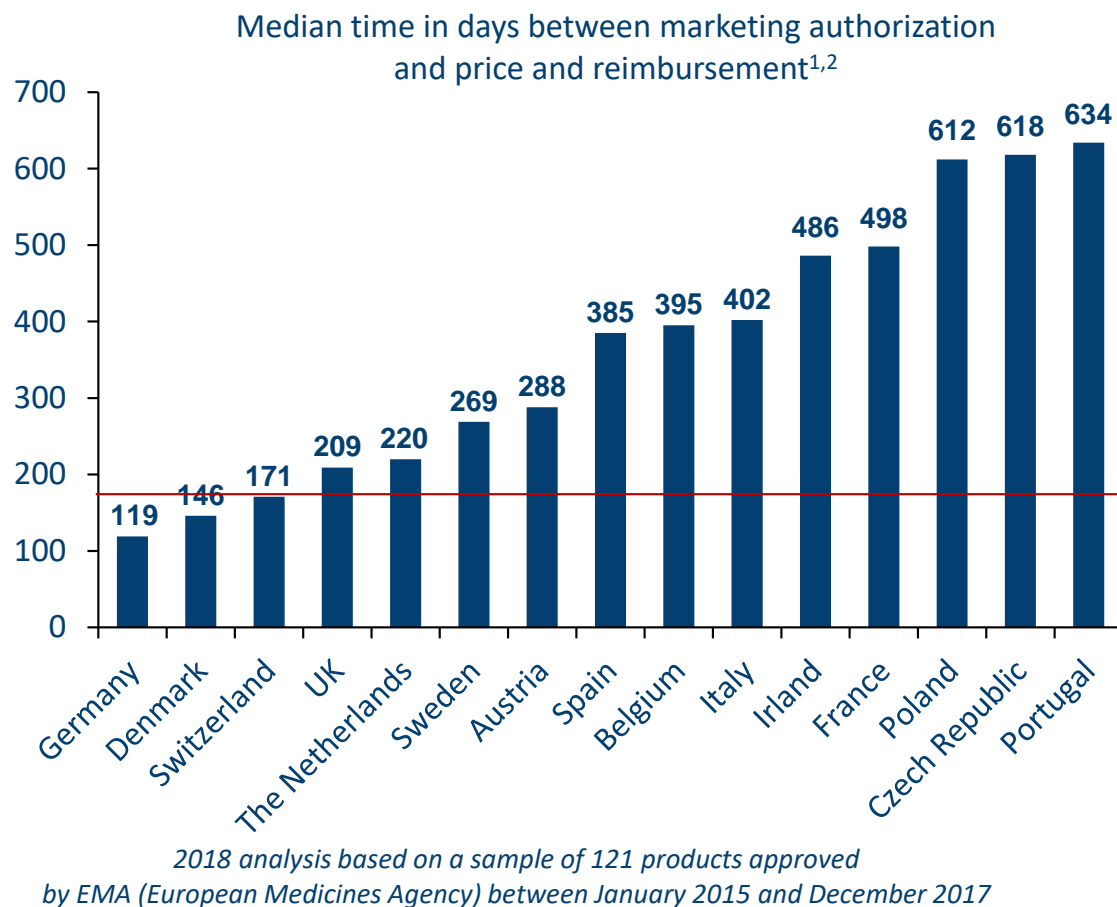
Worldwide economic growth – CAGR 2019-2024: +2.6%

Sources: IQVIA Institute (January 2019) – Smart Pharma Consulting estimates

¹ Including branded and unbranded generics and excluding OTC – ² Excluding biosimilars, already included in the “Generics” segment – ³ Earnings before interest, taxes, amortization and depreciation

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

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



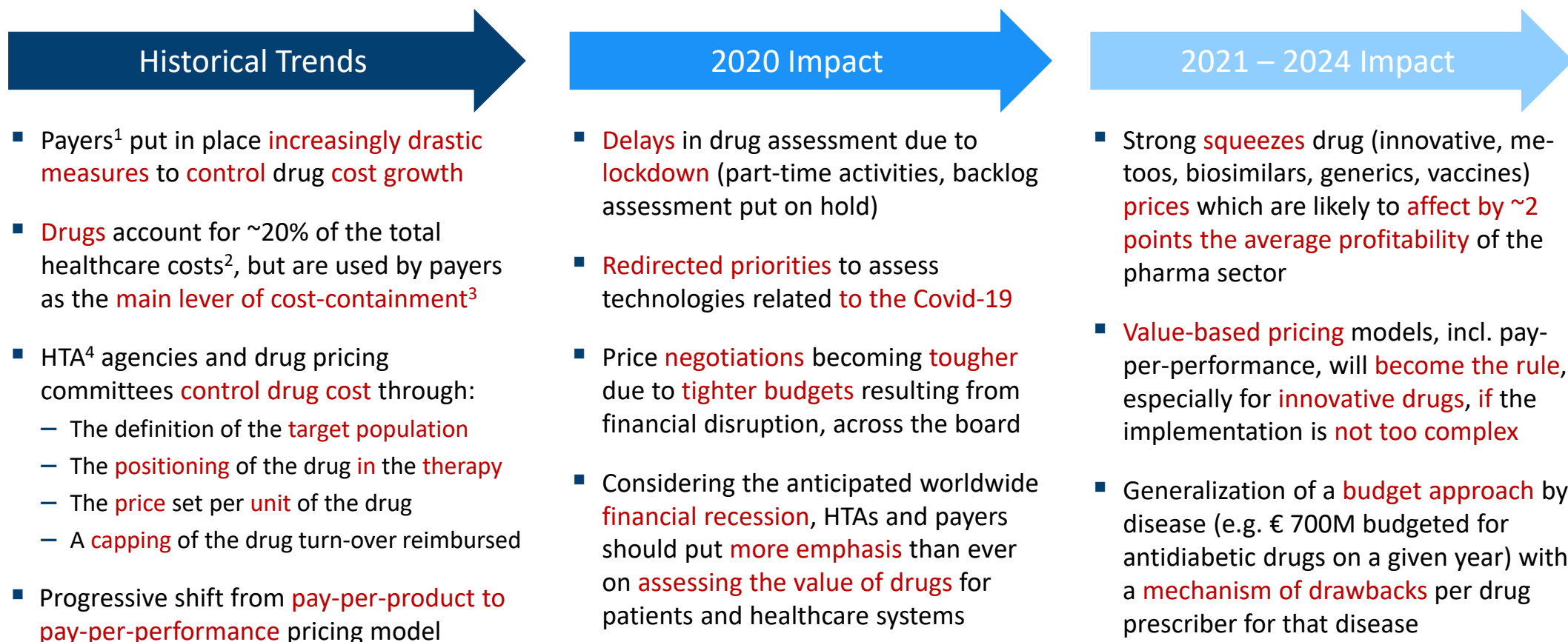
- The Covid-19 pandemics should defer the availability of new medicines in all countries, due to:
 - Lockdown measures having delayed the assessment of drug registration and market access negotiations
 - The induced economic crisis which will lead to stricter cost containment measures
- In most European 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

Sources: Patients W.A.I.T. Indicator – EFPIA (April 2019) – Smart Pharma Consulting analyses

¹ Excluding early access programs for breakthrough innovations (e.g., ATU in France) –
² For drugs receiving their first marketing authorization between 2015 and 2017

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

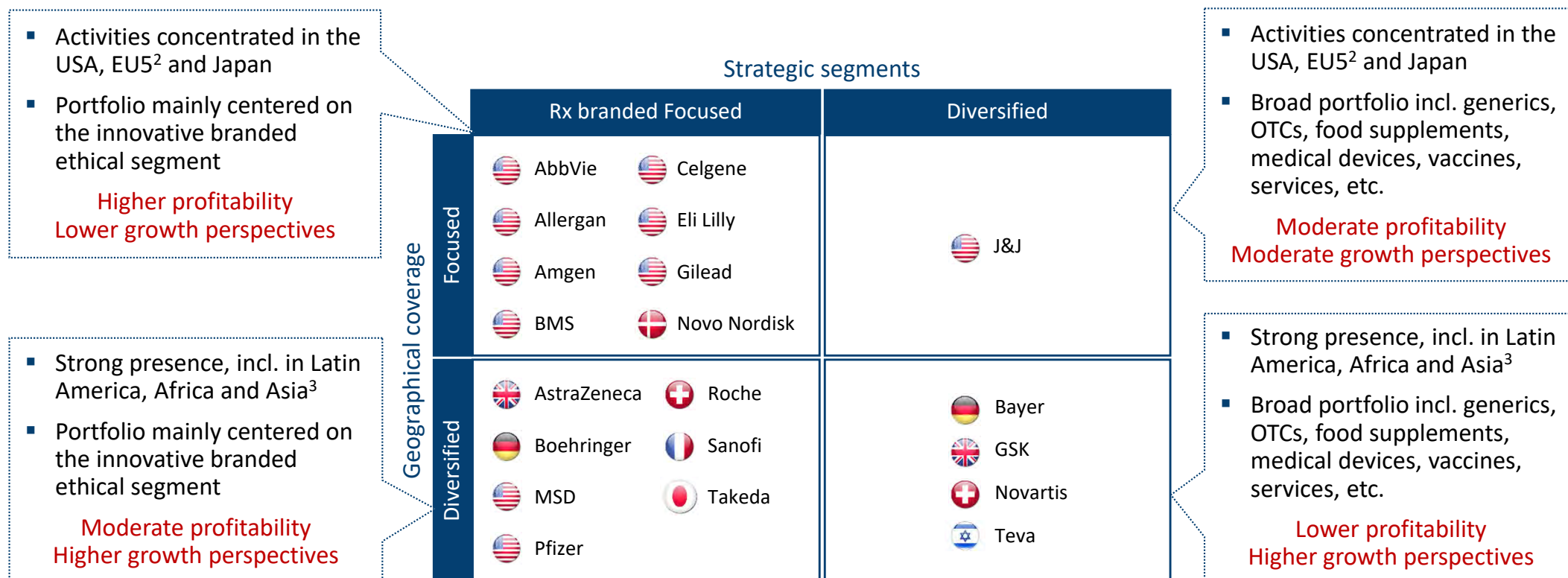
Part A – Pharma Market Insights – 4. Access to Market



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

Part B – Pharma Company Insights – 5. Strategic Directions

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.)

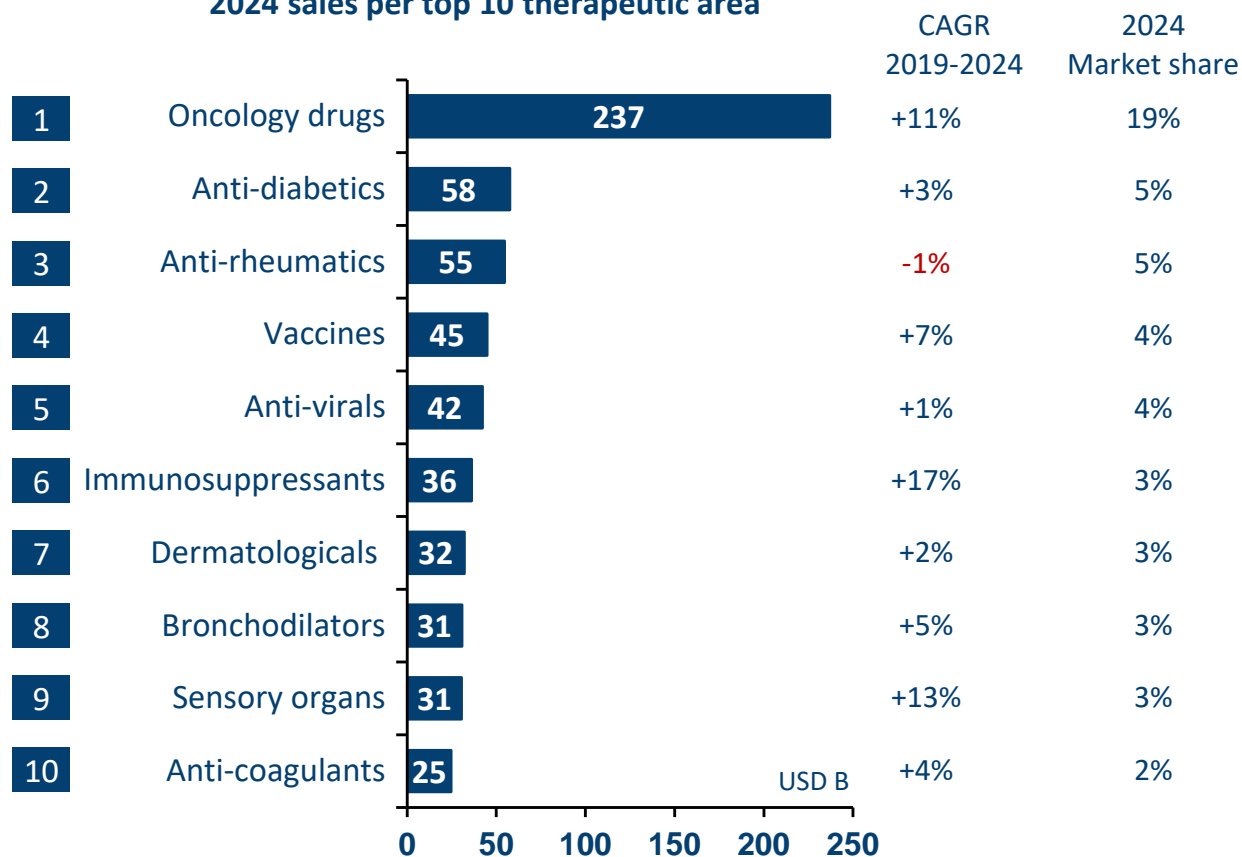
Sources: Companies annual reports (2018) – Smart Pharma Consulting analyses

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

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

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

2024 sales per top 10 therapeutic area

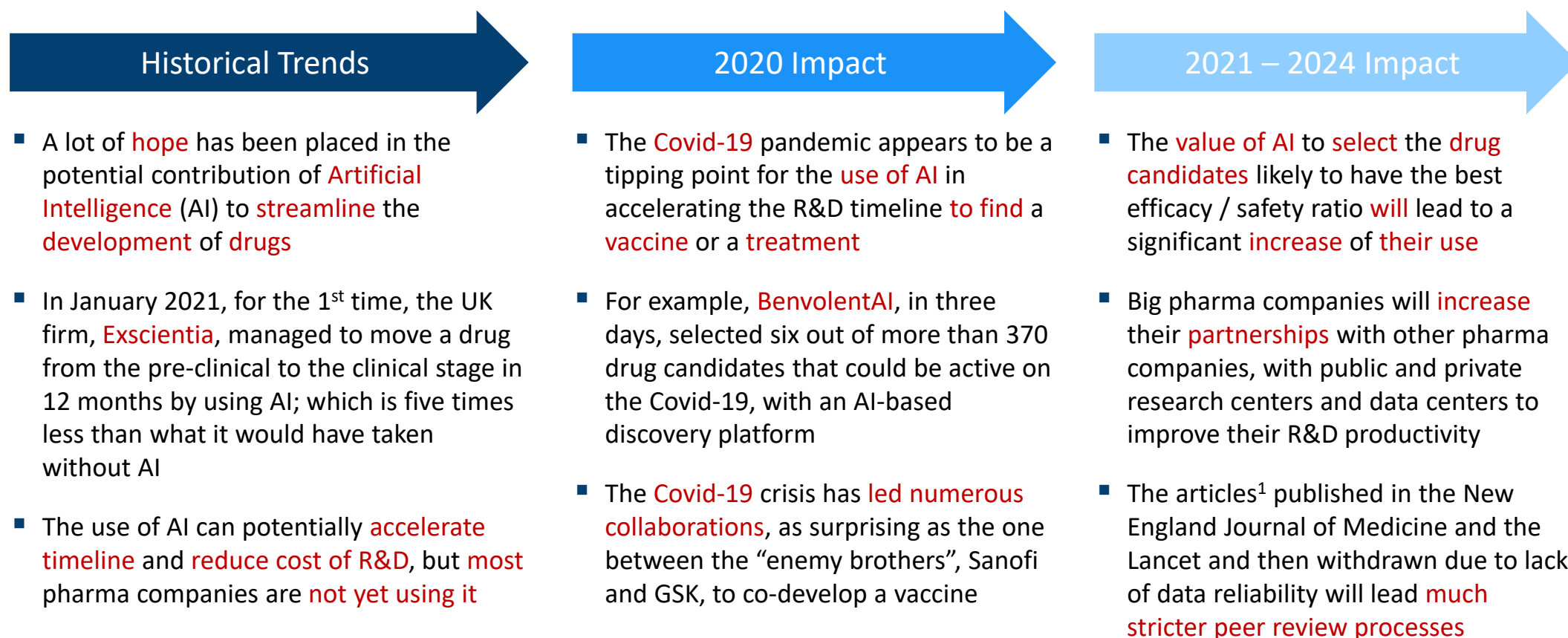


- The 2024 therapeutic area forecasts shows the steadily **increasing weight** of **specialty products**, **sustained by** the development of **new biological drugs**
- **Oncology** prevails as the leading therapeutic area and will be notably **driven by** the growth of **PD-1 inhibitors**
- **Immunosuppressants** 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

Sources: World Preview 2019 – Outlook to 2024, Evaluate Pharma (June 2019) – Smart Pharma Consulting estimate

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 – 6. R&D Operations

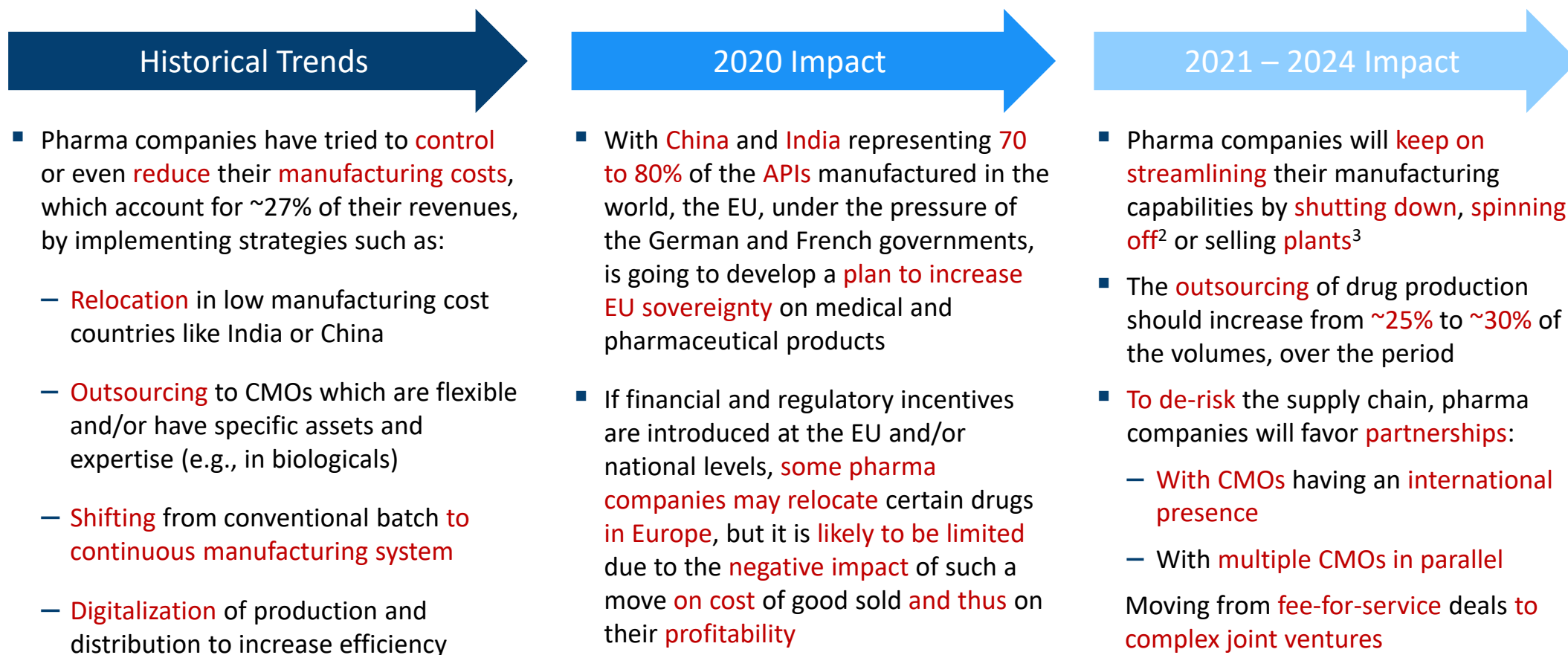


Sources: Smart Pharma Consulting analyses – Exscientia website – BenvolentAI website

¹ Two articles related to the Covid-19

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 – 7. Manufacturing & Supply Chain Operations

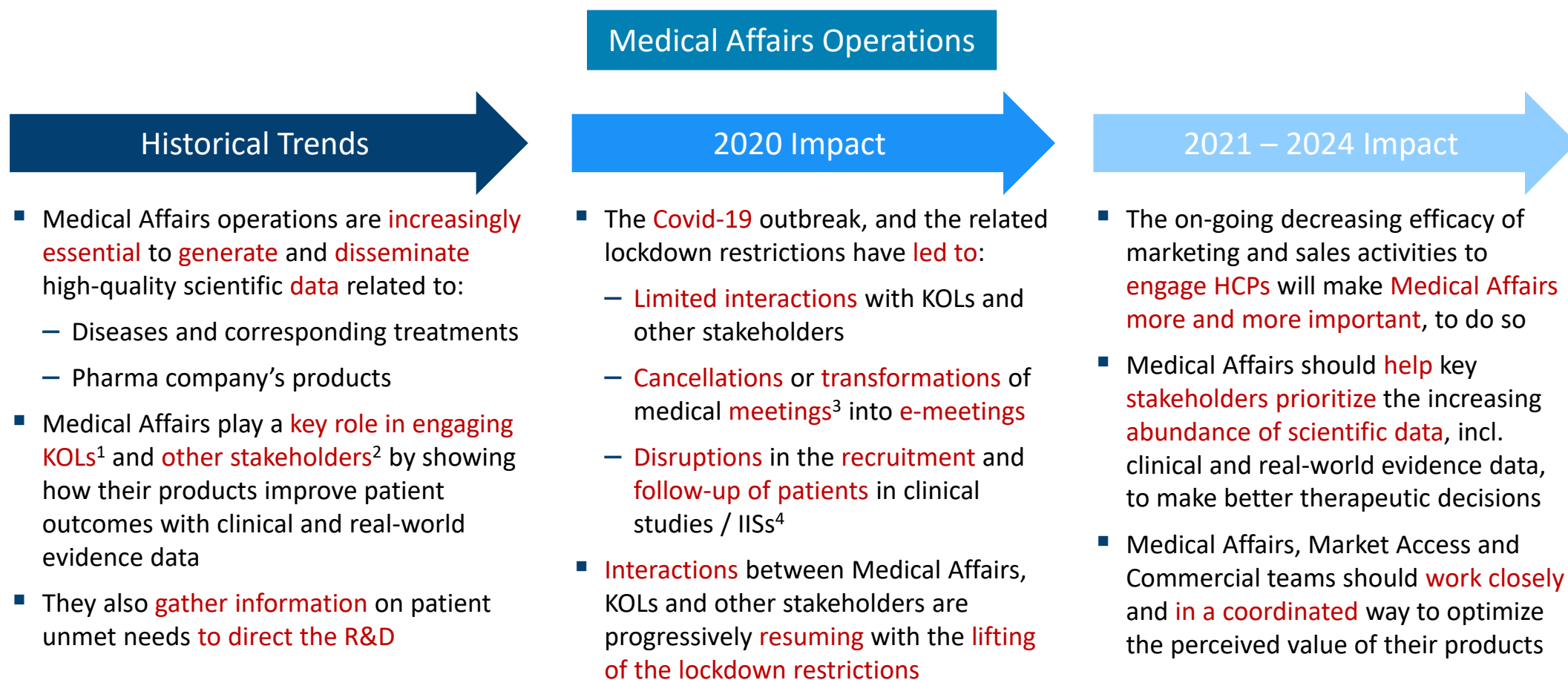


Sources: Smart Pharma Consulting analyses – E. Wilson, NS Healthcare, May 25, 2020

¹ Contract Manufacturing Organizations – ² For instance, Sanofi has recently announced that it will spin off its API business into a separate company by 2022 – ³ In general, to CMOs

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

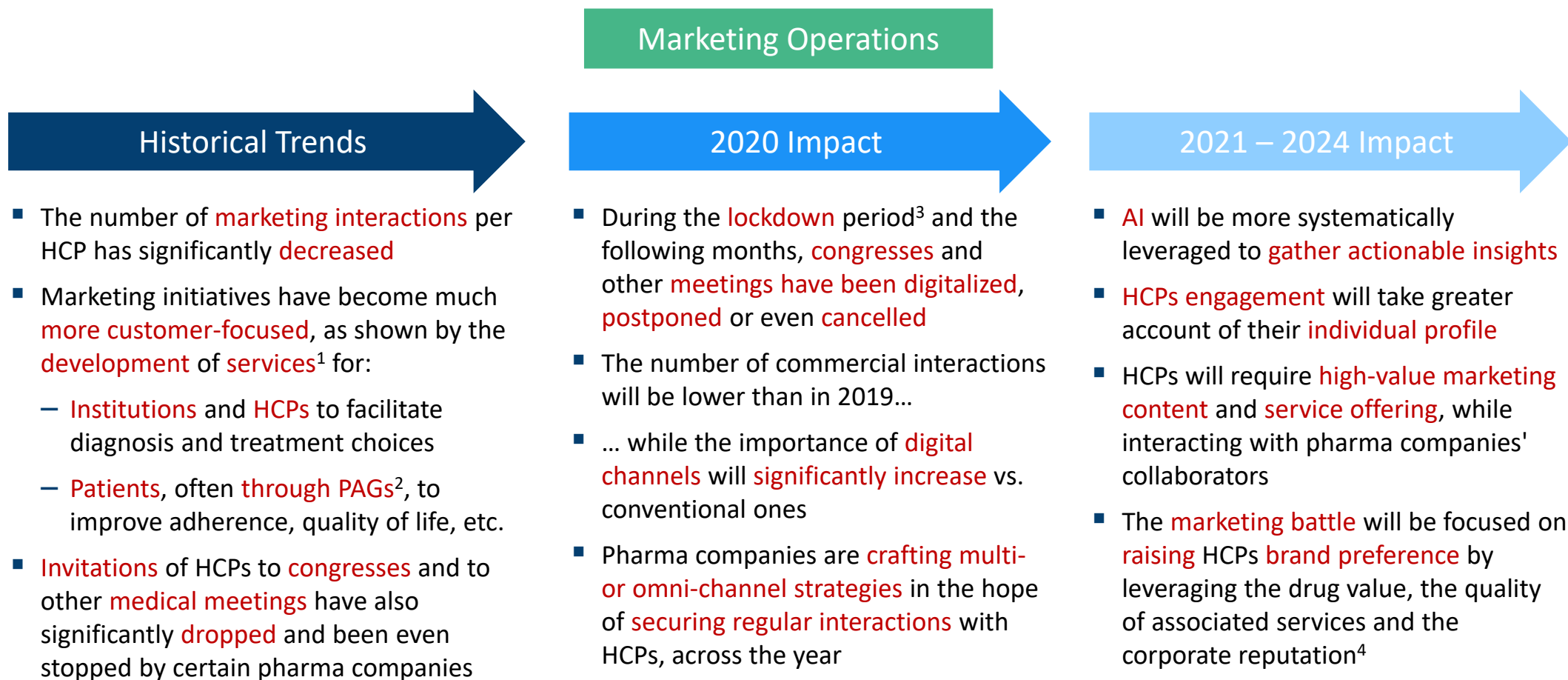


Sources: Smart Pharma Consulting

¹ Key Opinion Leaders – ² Such as healthcare professionals, patient advocacy groups, health authorities, payers, etc. – ³ Congresses, symposiums, ad boards, etc. – ⁴ Investigator-Initiated Studies

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

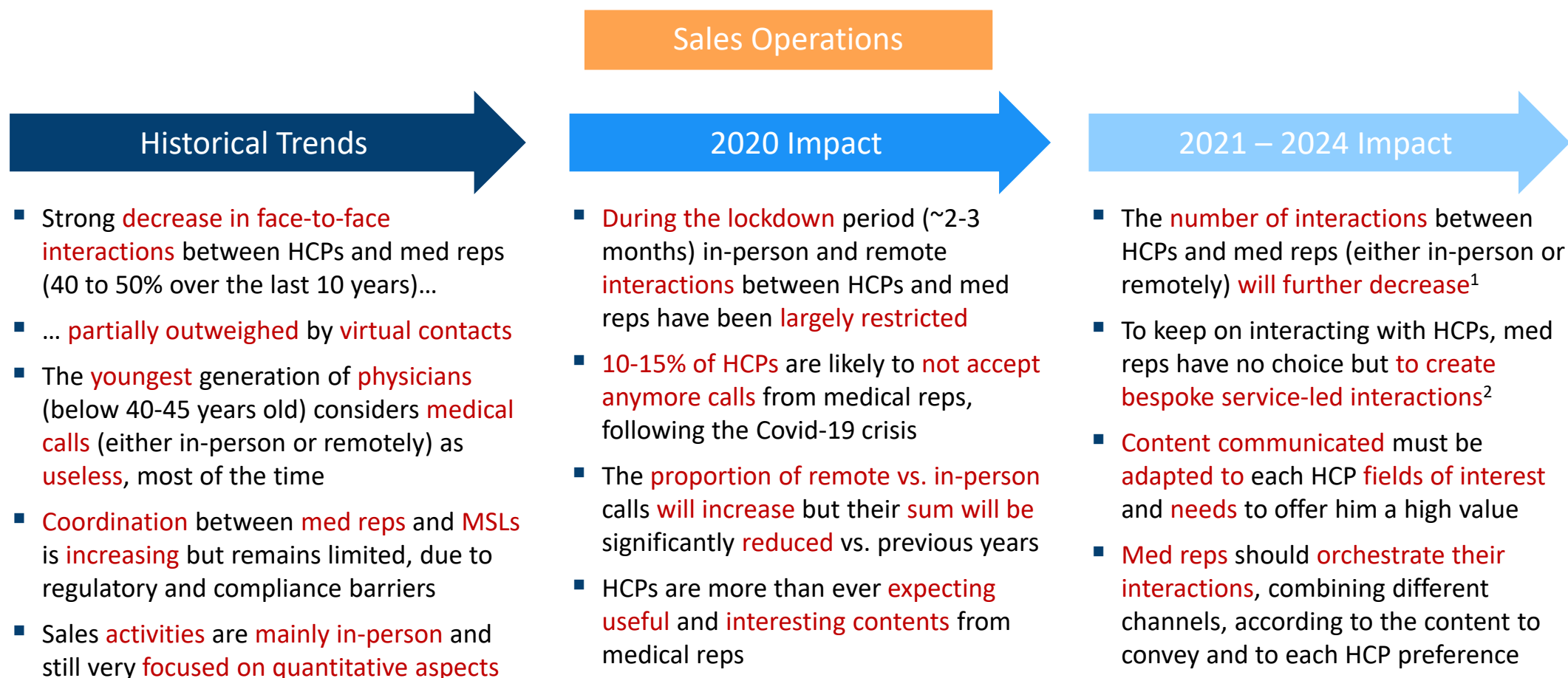


Sources: Smart Pharma Consulting

¹ Conventional or digital, including Apps – ² Patient Advocacy Groups – ³ Two or three months, depending on the countries – ⁴ See the “Brand Preference Mix” concept and tools developed by Smart Pharma Consulting: <https://smart-pharma.com/wp-content/uploads/2019/07/Stakeholders-Brand-Preference-Mix-2016-EN-web.pdf>

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

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



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

Conclusions

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

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

Conclusions

Global Pharma Companies Perspectives

Pharma Companies Strengths

- Improving portfolio management with a more focused strategy on the most attractive strategic segments
- Breakthrough innovative drugs to come
- 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

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

Conclusions

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 payers to ease market access
 - HCPs for earlier adoption
- Complete clinical studies with RWE¹ 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 projects⁴ in strategic markets
 - Strengthening the skills and ethical behavior of collaborators
 - Developing a good working atmosphere ...
 - ... and possibly going beyond CSR⁵ legal obligations

Sources: Smart Pharma Consulting

¹ Real World Evidence data – ² Patient advocacy groups – ³ See the position paper “How to create a superior Pharma Corporate Reputation?”: <https://smart-pharma.com/wp-content/uploads/2019/07/Pharma-Corporate-Reputation-VF.pdf> – ⁴ And to a lesser extent in distribution or manufacturing facilities – ⁵ Corporate Social Responsibility

What Future for Orphan Drugs?

MARKET INSIGHTS

Strategic Insights
for Pharma Companies

Smart Pharma Consulting has carried out an analysis to evaluate the future of the orphan drugs market and to draw strategic insights for pharma companies

Introduction

Context

- In 2021, orphan drugs sales reached USD 156 B, representing ~11% of the worldwide pharma market
- This market segment offers prospects of strong growth and attractive profit margins
- With orphan drugs currently available for only ~5% of rare diseases, the future is widely open for investment

Objectives

- The objective of this study was to:
 - Better understand orphan drugs market structure and dynamics
 - Anticipate its evolution by 2024
 - Assess the attractiveness of this market segment for pharma companies
 - Determine the key success factors for market players

Methodology

- Literature search regarding the orphan drugs market and its perspectives by 2024
- Analysis of implications for pharma companies and identification of key strategic challenges

Rare diseases prevalence is defined as particularly low, and its order of magnitude is quite consistent across different geographical regions

Definitions per geographical region – Rare diseases, orphan drugs, orphan diseases



Europe



United States



Japan

Rare diseases

- | | Europe | United States | Japan |
|---------------|---|---|--|
| Rare diseases | <ul style="list-style-type: none"> Population < 1 / 2,000 | <ul style="list-style-type: none"> Population < 200,000¹ or Population > 200,000 without possibility to cover the cost of development and distribution by sales on the national territory | <ul style="list-style-type: none"> Population < 50,000 or Population < 1 / 2,500 |

Orphan drugs

- Drugs for **prevention, diagnosis or treatment of rare diseases, not developed** by the pharmaceutical industry **under normal market conditions** as the **cost of bringing them** to the market **would not be recovered** by the **expected sales** of drugs without incentives provided, but which **respond to public health need**

Orphan diseases

- Diseases **not adopted** by pharma companies as it provides **little financial incentive** for the private sector:
 - Rare diseases**, as defined according to geographical regions
 - Common diseases** that have been **ignored** (e.g.; tuberculosis, cholera, typhoid, malaria) as they are more prevalent in developing countries than in the developed world

Prevalence rates per condition are low but their collective impact on population and healthcare systems is significant and too often underestimated

Key figures and prevalence of selected rare diseases worldwide

Key figures (2021)



~7,000 existing rare diseases, of which ~85% are very serious or life-threatening diseases



~5% of rare diseases treated with approved drugs



More than half of rare diseases starting in childhood



~25-30 million patients

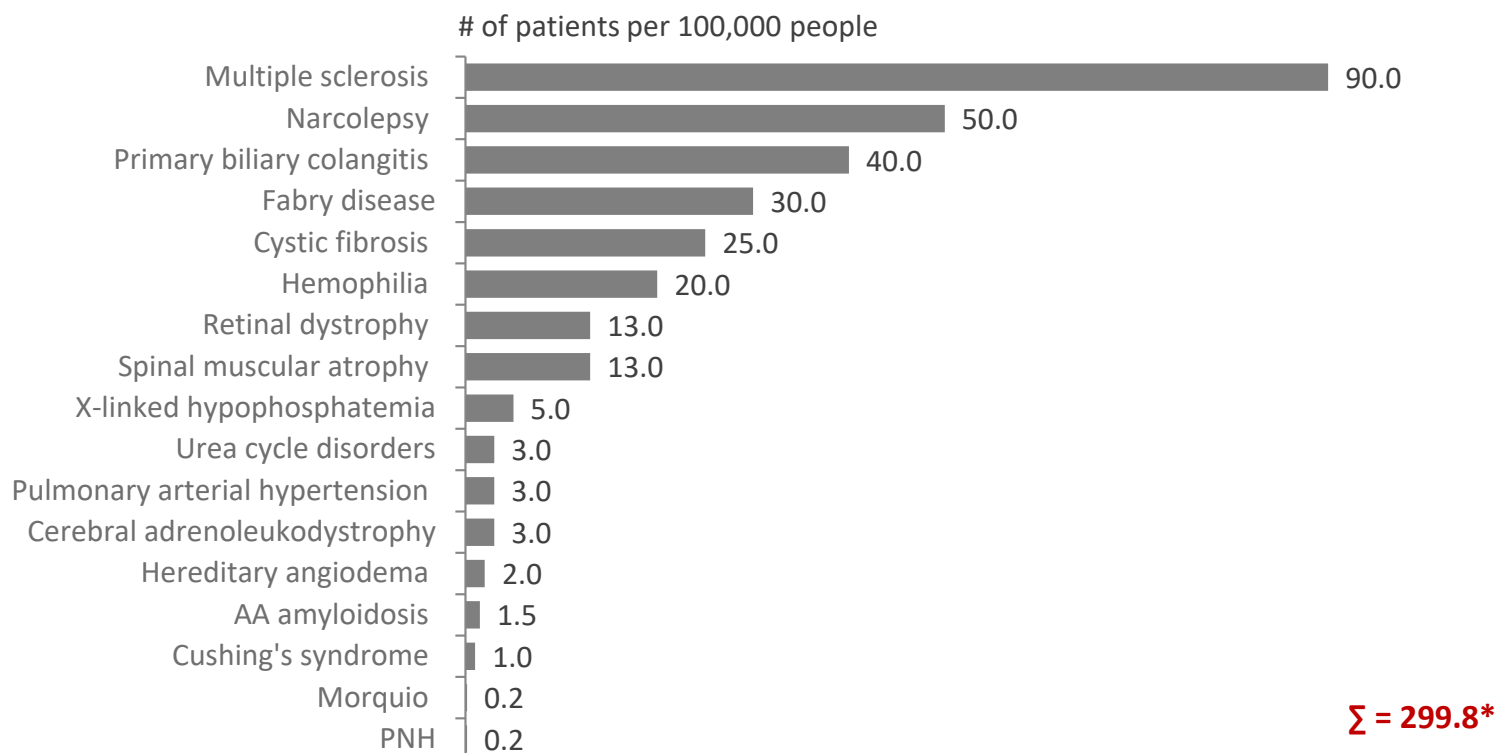


~25-30 million patients



~400 million patients worldwide

Prevalence rate of selected rare diseases worldwide (2017)¹



*The collective prevalence of those leading rare diseases is ~300 per 100,000 inhabitants

Sources: Orphanet – Genetic and rare disease information center – European Commission – Torrey Partners (2017) – Smart Pharma Consulting analyses

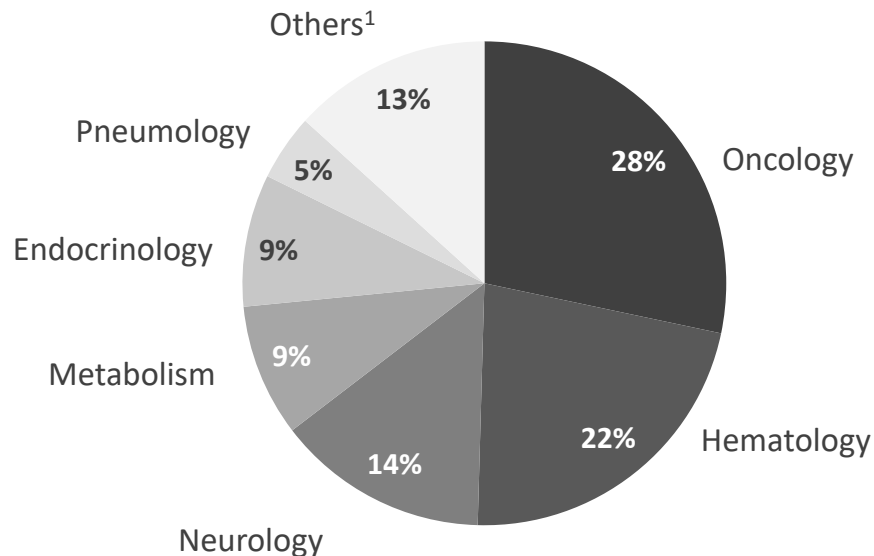
¹ Selection based on leading diseases treated by the top 20 most valuable rare disease companies

Oncology, hematology and neurology are the three major therapeutic areas of rare diseases, accounting for ~64% of EMA orphan drugs approval between 2015 and 2021

Main therapeutics areas covered by orphan drugs (2015-2021)



Distribution of 2015-2021 EMA orphan drugs approvals by therapeutic area



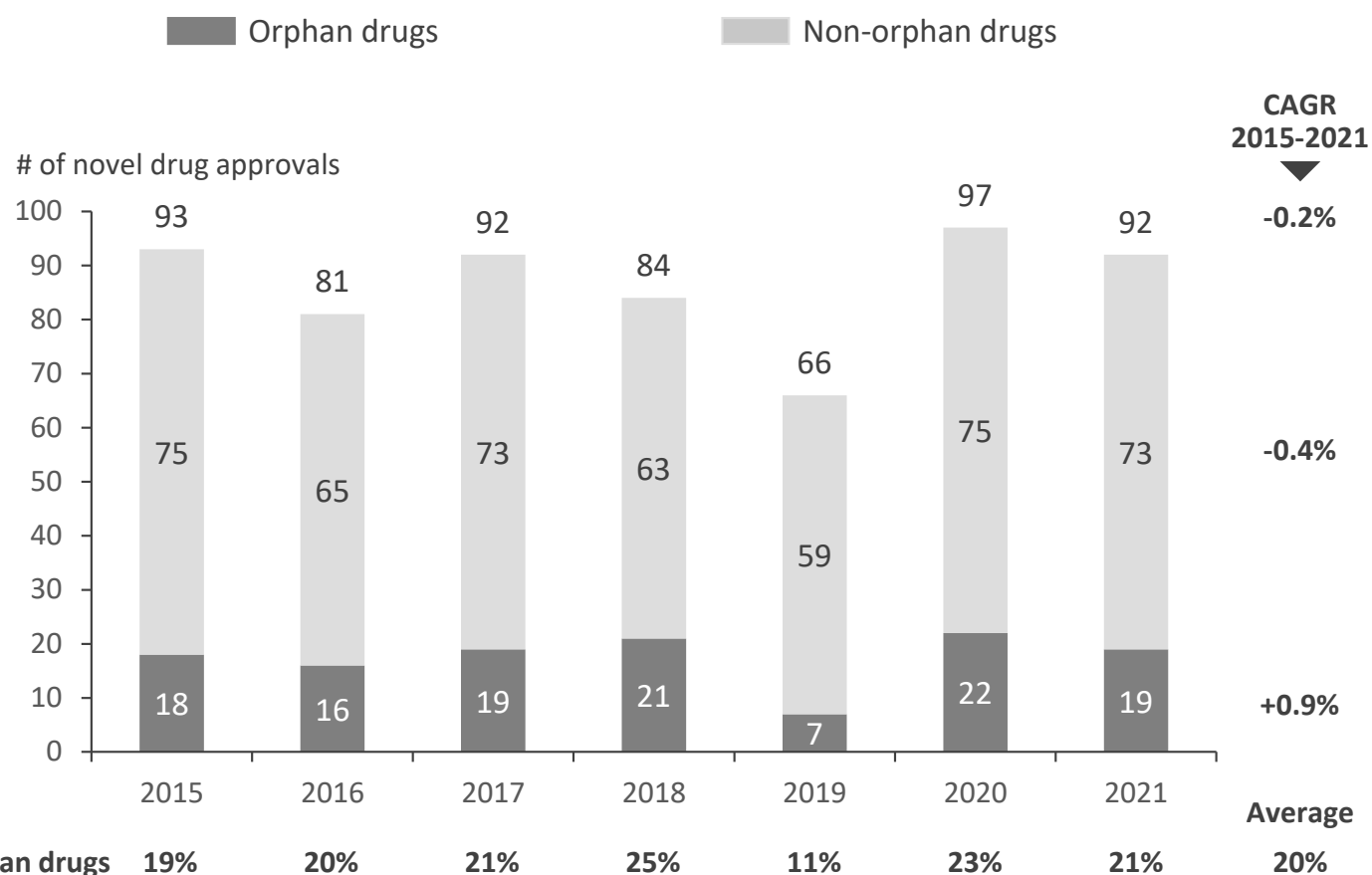
- **Oncology:** most of orphan drugs approvals concern treatments for leukemia (e.g.; ALL², AML³, CLL⁴), multiple myeloma and gastroenteropancreatic neuroendocrine tumors (GEP-NETS)
- **Hematology:** orphan drugs approvals concern diverse pathologies such as sickle cell disease or BPDCN⁵
- **Neurology:** mostly concern treatments for spinal muscular atrophy, for seizures and for neuro-ophthalmology disorders
- **Metabolism:** treatments for diverse pathologies such as neonatal diabetes, Wilson’s disease or genetic diseases (e.g.; familial chylomicronemia syndrome)
- **Endocrinology:** treatments for various diseases such as X-linked hypophosphatasemia, acute hepatic porphyria, Cushing’s syndrome, mucopolysaccharidosis type VII
- **Pneumology:** mostly concern treatments for cystic fibrosis, hereditary angioedema and pulmonary infections with non-tuberculous mycobacteria

Sources: “Human medicines highlights”, EMA (2015-2021) – Smart Pharma Consulting analyses

¹ Incl. infections, hepatology, ophthalmology, uro-nephrology, gastroenterology, immunology, transplantation – ² Acute lymphoblastic leukemia – ³ Acute myeloid leukemia – ⁴ Chronic lymphocytic leukemia – ⁵ Blastic plasmacytoid dendritic cell neoplasm

Over the 2015-2021 period, the weight of orphan drugs approved by the EMA has been quite stable and accounted for 20% on average of all approved drugs

Weight of orphan drugs in EMA novel drugs approvals (2015-2021)

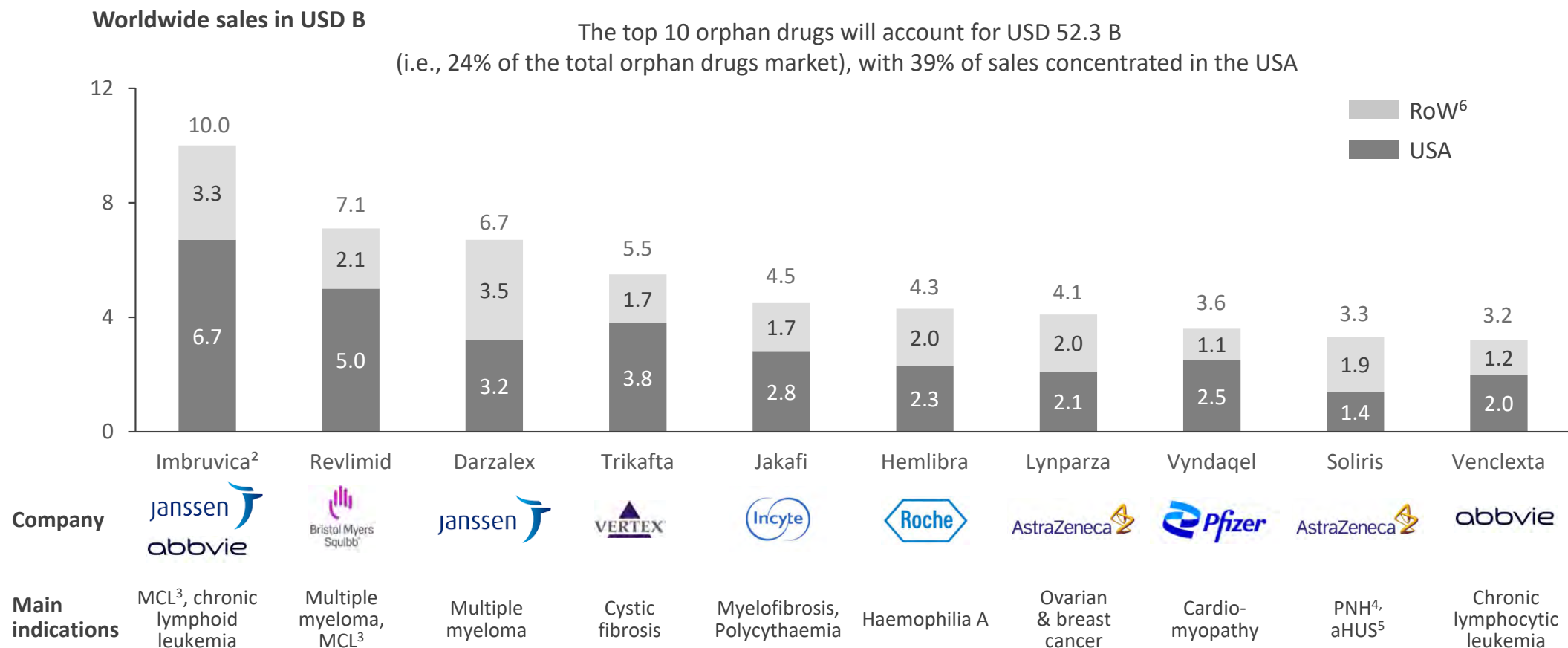


- In 2021, orphan drugs accounted for ~21% of all EMA drugs approvals
- The total number of novel drugs approved by the EMA from 2015 to 2021 has been quite stable, with a CAGR of -0.2%
- Orphan drugs approvals increased slightly, with a CAGR of +0.9% between 2015 and 2021, accounting, on average, for ~20% of all EMA approved drugs, over the period
- However, the year 2019 was marked by a low number of new orphan drugs approved by the EMA compared with the other years of the 2015-2021 period

Sources: "Human medicines highlights", EMA (2015-2021) – Smart Pharma Consulting analyses

The top 10 drugs addressing cancers, rare genetic diseases, blood disorders and CNS¹ diseases should account for ~24% of the orphan drugs market in 2024 and achieve ~61% of their sales in the USA

Top 10 orphan drugs (2024)

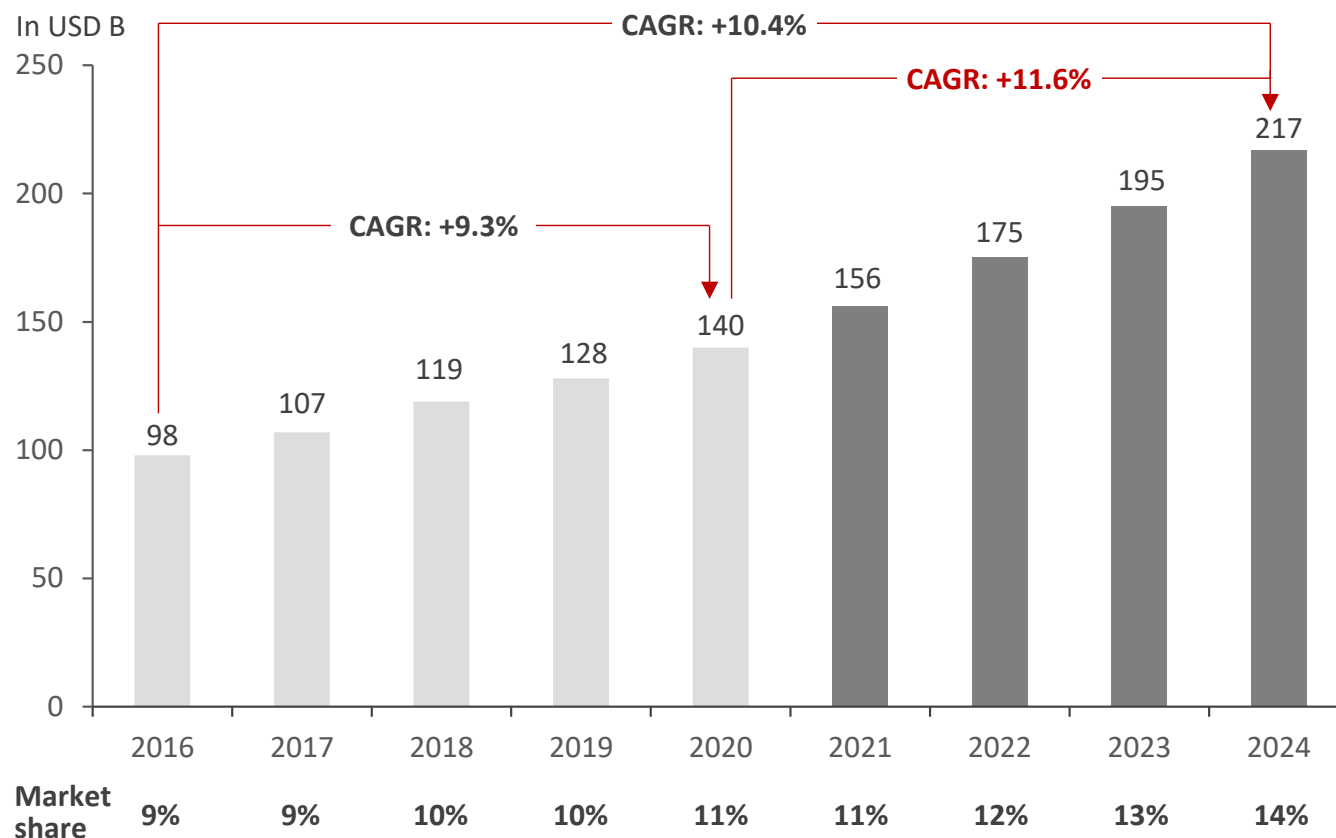


Sources: EvaluatePharma (2020) – FDA – SmPCs – Smart Pharma Consulting analyses

¹ Central Nervous System – ² Product co-licensed to Janssen and AbbVie in the United States and licensed to Janssen outside the United States – ³ Mantle Cell Lymphoma – ⁴ Paroxysmal Nocturnal Hemoglobinuria – ⁵ Atypical Hemolytic Uremic Syndrome – ⁶ Rest of the world

The weight of the orphan drugs market in the pharmaceutical industry is more and more important and should reach up to ~14% of the worldwide pharmaceutical market by 2024 (+ 5 pts vs. 2016)

Worldwide orphan drug sales (2016-2024)



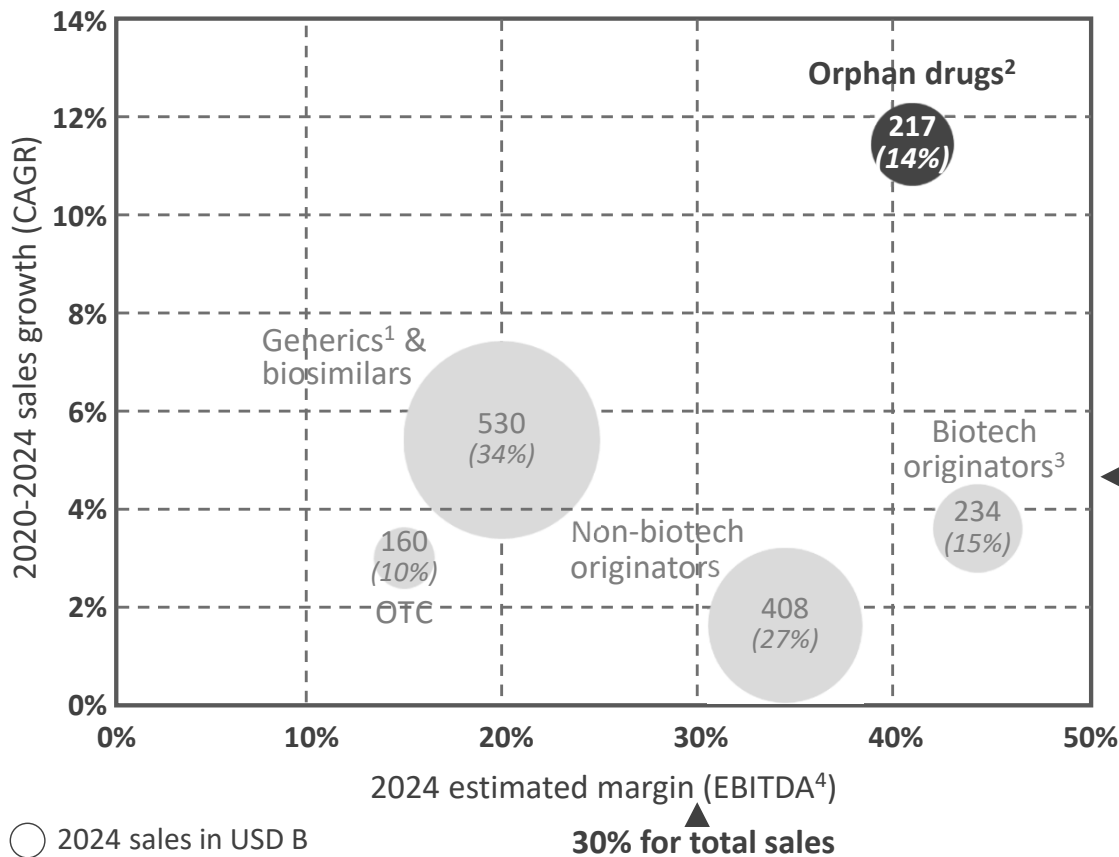
- Orphan drugs have become a **cornerstone** of the pharma market, with ~11% of the **worldwide market** in **2020** and ~14% expected in **2024**
- With a forecasted CAGR of **+11.6%** between **2020** and **2024**, the orphan drugs segment should **grow 2.6 times** faster than the **worldwide pharma market**
- This dynamic growth is driven by:
 - A strong demand from HCPs and patients due to high clinical unmet needs
 - The development of new technologies (e.g., genomics, gene sequencing, gene therapy) enabling to treat rare genetic diseases
 - The “orphanization” of certain TAs (e.g., oncology, diabetes) which consists in identifying rare disease subtypes and developing new drugs or repurposing an existing ones
 - Financial and regulatory incentives (e.g., tax credits, marketing exclusivity, etc.) granted by health authorities to fulfill that demand
 - Generic and biosimilar products¹ improving the access to a larger number of patients

Sources: EvaluatePharma (2020) – Smart Pharma Consulting analyses

¹ Generic (e.g., Imatinib) and biosimilar (e.g., bevacizumab, adalimumab) versions of older original orphan drugs or drugs with orphan indications that have lost their patent

By 2024, orphan drugs should be the main driver of pharma market growth and be one of the most profitable segments due to premium prices and lower costs across the drug value chain

Profitability of orphan drugs companies (2020-2024)



- **High profitability** (~41% EBITDA rate) of orphan drugs due to:
 - **Lower R&D costs** (4 times less): ~ USD 0.5 B for orphan drugs vs. USD 2 B for non-orphan drugs
 - **Premium prices** vs. non-orphan drugs
 - **Incentives** granted by regulatory agencies (e.g.; clinical trials subsidies, reduced regulatory fees, tax credits, etc.)
 - **Fewer commercial and promotional investment** due to:
 - Lower number of expert centers and HCPs to target
 - Lower competition intensity

- **Market growth** (+11.6% CAGR over 2020-2024) due to:
 - Favorable means to **speed up registration**
 - Increasing number of **medicines** addressing **unmet needs**
 - Progressive entry of expensive **one-shot therapies** (e.g.; **CAR T-cell therapies**)

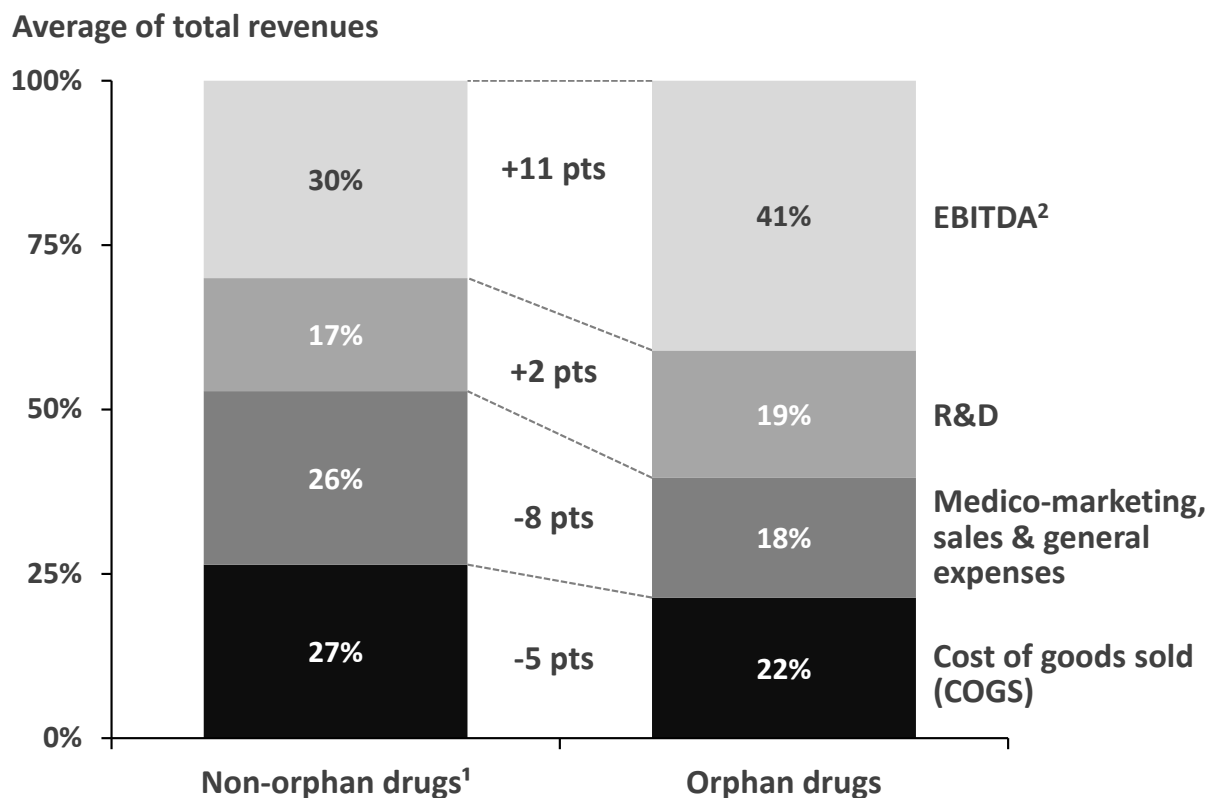
Sources: EvaluatePharma (2020) – Smart Pharma Consulting estimates, based on the 3 latest annual reports of a panel of 5 pure players of the orphan drugs market (Alexion prior to its acquisition by AstraZeneca, Biogen, Shire prior to its acquisition by Takeda, SOBI and Vertex)

¹ Incl. branded and unbranded generics – ² Incl. chemical and biotech drugs, for 65% and 35% of orphan drugs sales, respectively – ³ Excl. biosimilars – ⁴ Earnings before interest, taxes, amortization and depreciation

The average EBITDA rate made by orphan drugs is 11 pts higher (41% vs. 30%) than the one drawn by non-orphan Rx-bound drugs (either biological or chemical)

Typical cost structure of non-orphan vs. orphan drugs

Cost structure as a percentage of total revenues



- With an average EBITDA rate reaching ~41% of total revenues, orphan drugs profitability is higher vs. non-orphan drugs (+11 pts)
- This positive gap can be explained by:
 - Fewer medico-marketing, sales and general expenses (-8 pts) due to:
 - Lower number of expert centers and HCPs to target
 - Lower competition intensity
 - Fewer COGS as a percentage of revenues (-5 pts) due to premium prices...
 - ... partially offset by higher weight of R&D investment in total revenues (+2 pts)

Note: reconciliation items between EBIT³ and EBITDA (incl. amortization, depreciation and one-off items such as restructuring) have been equally distributed between each type of costs. They accounted for ~12% of orphan drugs revenues and ~8% of non-orphan drugs revenues

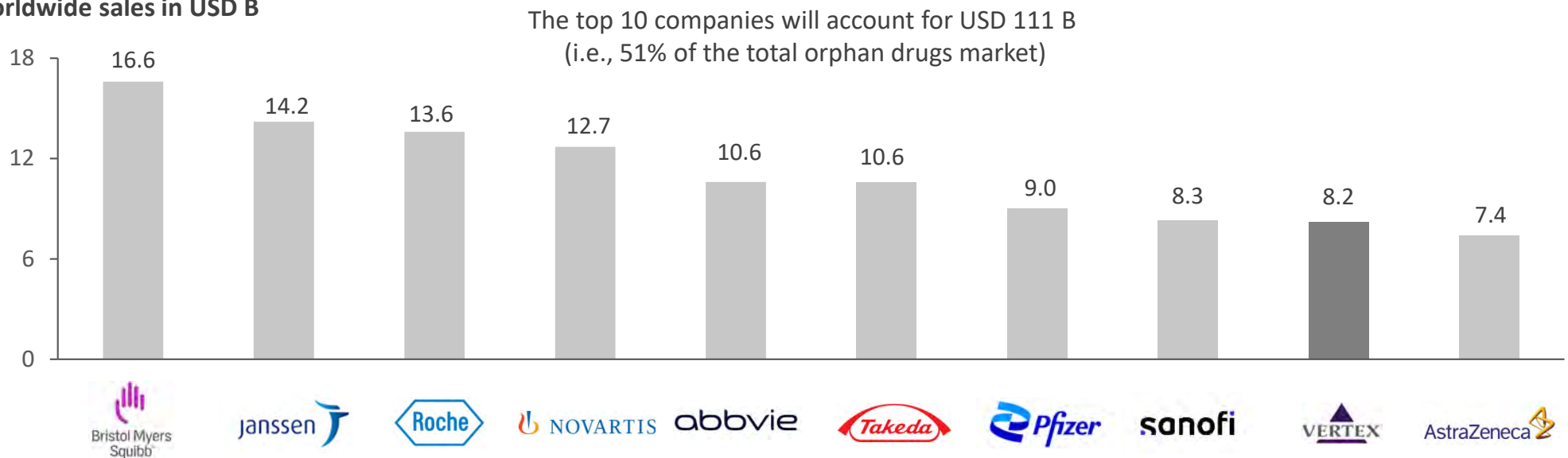
Sources: Smart Pharma Consulting estimates, based on the 3 latest annual reports of a panel of the 20 biggest pharma companies (excl. Biogen) and 5 pure players of the orphan drugs market (Alexion prior to its acquisition by AstraZeneca, Biogen, Shire prior to its acquisition by Takeda, SOBI and Vertex)

¹ Rx-bound drugs only – ² Earnings before interest, taxes, amortization and depreciation – ³ Earnings before interest and taxes

In 2024, the top 10 companies operating on the orphan drugs market should account for 51% of the total market segment, with Bristol-Myers Squibb, Johnson & Johnson and Roche as leaders

Top 10 companies operating on the orphan drugs market (2024)

2024 worldwide sales in USD B



Orphan drugs with sales > USD 1 B

Revlimid	Imbruvica ¹ Darzalex	Hemlibra	n.a.	Imbruvica ¹ Venclexta	n.a.	Vyndaqel	n.a.	Trikafta	Soliris
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■ Mid- or big pharma companies ■ Biotech “pure players”

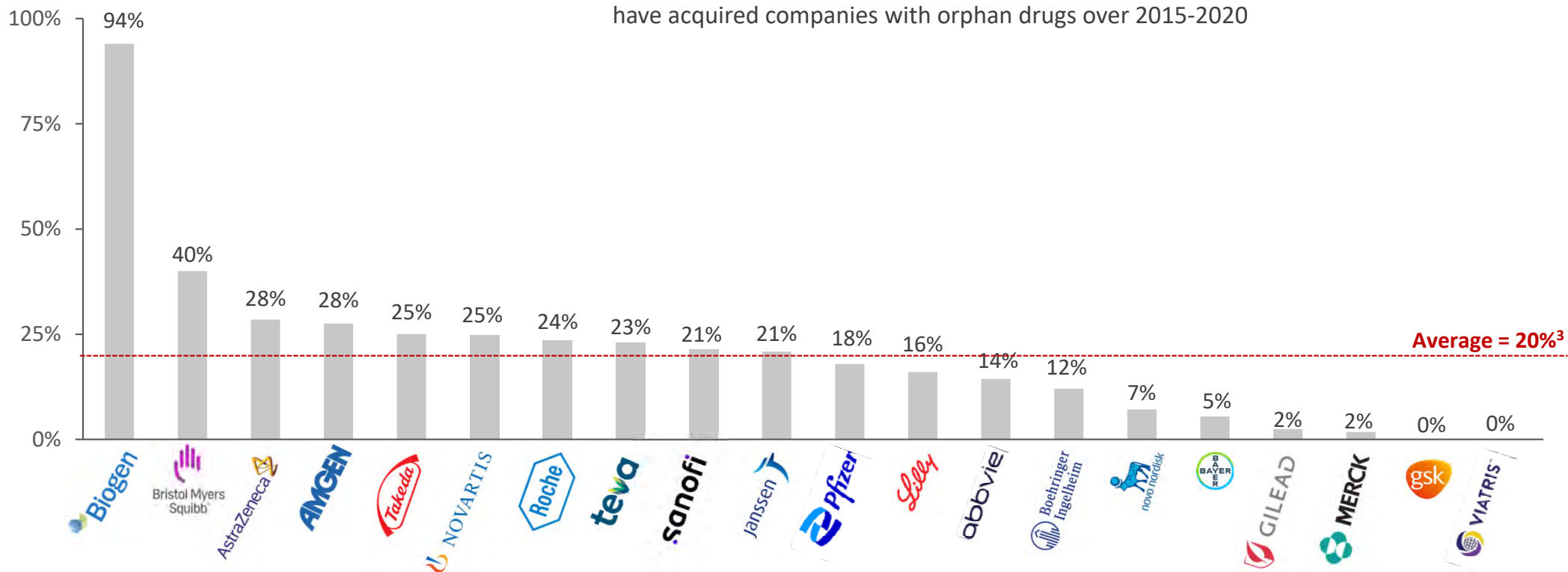
Sources: EvaluatePharma (2020) – Smart Pharma Consulting analyses

¹ Product originally co-developed by Janssen and Pharmacyclics, an oncology-focused biotech acquired by AbbVie in 2015, co-licensed to Janssen and AbbVie in the United States and licensed to Janssen outside the United States

Among the top 20 pharma companies worldwide, Biogen, Bristol-Myers Squibb, AstraZeneca and Amgen have the most important share of orphan drugs in their portfolio

Strategic importance of orphan drugs in top 20 pharma companies¹ portfolio (2020)

Estimated share of orphan drugs sales in total drugs & vaccines worldwide sales



The top 20 pharma companies with orphan drugs sales – excepted Boehringer Ingelheim, Novo Nordisk and Pfizer² – have acquired companies with orphan drugs over 2015-2020

Sources: EvaluatePharma (2019) – Companies annual reports (2020) – Smart Pharma Consulting analyses

¹ Based on drugs & vaccines sales of companies – ² Boehringer Ingelheim did not make any acquisition over the period but signed a partnership in 2019 with the UK-based drug technology firm Healx to identify approaches to treat rare neurological disorders. Pfizer acquired Arena and Novo Nordisk Dicerna, but in 2021 – ³ If one excludes Biogen, the average weight of orphan drugs drops at 16% of big pharma companies revenues

The acquisition of Celgene by BMS, Shire by Takeda and Alexion by AstraZeneca are the top 3 M&A operations carried out in rare diseases since 2015, by the top 20 pharma companies

Major orphan drugs M&A operations¹ (2015-2021) (1/2)

Item	Acquirer	Acquired	Price (USD B)	Year	Key brands / projects
#1	BMS	Celgene	74,0	2019	Ozanimod, CAR-T therapies
#2	Takeda	Shire	62,0	2018	Advate, Elaprase, Replagal, Vpriv
#3	AstraZeneca	Alexion	39,0	2020	Soliris, Ultomiris
#4	Janssen (J&J)	Actelion	30,0	2017	Opsumit, Uptravi, Tracleer
#5	AbbVie	Pharmacyclics	21,0	2015	Imbruvica
#6	BMS	MyoKardia	13,1	2020	Mavacamten
#7	Gilead	Kite Pharma	11,9	2017	CAR-T therapies
#8	Sanofi	Bioverativ	11,6	2018	Eloctate, Alprolix
#9	MSD	Accelaron	11,5	2021	Reblozyl ⁿ
#10	Novartis	AveXis	8,7	2018	Zolgensma
#11	Lilly	Loxo Oncology	8,0	2019	Loxo-305
#12	Pfizer	Arena	6,7	2021	Etrasimod
#13	Janssen (J&J)	Momenta	6,5	2020	Nipocalimab

Sources: Smart Pharma Consulting analyses

¹ M&A operations carried out over 2015-2021 by the top 20 pharma companies for prices of USD 2 B or more



During the 2015 – 2021 period, all the top 20 pharma companies with orphan drugs sales have acquired companies with orphan drugs, excepted Boehringer Ingelheim¹

Major orphan drugs M&A operations¹ (2015-2021) (2/2)

Item	Acquirer	Acquired	Price (USD B)	Year	Key brands / projects
#14	AbbVie	Stemcentrx	5,8	2016	Rova-T
#15	Takeda	NPS	5,2	2015	Naptara
#16	Takeda	Ariad	5,2	2017	Iclusig
#17	Gilead	Forty Seven	4,9	2020	Magrolimab
#18	Roche	Spark Therapeutics	4,3	2019	Voretigene neparvovec-rzyl
#19	AstraZeneca	Acerta Pharma	4,0	2015	Acalabrutinib
#20	Bayer	Asklepios	4,0	2020	Gene therapies
#21	Sanofi	Ablynx	3,9	2018	Caplacizumab
#22	Sanofi	Principia	3,7	2020	Rilzabrutinib
#23	Novo Nordisk	Dicerna	3,3	2021	Nedosiran, Belcesiran
#24	Teva	Auspex	3,2	2015	SD-809
#25	MSD	VelosBio	2,8	2020	VLS-101
#26	Novartis	Endocyte	2,1	2018	CAR-T therapies

In the United States as in Europe, regulatory agencies boost orphan drug development by offering incentives including financial, regulatory and marketing benefits

Main incentives to support orphan drugs (2021)

Benefits	 Europe	 United States
Financial	<ul style="list-style-type: none"> R&D: scientific advice on study protocols, various fee reductions Reduced fees for regulatory activities (e.g., protocol assistance, marketing-authorization applications) Available fundings from Horizon 2020 (the EU Framework Program for Research and Innovation), and E-Rare (a transnational project for research programs on rare diseases) Specific incentives for SMEs¹ (incl. administrative and procedural support, specific fee reductions, etc.) 	<ul style="list-style-type: none"> Tax incentives “The Orphan Drug Tax Credit”: 25% tax credits for expenses engaged during clinical trials³ “Waiver of Prescription Drug User Fees”: orphan drug products exempt from the usual new drug application fees charged by the FDA “Orphan Products Grants Program”: funding for development of promising orphan products “Rare Pediatric Disease Priority Review Vouchers”: voucher to receive a priority review for a different drug⁴
Access	<ul style="list-style-type: none"> Centralized authorization procedure: a single application to the EMA (opinion & decision valid in all EU Member States) Designated orphan medicines eligible for conditional marketing authorization: allowed to be administered to patients under compassionate use² Global benefits: EMA & FDA developed common procedures for applying for orphan designation in the EU/USA 	<ul style="list-style-type: none"> Eligibility of the drug approval process to fast-track procedure for evaluation by the FDA FDA assistance and guidance in the design of an overall drug development plan Possible availability of orphan drug to patients before gaining market approval under specific conditions⁵
Marketing	<ul style="list-style-type: none"> 10 years of marketing exclusivity from EMA approval Pediatric medicines eligible for 2 additional years of marketing exclusivity 	<ul style="list-style-type: none"> 7 years of marketing exclusivity from FDA approval 6 additional months of exclusivity if pediatric indication

Sources: EMA – FDA – Smart Pharma Consulting analyses

¹ Small & medium enterprises – ² Allows the use of an unauthorized medicine outside a clinical study – ³ After the obtention of an orphan drug designation – ⁴ After receiving the approval for a rare pediatric disease drug – ⁵ Drug is intended for the treatment of a serious life-threatening disease, no alternative drug is available, and product is in the process of clinical trials and an active phase of marketing approval

The most important challenges faced in the orphan drugs development are the small size of patient populations and the lack of knowledge and awareness of related rare diseases

R&D challenges



Diseases knowledge and awareness

- **Complex diseases**, with a **lack of widespread knowledge**, incl. among medical experts
- **Lack of background data** (e.g., treatment pathway, patient subgroups, epidemiology)
- **Delays to diagnosis**, preventing early clinical trial enrolment, and potentially leading to missed therapeutic windows
- **Difficulties to define unmet needs**, due to diagnosis challenges and patient heterogeneity
- Low proportion of patients in each market, potentially making these diseases a **lower priority for regulators and payers**



Clinical evidence

- **Difficult trial design** (comparators, endpoints, outcomes, etc.) and **enrolment**, far from double-blinded randomized clinical trial standards, especially due to:
 - **Small and geographically dispersed populations**
 - **High disease burden and significant medical challenges**
- **High level of pediatric populations**, leading to several issues (e.g., dose, endpoints and outcomes selection, informed consent, logistics and scheduling)
- **Difficult demonstration of statistically significant impacts** on a mortality outcome, due to the rarity of these diseases, and their long-term evolution

Implications for pharma companies

- **Closely collaborate** with academics, clinicians, PAGs and health authorities to **overcome** the many **hurdles to develop orphan drugs**
- Focus on **epidemiological research**¹ to identify possible **new paths of drug developments**
- Ensure an **early collaboration** with **agencies** to get regulatory guidance, protocol design assistance
- Whenever RCTs² cannot be applied, due to the small number of patients, **adaptative trials designs**³ and **new measures for efficacy** should be considered
- **Communicate** about **rare diseases** to patients, PAGs⁴, general public and physicians, and **collaborate** with centers of excellence to **recruit patients**
- **Develop patient registries** and generate **RWE data** to **complete** data generated through clinical studies
- Precisely **define patients** with **biomarkers, genetic markers, specific digital tools** and **artificial intelligence**
- Overcome **barriers to diagnosis** with appropriate **diagnostic tools**

Sources: Office of Health Economics (2018) – “The balancing act of orphan drug pricing”, The Lancet (2017) – Evidera-PPD The Evidence Forum (2020 & 2021) – Mtech Access (2021) – “Six ways to help drugs for rare diseases take off”, BCG (2019) – “Orphan drug clinical development”, Therapies 2020 by O. Blin et al – Smart Pharma Consulting analyses

¹ That is: occurrence of the disease, underlying pathophysiology, burden of the disease for patients and care givers, impact on the health system, etc. – ² Randomized controlled trials – ³ Such as: single-patient (n-of-1) trials, adaptative randomization methods (e.g., play the winner, drop the loser designs) – ⁴ Patient advocacy groups

Difficulties to demonstrate clinical benefits and cost-effectiveness of orphan drugs are the main challenges faced in terms of registration and pricing

Registration and Pricing challenges



Registration

- Same assessment process as a regular drug, causing a **difficult demonstration of clinical benefit** due to the:
 - **Lack of patients** to conduct clinical trials
 - **Lack of established active comparators** and **well-defined clinical end-points**, compounded by the usually short follow-up duration of studies
- **Lack of knowledge** about rare diseases among medical experts and regulatory agencies



Pricing

- **Difficult demonstration of cost-effectiveness¹** due to:
 - Lack of patients, knowledge, comparators, and defined clinical end-points
 - Geographical **differences between HTA² bodies** in their evidence requirements
 - Unfavorable ICER³, above typical willingness-to-pay thresholds
- Debate about **orphan drug premium prices**:
 - **Major burden on the healthcare systems**, yet under financial pressure
 - **Expensive products**, unaffordable by many patients
 - **Several costs are lower** than for **non-orphan drug** due to smaller patient number
 - **Budget capping** imposed **for orphan drugs** by certain governments (e.g., France)
- **Increasing price pressure** due to post **Covid-19** healthcare **budget deficits**

Implications for pharma companies

- **Collaborate closely** with registration and HTA agencies to ensure **alignment** re. **clinical development** and **medico-economic evaluation**, respectively
- Identify **surrogate end-points w/ proven clinical utility**
- Design and implement post-launch **real world evidence data collection**
- **Leverage** emerging **data sets** and **AI** to **substantiate the long-term value** of therapies
- Develop disease-specific **PROMs⁴** and **PREMs⁵**, and **health-related quality of life tools**
- **Involve market access** department in **decision process**, at an early stage of the drug development
- Strengthen **medico-economics** and **cost-effectiveness models**
- **Propose**, with the support of PAGs, physicians, KOLs, centers of excellence, etc., **risk sharing models** (clinical outcome-based, financial outcome-based, indication-based) or **any other win-win approach**

Sources: Berdud et al, "Establishing a reasonable price for an orphan drug" (2020) – Office of Health Economics (2018) – Pharmaceutical Technology (2020) – "The balancing act of orphan drug pricing", The Lancet (2017) – Evidera-PPD The Evidence Forum (2020 & 2021) – Mtech Access (2021) – "Six ways to help drugs for rare diseases take off", BCG (2019) – Smart Pharma Consulting analyses

¹ Especially for one-shot therapies like CAR-T cells – ² Health Technology Assessment – ³ Incremental cost-effectiveness ratio – ⁴ Patient-Reported Outcomes Measures – ⁵ Patient Reported Experience Measures

The success in the orphan drugs market depends on the capacity of pharma companies to develop creative and hands-on approaches focused on HCPs, patients and caregivers needs

Medico-marketing challenges

Each rare disease is specific

Rare diseases are under-diagnosed

Patients are strongly engaged

Implications for pharma companies

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> ▪ Get to know the market: <ul style="list-style-type: none"> – What is the prevalence and/or the incidence? – Are there international or national PAGs¹? – Is there a patient's network? – Are there any decent sources of information available to these patients? – What is the patient journey from first symptoms to diagnosis? – How many and which types of physicians might patients see in search for a treatment? – How many treatment centers are there? And where? – What are the barriers patients might face in accessing treatment? ▪ Adopt a holistic approach by developing close relationships with all the involved stakeholders² | <ul style="list-style-type: none"> ▪ Beyond building relationships with patients and PAGs, pharma companies should use every piece of information that might help them identify patients who experience many of the typical symptoms of the disease but that have not been diagnosed ▪ Marketers should map the diagnostic patient journey to identify points in care management to educate physicians on their patient profile ▪ If the diagnostic rate is low, pharma companies could distribute free diagnostic tests ▪ Other disease awareness initiatives could also be considered: <ul style="list-style-type: none"> – Medical congresses – Forums and websites to share data – Quality interactions with medical community – Early access programs | <ul style="list-style-type: none"> ▪ A tailor-made approach – around & beyond the drug – must be proposed as unmet needs of stakeholder¹ involved in rare diseases are high ▪ Thus, they should co-create services such as: <ul style="list-style-type: none"> – Information about patients' condition and current treatment options – Connection with KOLs / specialists – Building of the medical community – Development of early access programs ▪ Information provided by pharma companies must be comprehensive and address the following topics: <ul style="list-style-type: none"> – Therapy access – Patients-assistance programs – Clinical nursing support – Disease education – Lifestyle management ▪ These supports may be provided directly or indirectly, depending on regulatory constraints |
|--|---|---|

Sources: "How to successfully launch a rare disease drug", McKinsey (2018) – "A nuanced message: marketing to the rare diseases community", Pharma Voice (2017) – Smart Pharma Consulting analyses

¹ Patient advocacy groups – ² Payers, policy makers, HCPs, PAGs, patients, care givers, etc.

To succeed in the orphan drugs market, pharma companies should work cross-functionally, have close relationships with various stakeholders¹, generate and disseminate real-world evidence

Organizational recommendations

Recommendations	Description	Rationale
<p>1 Embed a culture of cross-functional collaboration</p>	<ul style="list-style-type: none"> Ensure a very strong and constant interactivity between medical, marketing and sales departments 	<ul style="list-style-type: none"> Join the dots between the pieces of information accrued by medical and commercial field representatives and thus generate patients' insights required to craft brand strategy Avoid inconsistency of messages
<p>2 Size field teams accurately and deploy them early</p>	<ul style="list-style-type: none"> Give priority to small teams of high-level professionals strongly involved and who will be able to show flexibility and vitality 	<ul style="list-style-type: none"> As a rule, field teams for rare diseases are smaller than those for conventional treatments and very engaged in the disease they are concerned by Sizing depends on 5 key factors: disease, regulation, patient journey, market access situation and competitive level
<p>3 Excel at generating and disseminating real-world evidence</p>	<ul style="list-style-type: none"> Work on case reports at national and international levels 	<ul style="list-style-type: none"> Impossibility of conducting large cohort studies because of low prevalence of rare diseases Importance of having a permanent international exhibition in order to favor consensus conferences and consolidate position before new market players' entry

Sources: Smart Pharma Consulting analyses

¹ Payers, policy makers, HCPs, PAGs, patients, care givers, etc.

The orphan drugs market will remain highly attractive despite the risks due to increasing healthcare budget deficits and sky-rocketing costs per patient of orphan drugs, especially for gene therapies¹

Orphan drugs market features

- Size: USD ~156 B in 2021 (11% of the total pharma market)

- Profitability: 2020-2024 EBITDA: ~41% (vs. ~30% for the non-orphan RX-bound drugs)

- Growth: 2020-2024 GAGR: ~11.6% (2.6 times > than the total pharma market)

- Orphan drugs weight on average 20% of top 20 pharma companies sales in 2020



- The top 10 players should account for 51% of the orphan drugs market in 2024

- Rare diseases require a strong engagement of medico-marketing and sales teams

- Clinical benefits and cost-effectiveness are difficult to demonstrate due to lack of adapted methodologies

- US and European regulatory agencies have boosted the market development through various incentives

Sources: Smart Pharma Consulting analyses

¹ Zolgensma (onasemnogene abeparvovec) is a one-time treatment for spinal muscular atrophy sold at the price of USD 2.1 million

Pharma companies operating on the orphan drugs market should favor M&As, adopt a “start-up spirit” and offer their stakeholders¹ second to none services, around and beyond their drugs

Key success factors on the orphan drugs market

Strategy

- Pharma companies strategically engaged on the orphan drugs market should **intent to generate 30%** or more of **their sales** (i.e., 37% of their profits), within **5 to 6 years**, from this market segment
- To grow on the orphan drugs market, pharma companies should **favor M&A deals**, rather than organic development, to **save time** and **better control R&D hazards**
- Pharma companies should **prioritize their efforts** on the **US** market which represents **~40% of the total orphan market sales**, and **~85%** of its corresponding **profits**

Tactics

- Close interactions** with academics, clinicians, PAGs and health authorities **are imperative to successfully develop orphan drugs**, due to the poor disease understanding and the lack of patients
- Pharma companies must **collaborate** with **registration** and **HTA agencies** at a very **early stage** of their drug development to agree on clinical protocols and medico-economic evaluation, respectively
- Medico-marketing and sales teams should **focus on generating and disseminating data**, while **adopting a holistic approach** by offering specific **around / beyond the drug services** for HCPs and patients

Organization

- Rare diseases** requiring from pharma companies a **strong engagement** with various key stakeholders ...
- ... it is essential to **preserve** the rare disease **skills** and **culture** of the **acquired company** by giving it a **certain degree of autonomy**², for a period of **one to several years**³, as AstraZeneca did with Alexion
- Organization should **rely on highly professionals**, very much **customer-focused**, having a **real dedication** for **rare diseases**
- The **structure** should remain **lean** and the **processes simple**
- Cross-functional** operating mode and **excellence in execution** should be a **cultural priority** to **ensure operational efficiency**

Sources: Smart Pharma Consulting analyses

¹ Payers, policy makers, HCPs, PAGs, patients, care givers, etc. –² Ideally for the R&D, medico-marketing and sales activities. Other functions such as regulatory and governmental affairs, market access, finance, human resources, legal affairs, etc. should be shared –³ The ideal duration will depend on the existing portfolio and on the previous experience of the acquirer in the orphan drugs market

French Pharma Market 2020 – 2025

———— BUSINESS REPORT ————

Strategic Implications
for Pharma Companies

This position paper¹ analyzes the current situation and the key trends by the end of 2025 on the French Pharma market to provide pharma companies with key strategic insights

Introduction – Foreword

- Despite an ever-tougher environment, the French pharma market should remain a key priority for most of pharma groups
- Smart Pharma Consulting proposes to address the following key issues related to the French healthcare system and pharma market evolution by the end of 2025, to better grasp its strategic impacts for pharma companies

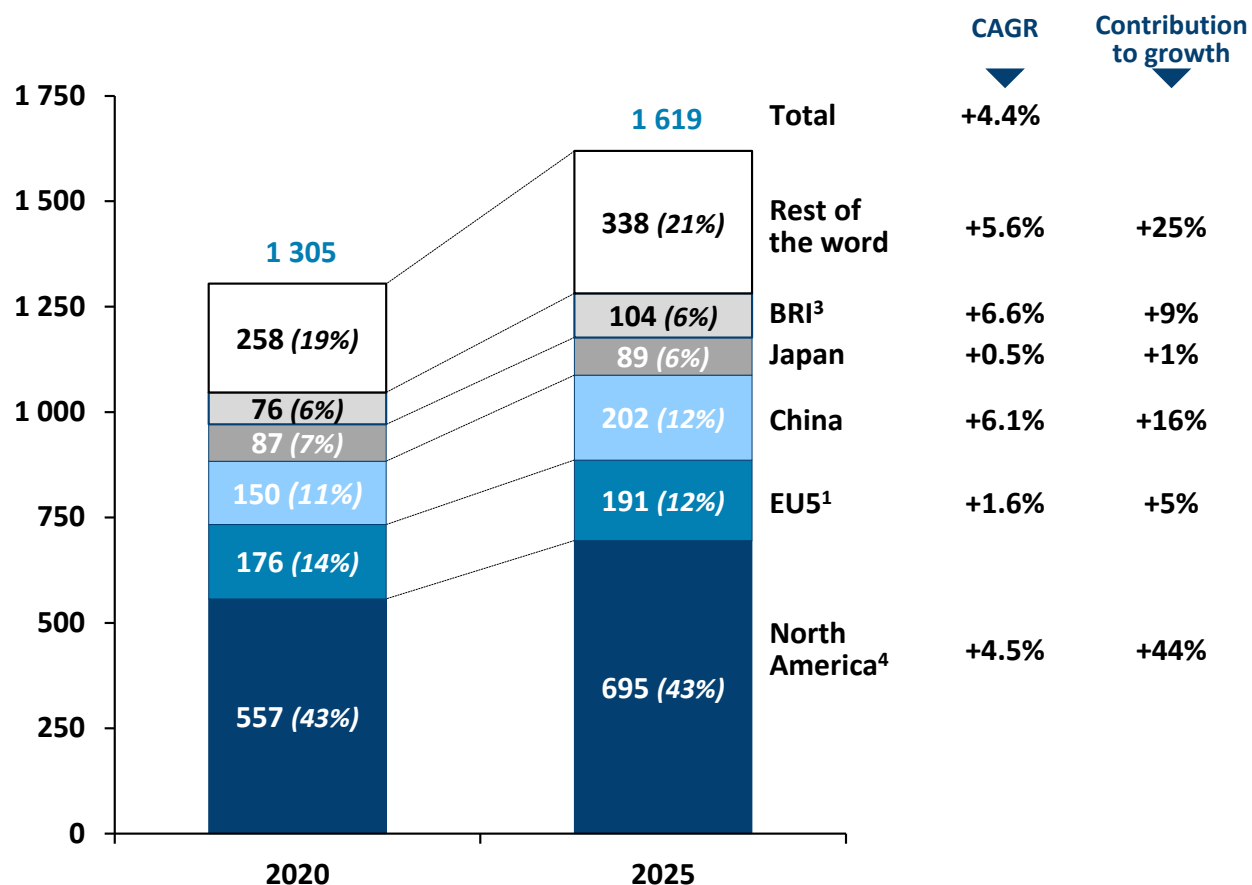


Sales of EU5¹ should grow slowly by 2025 due to stringent cost containment measures leading to a two-point decrease of their weight in the global pharmaceutical market

Introduction – Global pharma market (2020 – 2025)

Sales in USD B²

Size and growth by geographic area



- The global pharma market is expected to grow with of a **CAGR of +4.4%** by 2025 including the impact of Covid-19, that should 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 2025, 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 2020 – 2025 period

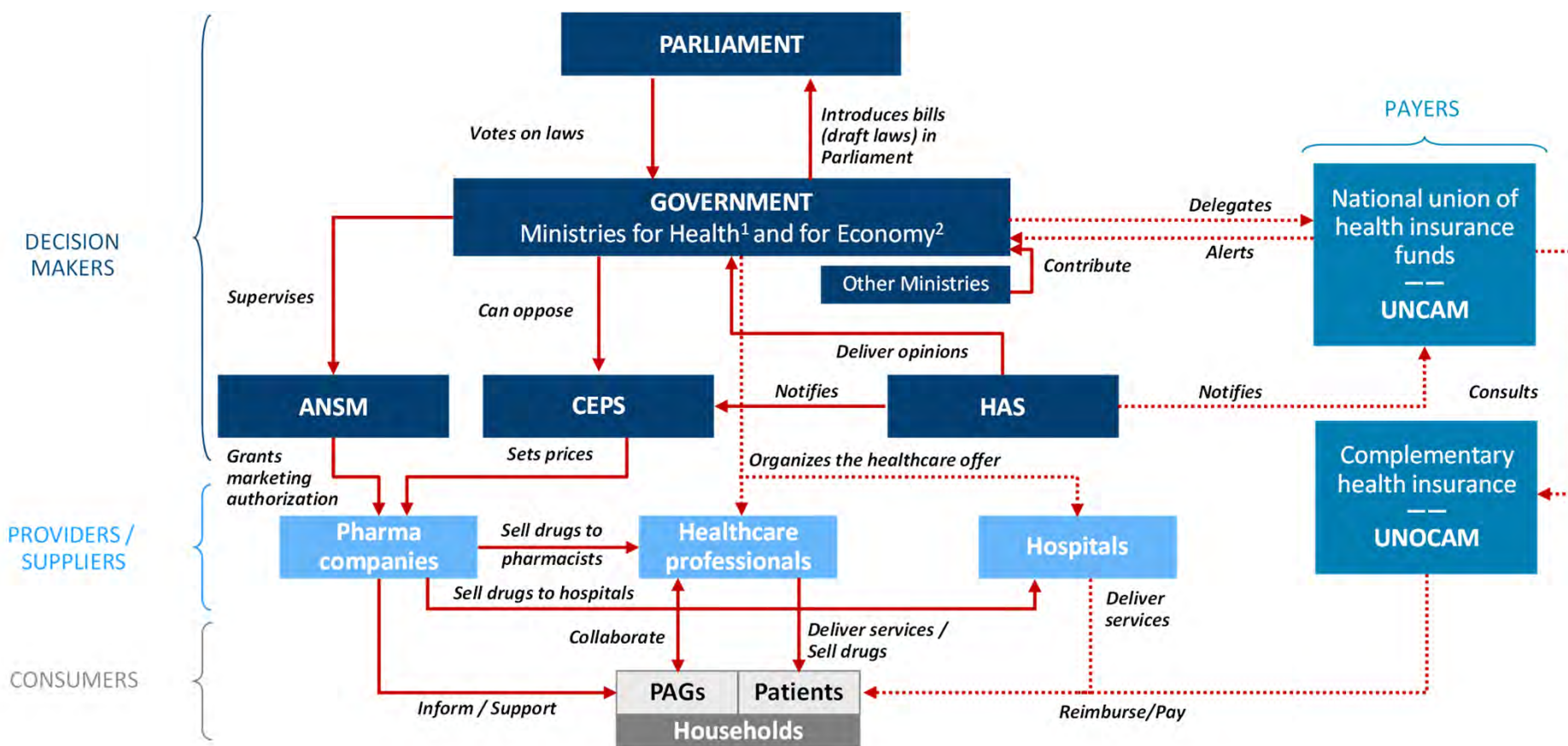
Sources: IQVIA Institute (March 2020) – Smart Pharma Consulting estimates

¹ France, Germany, Italy, Spain, UK – ² Ex-factory price before rebates – ³ Brazil, Russia, India – ⁴ USA and Canada

Stakeholders in the French healthcare system can be divided according to their role as decision makers, payers, providers / suppliers and consumers

The French healthcare system – Key stakeholders

Mapping of key stakeholders



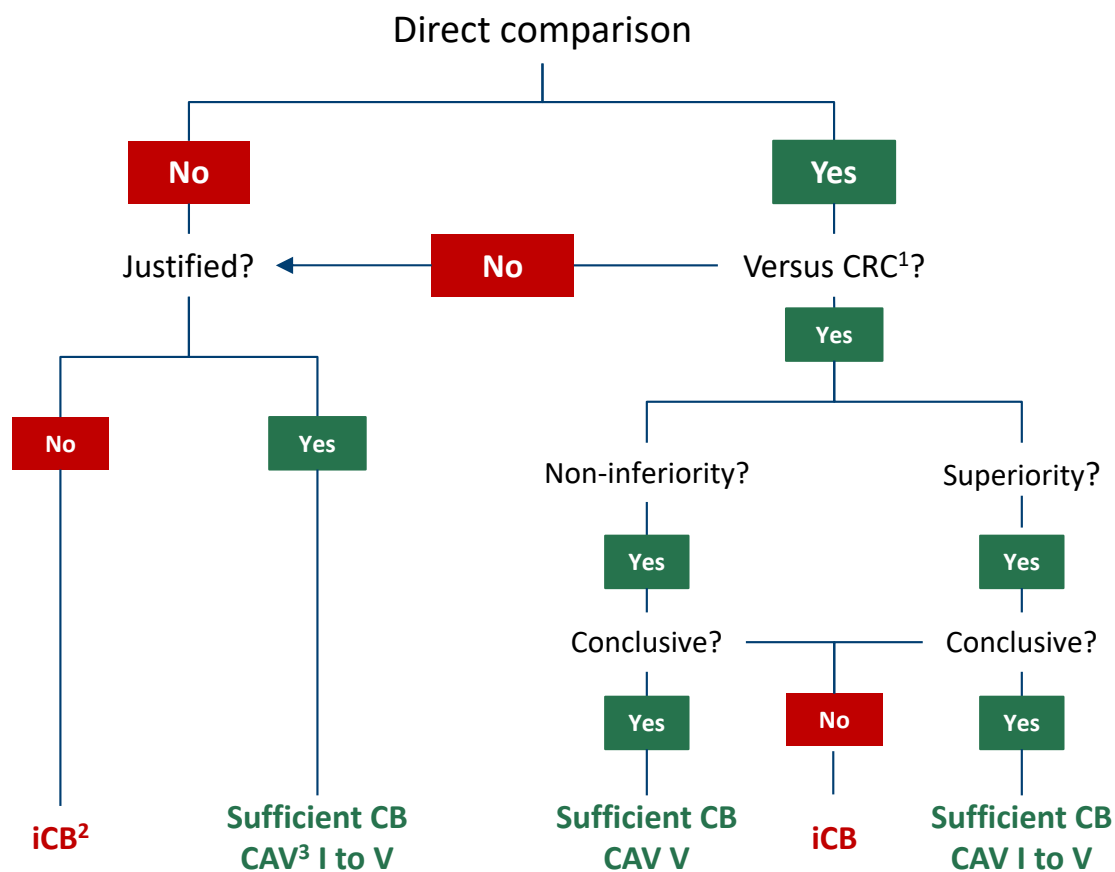
Sources: Smart Pharma Consulting

¹ The exact name of this ministry is: Ministry of Solidarity and Health – ² The exact name of this ministry is the Ministry for the Economy and Finance which includes the budget and the industry

To assess the therapeutic progress of a product, the Transparency Committee will expect direct comparison – whenever possible – in terms of efficacy and safety with existing relevant therapies

The French healthcare system – Key stakeholders

Transparency Committee – Clinical added value (CAV) assessment



- The Transparency Committee (TC) will particularly pay attention to the following criteria, in view of medical need:
 - The quality of the demonstration:
 - The choice of comparator(s)
 - The methodological quality of the study
 - The appropriateness of the population included
 - The relevance and significance of clinical endpoints
 - The effect size in terms of clinical efficacy, quality of life and safety in view of the demonstration robustness
 - The clinical relevance of this effect compared to clinically relevant comparators
- Double-blind, randomized controlled studies is a prerequisite
- The absence of direct comparison to comparator must be justified and may be accepted by the TC in certain situations
- The absence of a direct comparison, which the TC believes was possible, may lead to an ASMR V
- The TC reasoning presented in this figure is not fixed and is adapted to the context of each evaluation

Sources: Transparency Committee doctrine December 2020 – Smart Pharma Consulting analyses

¹ Clinically Relevant Comparator – ² Insufficient Clinical Benefit – ³ Clinical Added Value

The framework agreement signed between CEPS and Leem in March 2021 aimed at improving patient access to innovation, encouraging investments in France and simplifying access processes

The French healthcare system – Key stakeholders

CEPS – Framework agreement signed with the Leem (2021 – 2024)



Context & objectives

- Framework agreement signed on March 5, 2021, by Philippe Bouyoux (CEPS) and Frédéric Collet (Leem), in the presence of Olivier Véran (Minister of Health) and Agnès Pannier-Runacher (Delegate to the Minister of Economy in charge of Industry)
- This new agreement, that replaces the previous one which had been signed in 2016, has been concluded for a 3-year period, i.e., until March 5, 2024
- 3 main objectives pursued:
 - Improve patient access to innovation
 - Encourage productive investments in France
 - Simplify market access processes

Patient access to innovation	Productive investments in France	Market access processes
<p>Innovative drugs</p> <ul style="list-style-type: none"> ▪ Guidance on the duration of effect of comparators, the inclusion on uncertainty, the setting of rebates and the splitting of payments <p>Orphan drugs</p> <ul style="list-style-type: none"> ▪ Possibility of renegotiating the terms of conventional rebates if target population evolves ▪ Commitment to come to a contractual amendment within 6 months with an adjusted budget package <p>Drugs that meet public health needs</p> <ul style="list-style-type: none"> ▪ Possibility for ASMR IV drugs meeting a non- even partially-covered medical need to access to an EU price¹ 	<p>Support for investment and export</p> <ul style="list-style-type: none"> ▪ Creation of a specific chapter intended to support for investment and export ▪ Authorization for investing pharma companies to proactively meet with the CEPS President to be informed of conventional terms <p>Pricing counterparties</p> <ul style="list-style-type: none"> ▪ Possibility of granting a EU price¹ to ASMR I to III drugs whose manufacturing activities² are mainly carried out in France ▪ List price stability guaranteed over 2 years (renewable once) for products manufactured in Europe (notably in France) for which more than 60% of volumes are exported 	<p>Fast-track</p> <ul style="list-style-type: none"> ▪ Access guaranteed within a maximum period of 15 days for: <ul style="list-style-type: none"> – ASMR I to III with dominant efficiency – ASMR IV with dominant efficiency & allowing savings – ASMR V with prices lower than comparators <p>Price stability and predictability</p> <ul style="list-style-type: none"> ▪ 5-year stability of the EU price¹ for ASMR I to III drugs, covering both list and net prices <p>Transparency</p> <ul style="list-style-type: none"> ▪ Statement by pharma companies of the amount of both R&D investment made, and public incentives received

Sources: Framework agreement signed between CEPS and Leem (March 5, 2021) – Smart Pharma Consulting analyses

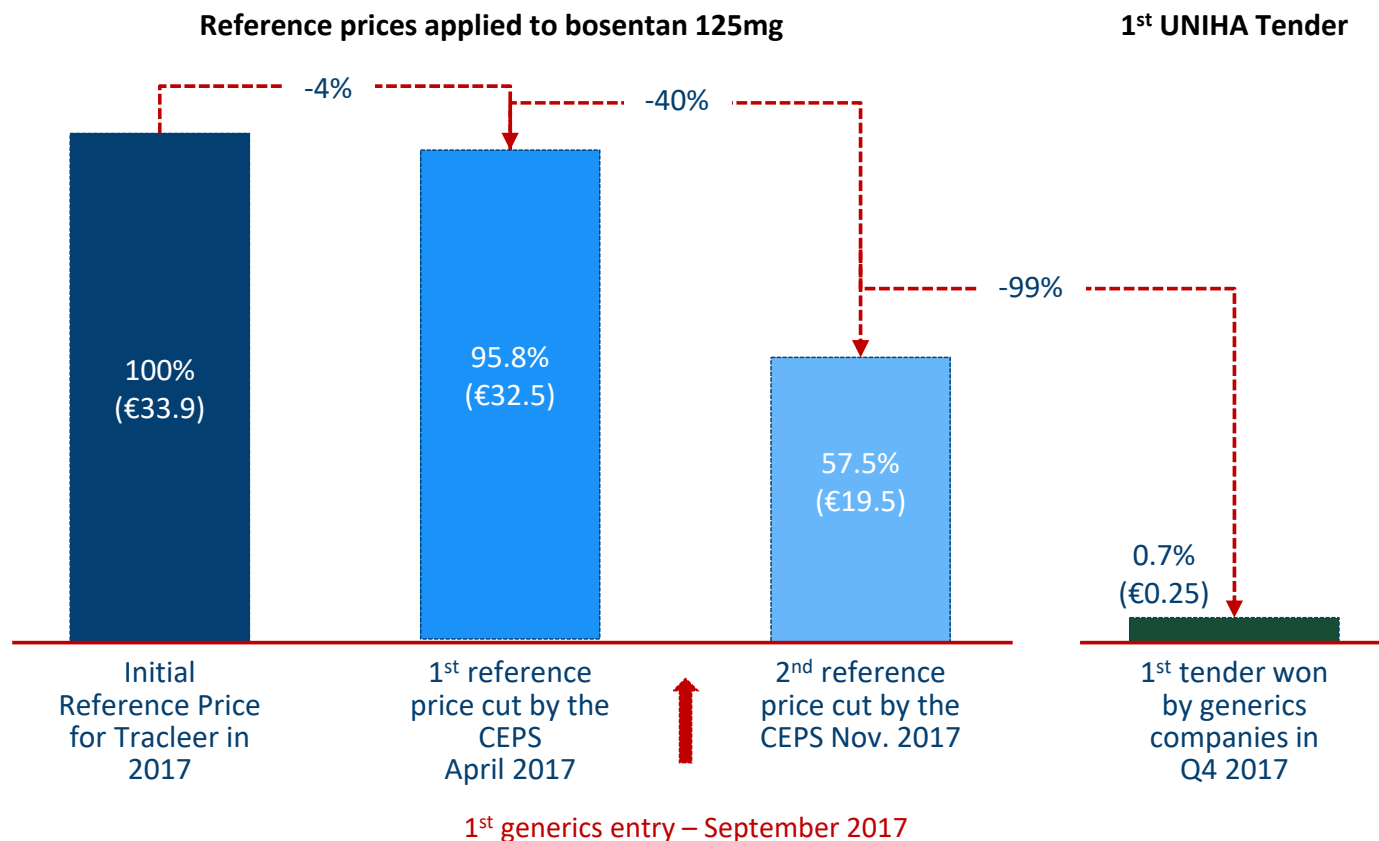
¹ In this case, French price cannot be lower than the lowest price in the rest of EU5 (Germany, UK, Italy and Spain) –

² Including the manufacturing of active components, finished goods and/or packaging

Bosentan net price has dropped drastically as soon as the 1st call for tender, enabling the best bidder to discard competitors while taking the risk to make this “market” little or even non profitable

The French healthcare system – Key stakeholders

CEPS – Hospital generics pricing: Bosentan (Tracleer)



Comments
▪ For bosentan, the purchasers did not really value the quality of the dossier
▪ UNIHA ¹ and the AGEPS ² account for 80% of the total bosentan market
▪ The UNIHA market has been won at €0.25, Teva offered €0.50, and the originator price was €19
▪ The prices on generics should go up for the future calls for tender
▪ The prices should not remain at this level, which is unlikely to generate profits
▪ Such a drastic drop was not expected by Actelion (Janssen)
▪ Few small accounts do not list generics of bosentan
▪ Janssen doesn't discount beyond -75%

Sources: Business Intelligence – Smart Pharma Consulting analyses

¹ Purchasing group for the Regional Teaching hospitals and other public hospitals – ² Purchasing group for largest public hospitals in Paris and close suburbs

The prices, margins and level of rebates are regulated by the CEPS throughout the value chain of the reimbursable products, either originators or generics

The French healthcare system – Key stakeholders

CEPS – Prices, margins and rebates for reimbursable drugs

	Originator without TFR ¹	Originator with TFR	Generic without TFR	Generic with TFR
Ex-factory price	<ul style="list-style-type: none"> Price negotiated / set by the CEPS Generics are priced 60% below originator price at patent expiry After generics launch, originator price is cut by 20% 			
Wholesalers' margins	<ul style="list-style-type: none"> Minimum of € 0.30 per pack if ex-factory price below € 4.33 6.93% of ex-factory price if ex-factory price from € 4.33 to € 468.97 0% beyond € 468.97, representing a maximum of € 32.50 margin per sold unit 			
Pharmacists' margins	<ul style="list-style-type: none"> Variable margin: <ul style="list-style-type: none"> 10.0% of ex-factory price below € 1.92 7.0% from € 1.92 to € 22.90 5.5% from € 22.91 to € 150.00 5.0% from € 150.01 to € 1,930.00 0% above € 1,930.00 Dispensing fees (VAT excluded): <ul style="list-style-type: none"> € 1.00 per pack € 0.50 per prescription including at least 1 reimbursable drug € 1.00 per prescription with at least 5 medicines € 1.55 if the patient is 3 years or under or over 70 years old € 3.50 for specific drugs (e.g., immunosuppressive drugs) 		Margin in absolute terms identical to the corresponding originator	Calculation identical to the originator's one
Pharmacists' rebates²	<ul style="list-style-type: none"> Maximum legal rebate: 2.5% of ex-factory price 	<ul style="list-style-type: none"> Maximum legal rebate: 40% of ex-factory price, since September 2014 (17% before) 		
	<ul style="list-style-type: none"> Possibility to add up to 100% of the wholesaler margin in case of direct sales 			

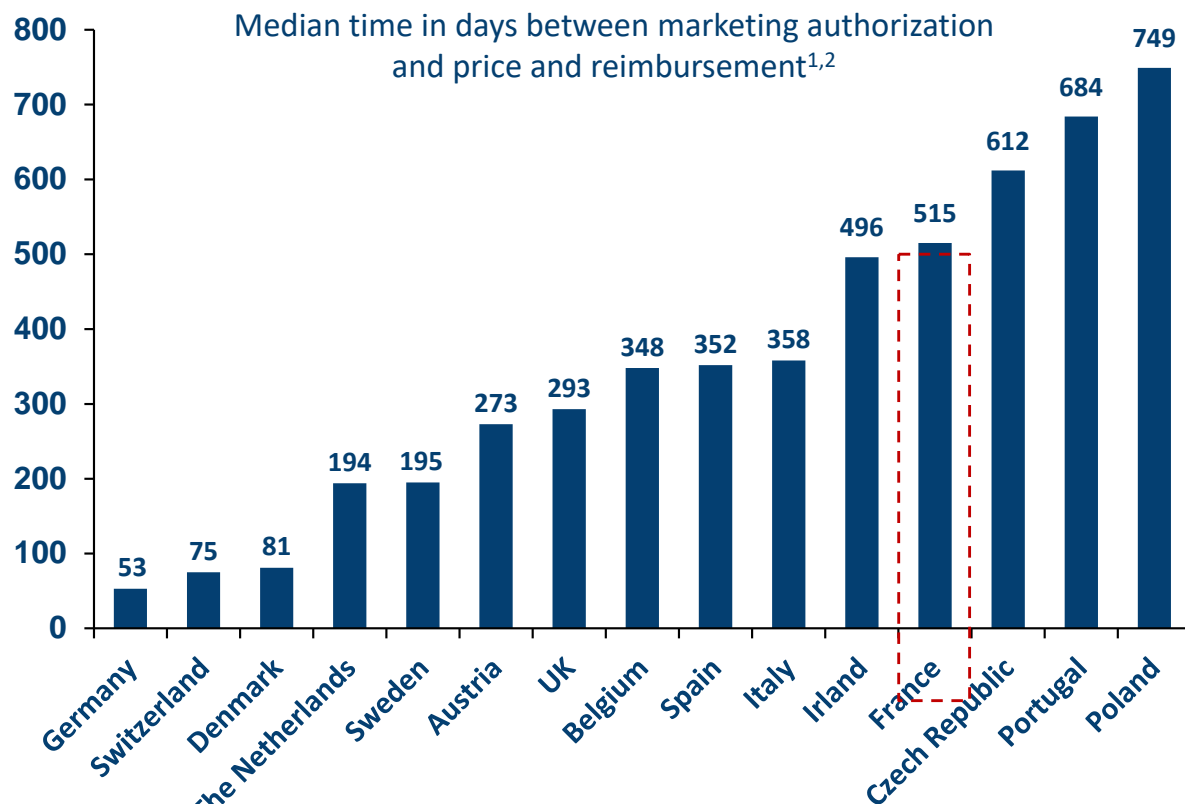
Sources: CEPS annual report (September 2020) – Legifrance (e.g., decree on September 14, 2020² intended to reevaluate wholesalers' margin from February 1, 2021) – Ameli – Leem – Smart Pharma Consulting analyses

¹ Tarif Forfaitaire de Responsabilité (Reference price) – ² Including cooperation and other commercial rebates

In France, pharma companies and patients must wait ~17 months after marketing authorization to get a new drug reimbursed and launched¹

The French healthcare system – Key stakeholders

Average time to market access – European comparisons



2019 analysis based on a sample of 172 products approved by EMA (European Medicines Agency) between January 2015 and December 2018

- In Europe, the delay between marketing authorization of a drug and its availability on the market may vary widely, due to the time required to obtain its inclusion on reimbursement list and a price agreement
- In countries such as France, Italy or Spain, this delay exceeds the 180 days recommended by the European Commission
- An important delay may be harmful both for patients who do not have full access to innovative therapies and for companies which face a loss of revenues¹
- The UK and Germany have no delay since the price and reimbursement negotiations occur once the product has reached the market

- In 2018, the Leem (French association of pharmaceutical companies) has carried out a study on 67 new products, showing an average time between marketing authorization and price & reimbursement of 563 days

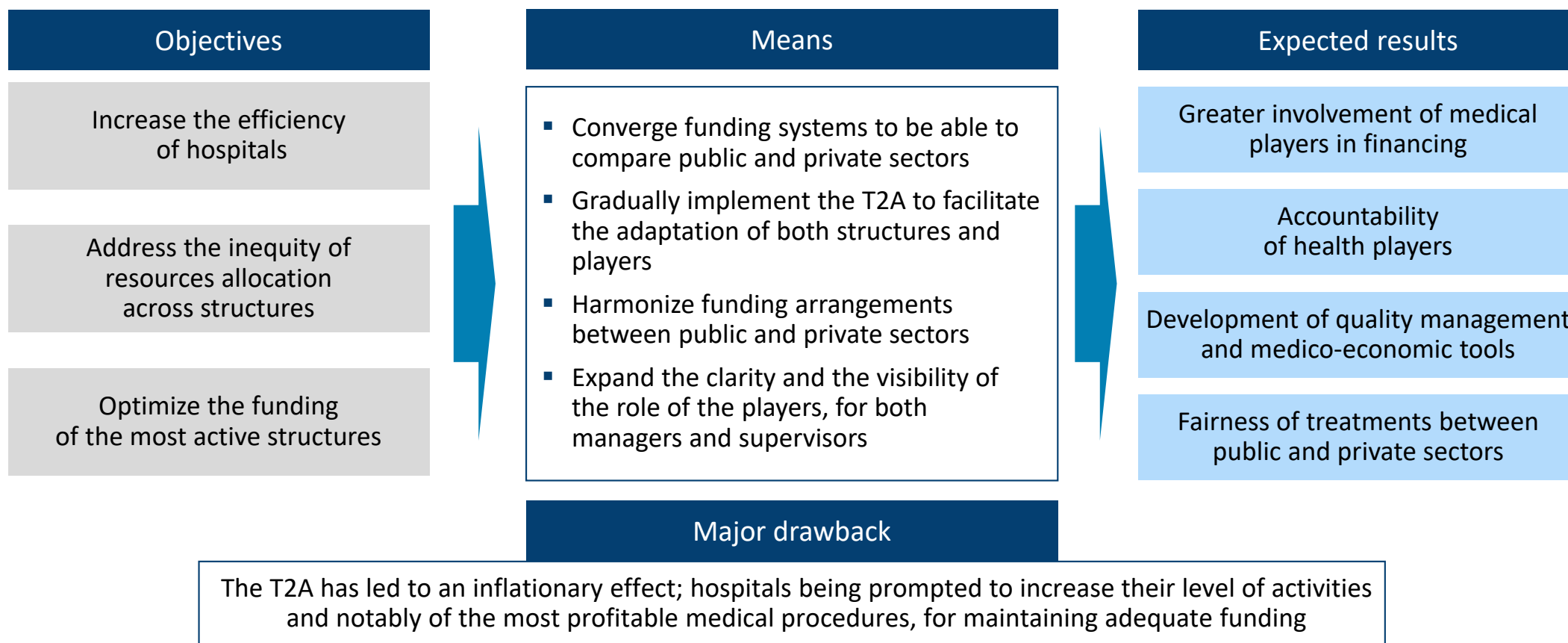
Sources: Patients W.A.I.T. Indicator – EFPIA (June 2020) – Smart Pharma Consulting analyses

¹ Excluding early access programs for breakthrough innovations (e.g., ATU in France) –
² For drugs receiving their first marketing authorization between 2015 and 2017

Since the introduction of the T2A reform in 2004, the allocation of resources of public and private hospitals is based on the nature and on the volume of the activities carried out by hospitals

The French healthcare system – Key stakeholders

Hospital funding system: Activity-based financing (T2A) principles



Sources: French Ministry of Health, as of February 2021 – Smart Pharma Consulting analyses

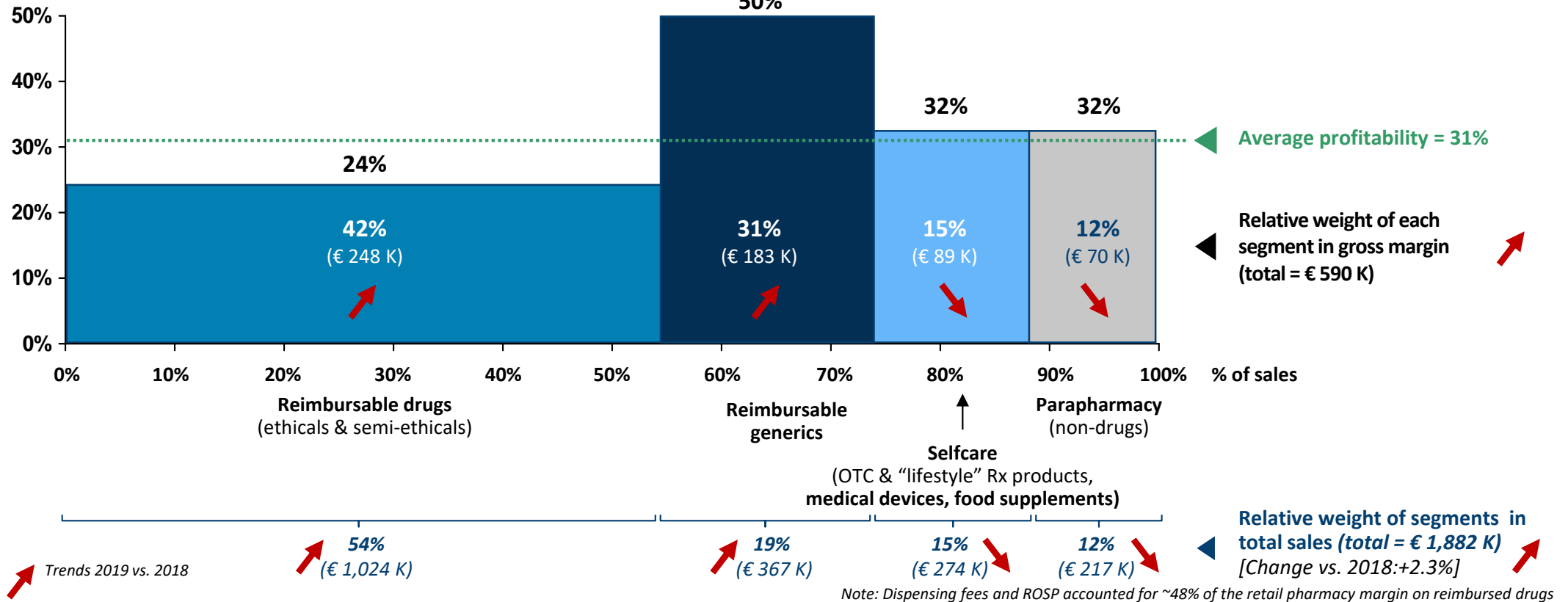
In 2019, originators accounted for ~54% of the retail pharmacies sales on average and for ~42% of their gross margin

The French healthcare system – Key stakeholders

Economic structure of retail pharmacies in France (2019)

Average annual turnover: € 1,882 K (public price excluding VAT)

Average profitability by segment¹



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

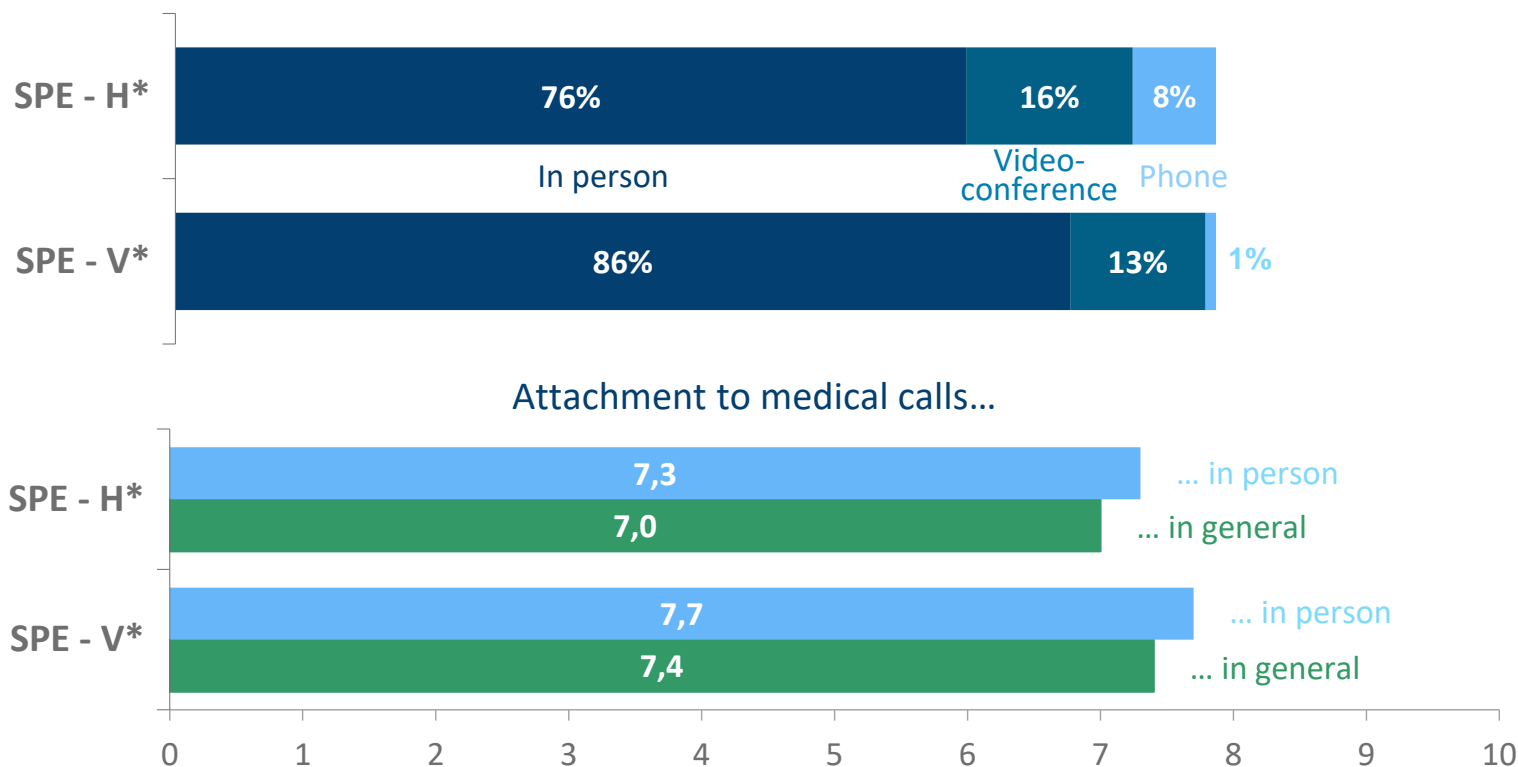
¹ Inclusive of legal margin, rebates, commercial agreements and remuneration for pharmaceutical services, notably those corresponding to the public health objectives (e.g., generics substitution objectives, pharmaceutical interviews with patients, etc.)

Specialists keep on preferring in person interactions with med reps to communicate about innovations and they remain attached to this communication channel

The French healthcare system – Key stakeholders

Access to HCPs in France (2020 – 2021)

Most appropriate channels for med reps to communicate about innovations (product, indications, dosage, etc.)¹



* : SPE-H (Hospital-based specialists) – SPE-V (Office-based specialists)

Sources: Leem (September 2020) – Smart Pharma Consulting analyses

¹ 150 office-based specialists and 150 hospital-based specialists, whom 35 dermatologists interviewed on-line in June 2020

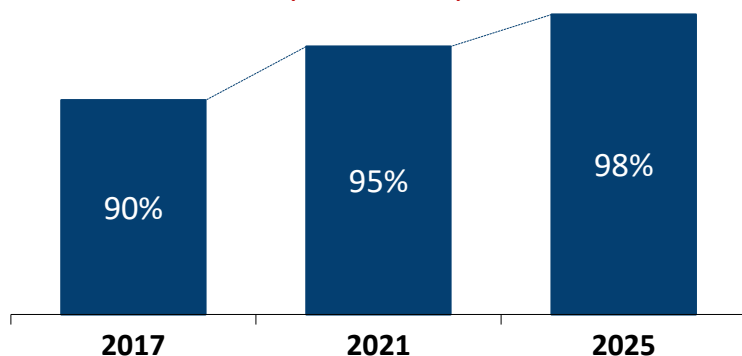
Med reps are not viewed by physicians as a robust, updated and convenient source of scientific information, which means that they must bring high-value services to stay connected to them

The French healthcare system – Key stakeholders

Access to HCPs in France (2017 – 2025)

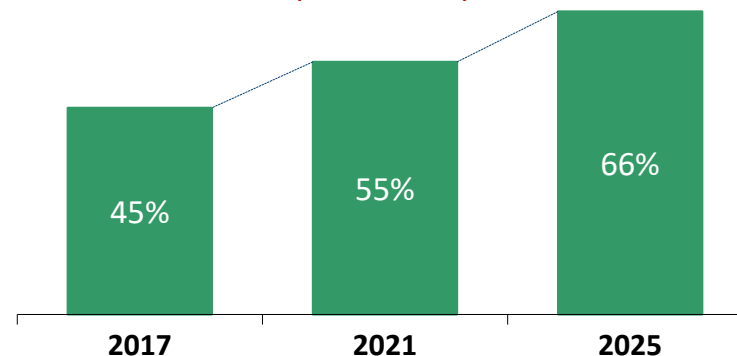
Online scientific search by physicians

(% of total)



Credit given to pharma websites by physicians

(% of total)



- Physicians becoming more familiar with the 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

- 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 have a certain influence on physicians' prescribing decision

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

Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g., DRGs – ZS – McKinsey)

LFSS 2020 modified the provisions to be granted an ATU, introduced constraints to prevent drug shortages and encouraged generics substitution, while quashing biosimilar substitutability law

The French healthcare system – Recent reforms

LFSS 2020 key articles regarding drugs and pharma companies

Safeguard clause for drugs (Article 24)

- For 2020, the safeguard clause to drugs, called the “M” rate, has been set at +0.5%, while it had been set at +1.0% for 2019

Financial sustainability of the ATU (early access program) (Article 44)

- This article concerns filings for ATUs applied before March 1, 2020, and modifies the conditions to obtain a nominative ATU (ATUn):
 - The drug efficacy should be important and clinically relevant
 - Refusal of ATUn if previous demands for cohort ATU (ATUc), clinical trial or in case of increased risk with the existing treatments have been rejected
 - Free pricing of ATUn is replaced by a compensation set by the government
- The receivability of a demand for an ATU is subject to the following conditions:
 - The number of ATUn for a given drug will be limited by a Ministerial Order
 - The drug has not yet been granted a marketing authorization or an ATUc
- Communication to the pharma company of the possible estimated amount that could be funded by the National Health Insurance Fund after the ATU ends
- The CEPS can set up a schedule a payment of discounts for a period beyond one year

Prevention of drug shortage (Article 48)

- Pharma companies must have buffer stock of 4 months located in Europe
- Financial penalty will be imposed to pharma companies in case of failure

Various measures regarding cost of drugs (Article 42)

- A ministerial order can set a maximum selling price for a drug to hospitals:
 - When there is risk of unjustified expenditure
 - In case of expensive health product
- Relaxation of the rules to substitute drugs with narrow therapeutic margins that will be clarified by an implementing decree
- Modification of the Article 66 (LFSS 2019) stipulating that if a patient refuses a generic¹, he will be reimbursed based on the price of the most expansive generic. This rule will start two years after the publication of the 1st generic’s price and will be implemented on January 1, 2022, at the latest
- Repeal of the law authorizing biosimilar substitution by retail pharmacists²
- A working group will be set up to determine the interchangeability between biologic drugs
- Manufacturers are authorized to file a registration dossier for a biosimilar before the patent expiry of the corresponding original biologic

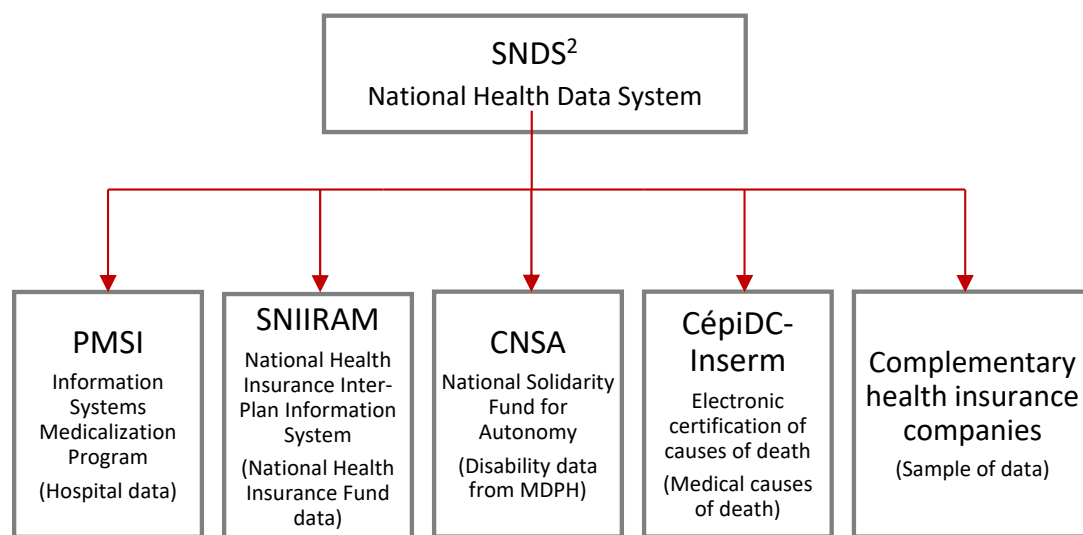
Sources: LFSS 2020 – “Loi de Financement de la Sécurité Sociale pour 2020”
NILE Consulting – Smart Pharma Consulting analyses

¹ For non-valid reasons – ² This law created by the LFSS 2014 has never been implemented in the absence of a decree defining the conditions of substitution

Launched in December 2019, the Health Data Hub¹ is a new French platform designed to cross-reference existing health databases for medical research purposes

The French healthcare system – Recent reforms

Health Data Hub



Aggregating and making these data available to promote studies, research or evaluation of a public interest nature and contributing to the :

- Information on health
- Implementation of health policies
- Knowledge of health expenditures
- Information of professionals and institutions about their activities
- Innovation in the fields of health and medico-social care

Definition	<ul style="list-style-type: none"> ▪ New French health data platform, created in December 2019, that allows to cross-reference existing health database and thus facilitate their use for research and development purposes
Objective	<ul style="list-style-type: none"> ▪ Based on the Artificial Intelligence, create a platform for accessing and sharing data, in the service of health research and innovation
Pros	<ul style="list-style-type: none"> ▪ Health issues: improving research and development ▪ Competitive advantage at international level for research and innovation
Cons	<ul style="list-style-type: none"> ▪ Sensitive and personal data that can be used if there is a public interest and after the CNIL's³ consent ▪ Data hosted by Microsoft: exposure to US law (Cloud Act)
Implication for pharma companies	<ul style="list-style-type: none"> ▪ Perspectives of interest at each stage of the drug or medical device value chain, from research to development, including monitoring the use of healthcare products in real life and organizing care pathways ▪ Access to data, not accessible as of today ▪ Additional place to forge new links and partnership relations with the players of the ecosystem, whether public or private

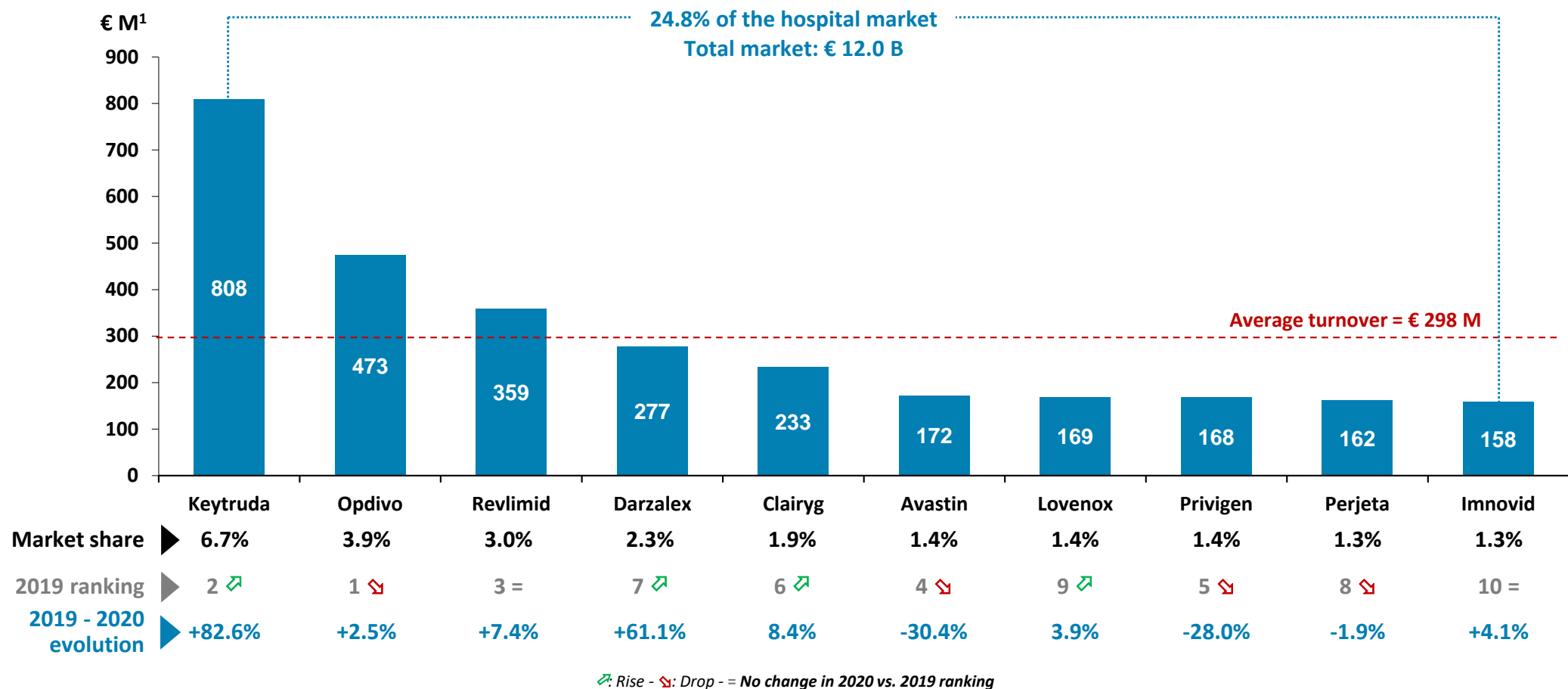
Sources: "La Plateforme des données de santé (Health Data Hub)", CNIL (February 2021) – "Health Data Hub : 6 questions sur la plateforme de données de santé et sa polémique", Numerama (June 2020) – "Le Health Data Hub : quelles opportunités pour l'industrie pharmaceutique ?", Alcimed (July 2020) – Smart Pharma Consulting analyses

¹ Also named PDS (Plateforme des données de santé) – ² Système National des Données de Santé – ³ Commission Nationale de l'Informatique et des Libertés (National commission for information technology and civil liberties)

With a growth rate of +82.6% in 2020, Keytruda has become the best-selling drug on the French hospital market, ahead of Opdivo and Revlimid

The French pharmaceutical market – Evolution of drugs sales

Top 10 products in value – Hospital sales (2020)



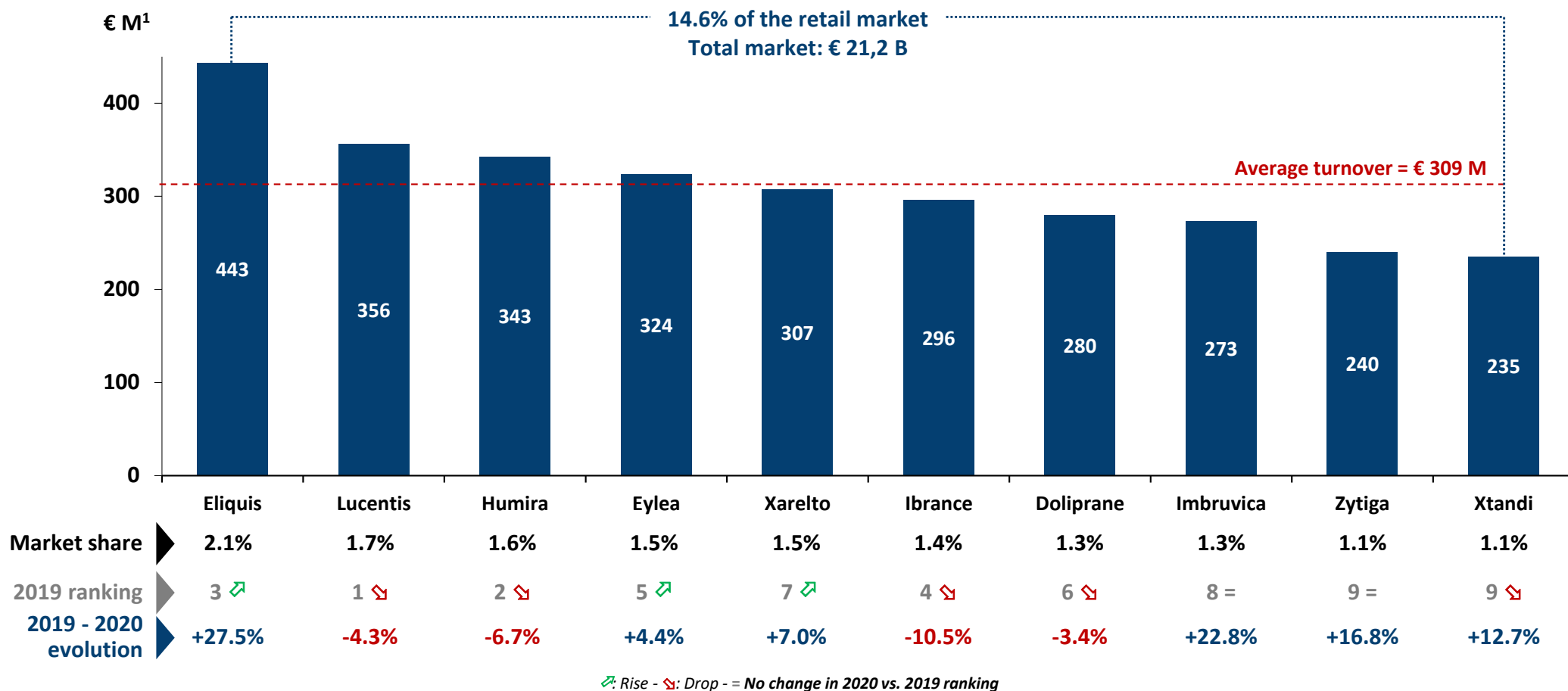
Sources: GERS – Smart Pharma Consulting analyses

¹ Constant ex-factory price, excluding rebates and taxes (including rebates, the hospital market amounted to ~€ 7.9 billion in 2020)

With a growth rate of +27.5% in 2020, Eliquis has become the leader of the French retail market, ahead of Lucentis and Humira

The French pharmaceutical market – Evolution of drugs sales

Top 10 products in value – Retail sales (2020)



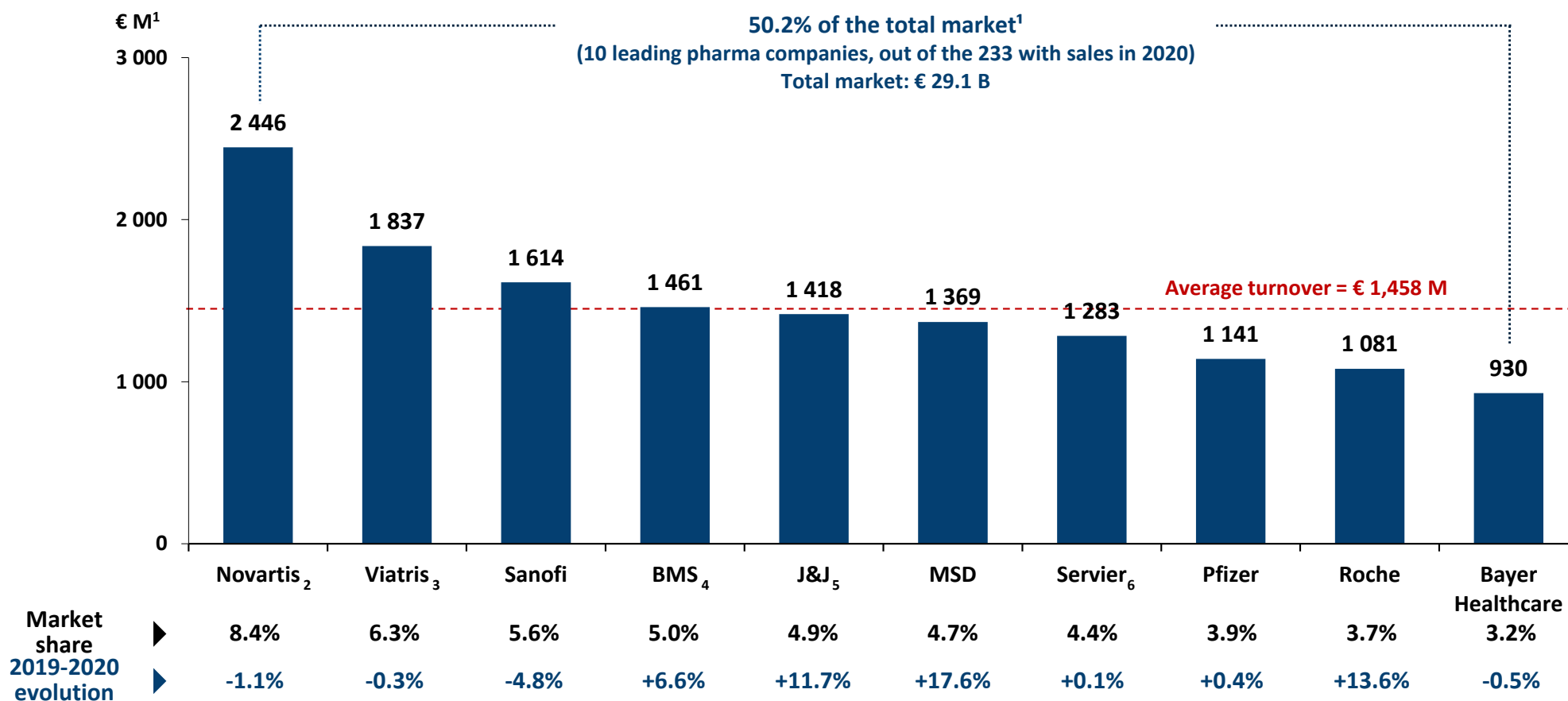
Sources: GERS – Smart Pharma Consulting analyses

¹ Ex-factory price, excluding rebates and taxes

In 2020, the top 10 pharma companies accounted for ~50% of the French pharma market, with Novartis, Viatris and Sanofi standing on the top

The French pharmaceutical market – Evolution of pharma companies' sales

Top 10 pharma companies on the hospital and retail markets – In value (2020)



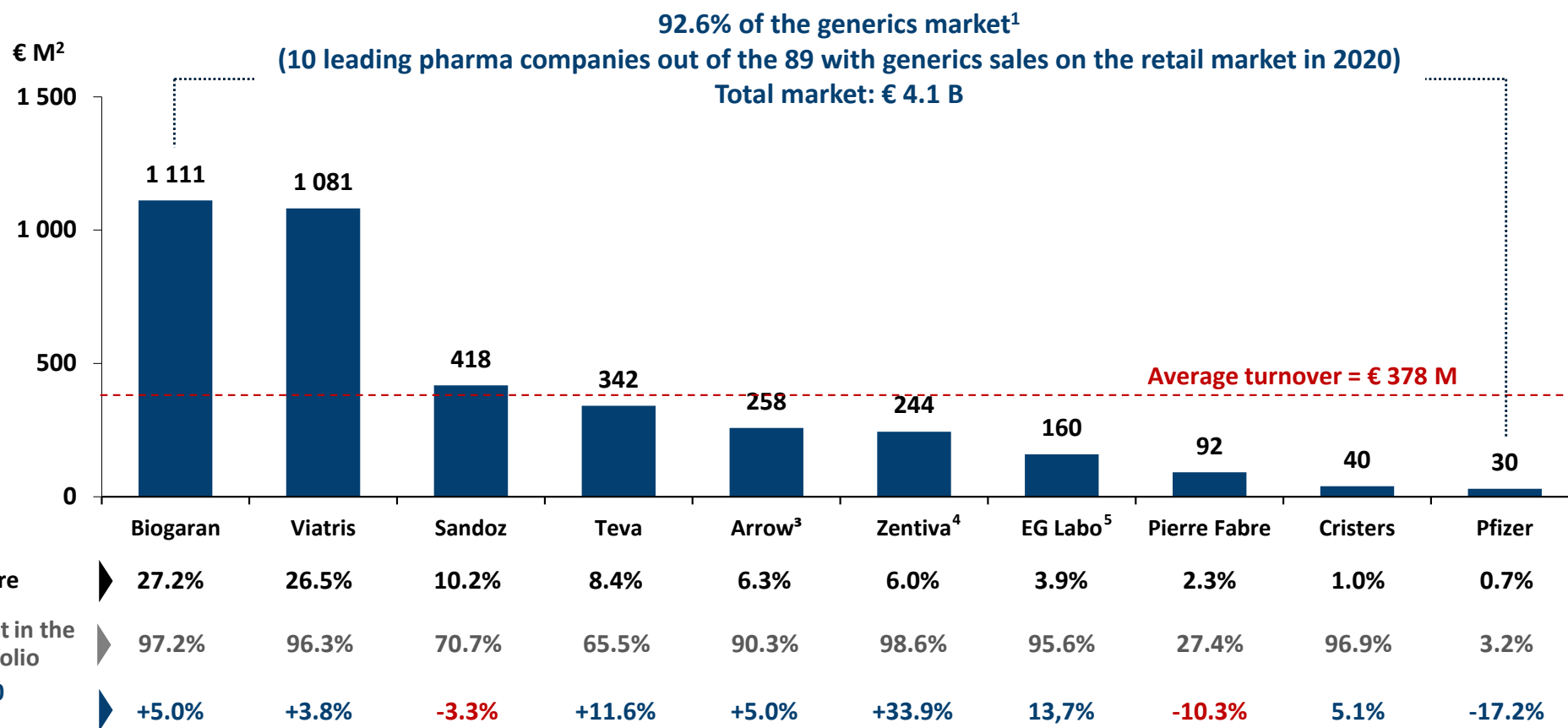
Sources: GERS – Smart Pharma Consulting analyses and estimates

¹ Constant ex-factory prices, excluding taxes and rebates, except for hospital sales for which rebated sales have been estimated – ² Including Sandoz – ³ Company founded in November 2020 by the merger of Mylan, Mylan Medical and Pfizer Upjohn activities – ⁴ Including Celgene (acquired in 2019) but excluding UPSA (acquired by Taisho Pharmaceutical in 2019) – ⁵ Janssen and J&J Santé Beauté – ⁶ Including Biogaran

In 2020, Biogaran and Viatris generated more than € 2 B sales and represented together ~54% of the French retail generic market in value

The French pharmaceutical market – Evolution of pharma companies' sales

Top 10 generics companies on the retail market – In value (2020)

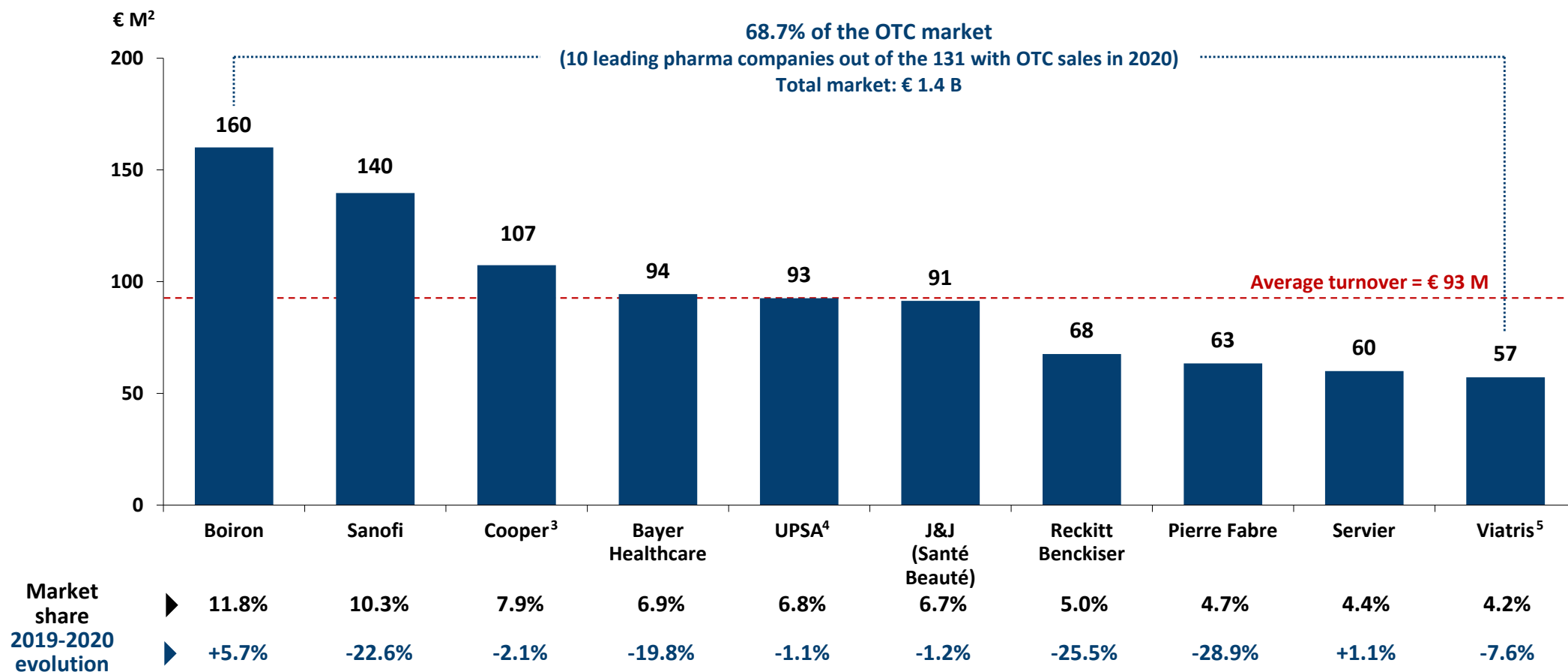


Sources: GERS – Smart Pharma Consulting analyses and estimates

¹ Reimbursable and non-reimbursable, listed in the ANSM generics Directory, including quasi generics – ² Ex-factory price, excluding taxes and rebates – ³ Part of Aurobindo, since its acquisition of Actavis in 2014 – ⁴ Acquired by Advent International on September 30th, 2018 – ⁵ Subsidiary of Stada which was acquired by Bain Capital and Cinven in August 2017

The French pharmaceutical market – Evolution of pharma companies' sales

Top 10 companies on the OTC¹ market – In value (2020)



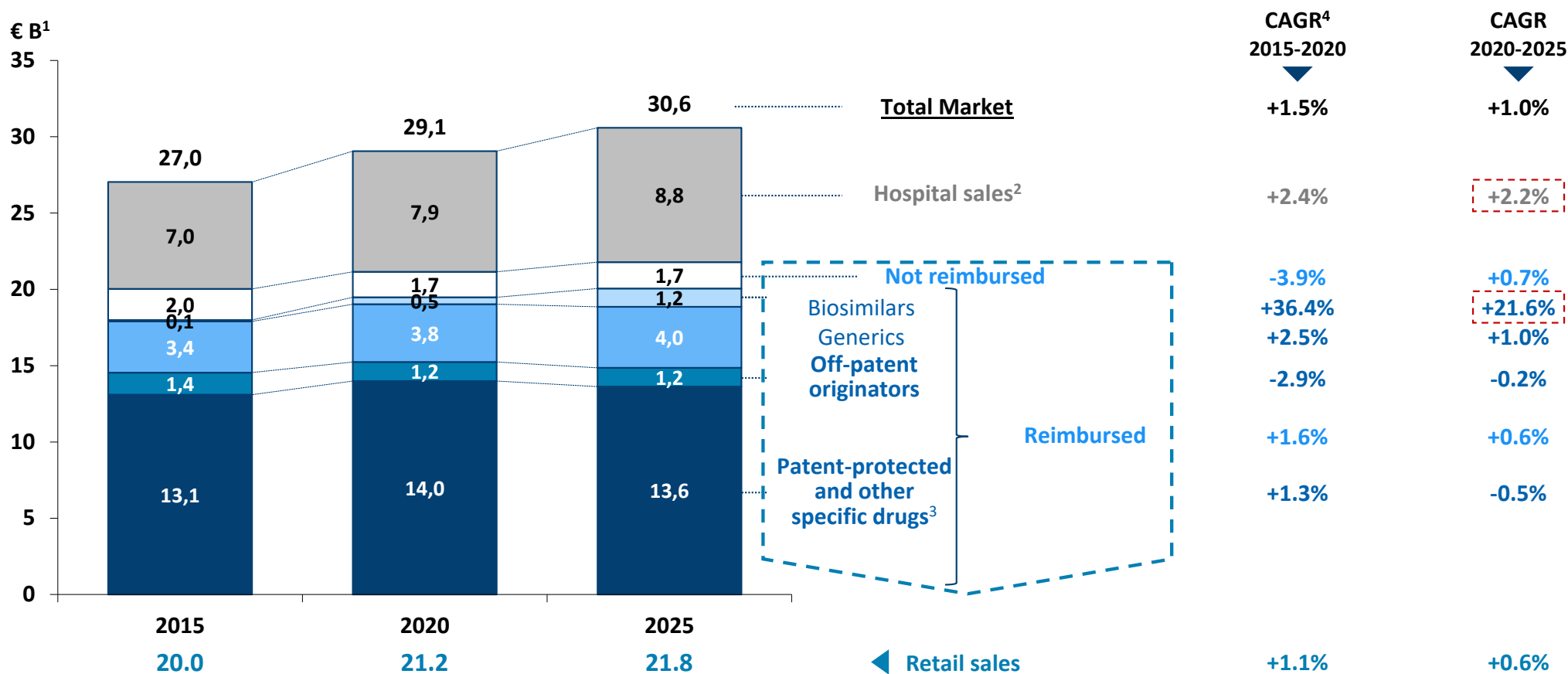
Sources: GERS – Smart Pharma Consulting analyses and estimates

¹ Non-listed, non-reimbursable products – ² Ex-factory prices, excluding rebates and taxes – ³ Being sold by Charterhouse, which had acquired it from Caravelle in 2015 – ⁴ Acquired by Taisho Pharmaceutical in 2019 – ⁵ Company founded in November 2020 by the merger of Mylan, Mylan Medical and Pfizer Upjohn activities

By 2025, the French pharmaceutical market should be mainly driven by innovative hospital products and biosimilars

The French pharmaceutical market – Future market trends

Drugs sales forecast by segment (2015 – 2020 – 2025)

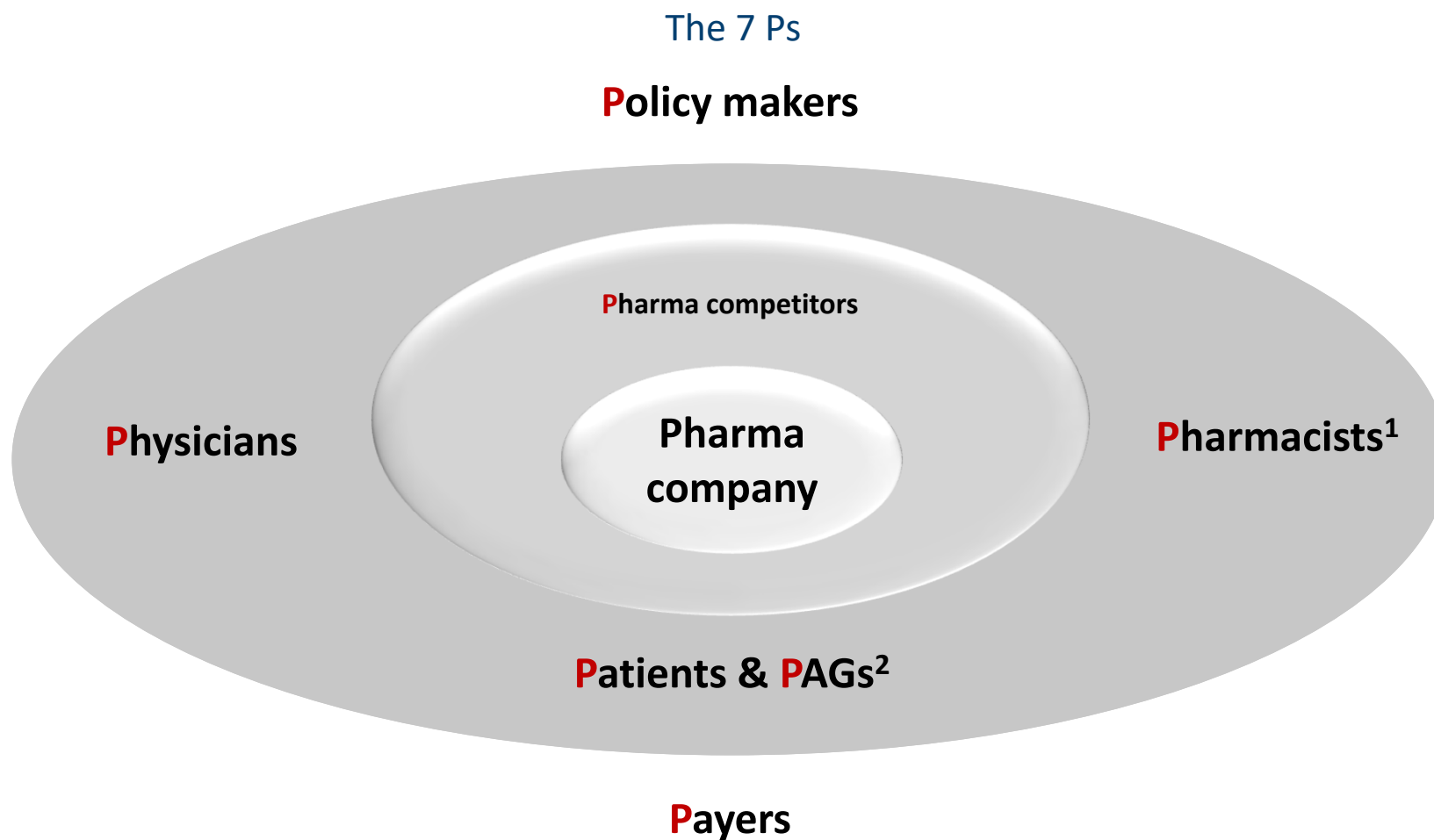


Sources: GERS dashboards – Smart Pharma Consulting estimates

¹ Constant ex-factory prices – ² Estimated rebated sales including hospital sales of biosimilars, products invoiced on top of “T2A” and reassigned medicines
³ Sales of drugs whose patents have not expired and of other specific products (calcium, sodium, potassium, paracetamol, etc.) – ⁴ Compound annual growth rate

Pharmaceutical companies' strategic priorities by 2025 will be linked
with the behavior of the “7 Ps” stakeholders

Strategic priorities for pharma companies – Stakeholder mapping



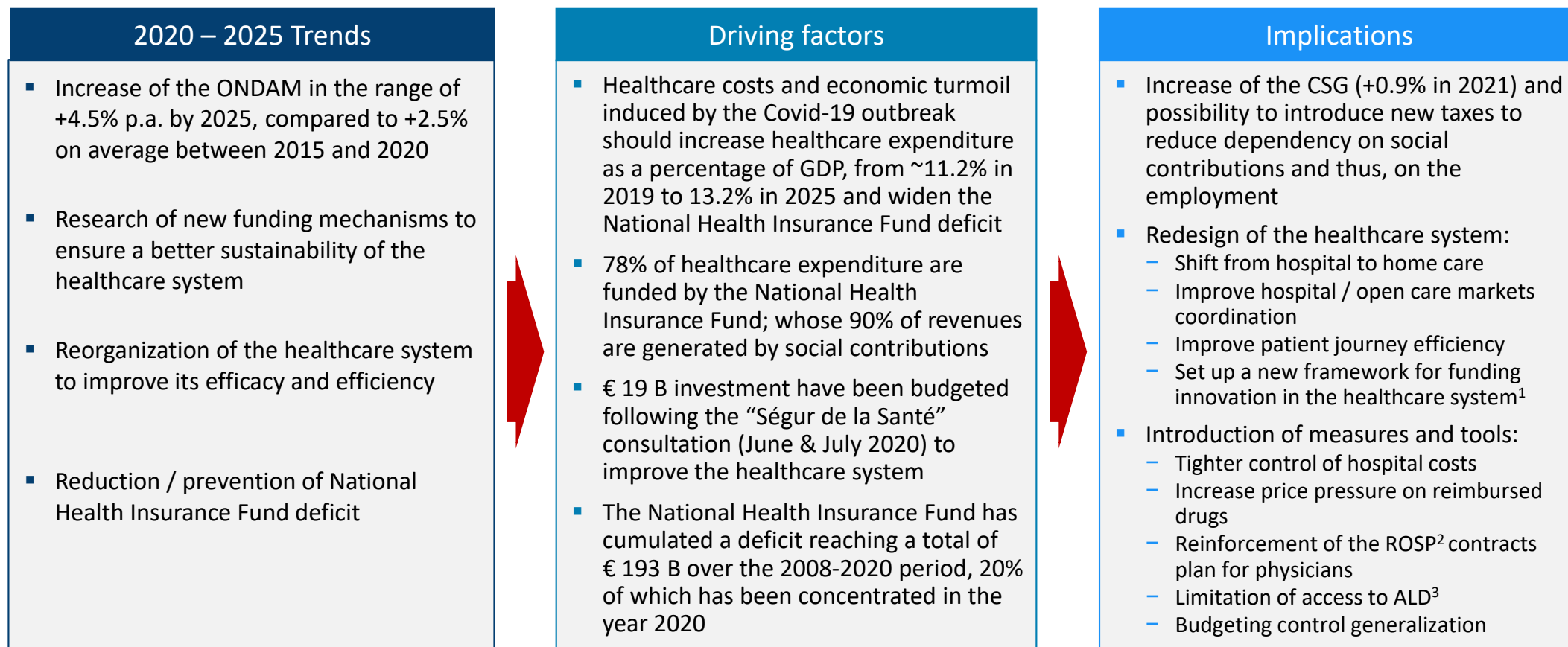
Sources: Smart Pharma Consulting

¹ Pharmacists also play the role of purchasers, and their importance will keep on increasing in the upcoming years, either on the open care or the hospital segments – ² Patient Advocacy Groups

Policy makers & Payers will work jointly to secure the sustainability of the healthcare system, implying its redesign and the introduction of new measures and possibly new taxes

Strategic priorities for pharma companies – Policy makers & Payers

Stakeholder behavioral trends: Global cost optimization



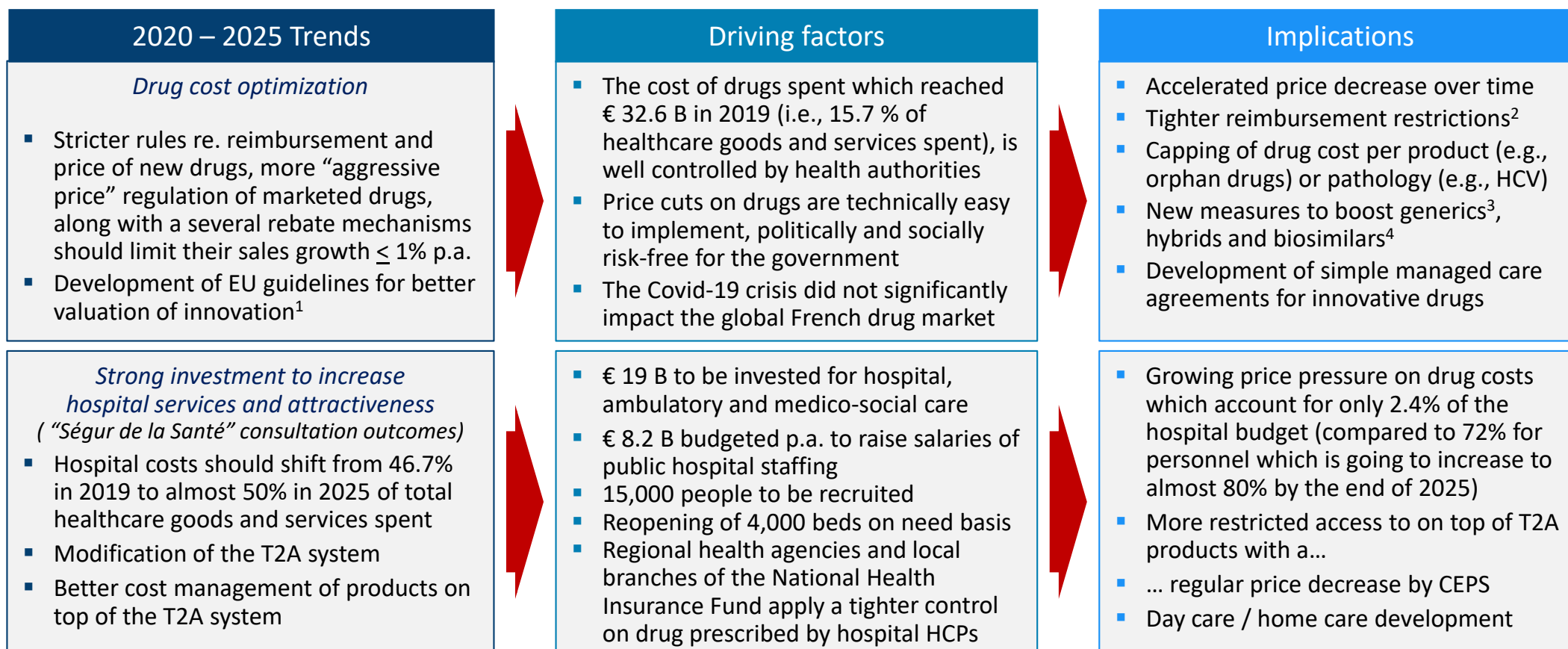
Sources: Smart Pharma Consulting analyses

¹ As addressed in the Article 51 of the LFSS 2018 – ² Bonus program to encourage physicians to comply with “best prescribing practices” for a better efficacy/cost ratio – ³ 100% cost coverage for chronic and long-lasting diseases

The Covid-19 crisis and the outcomes of the “Ségur de la Santé” consultation have led the government to invest heavily in public hospitals while maintaining a strong pressure on drug price

Strategic priorities for pharma companies – Policy makers & Payers

Stakeholder behavioral trends: Drug cost optimization & Hospital services prioritization



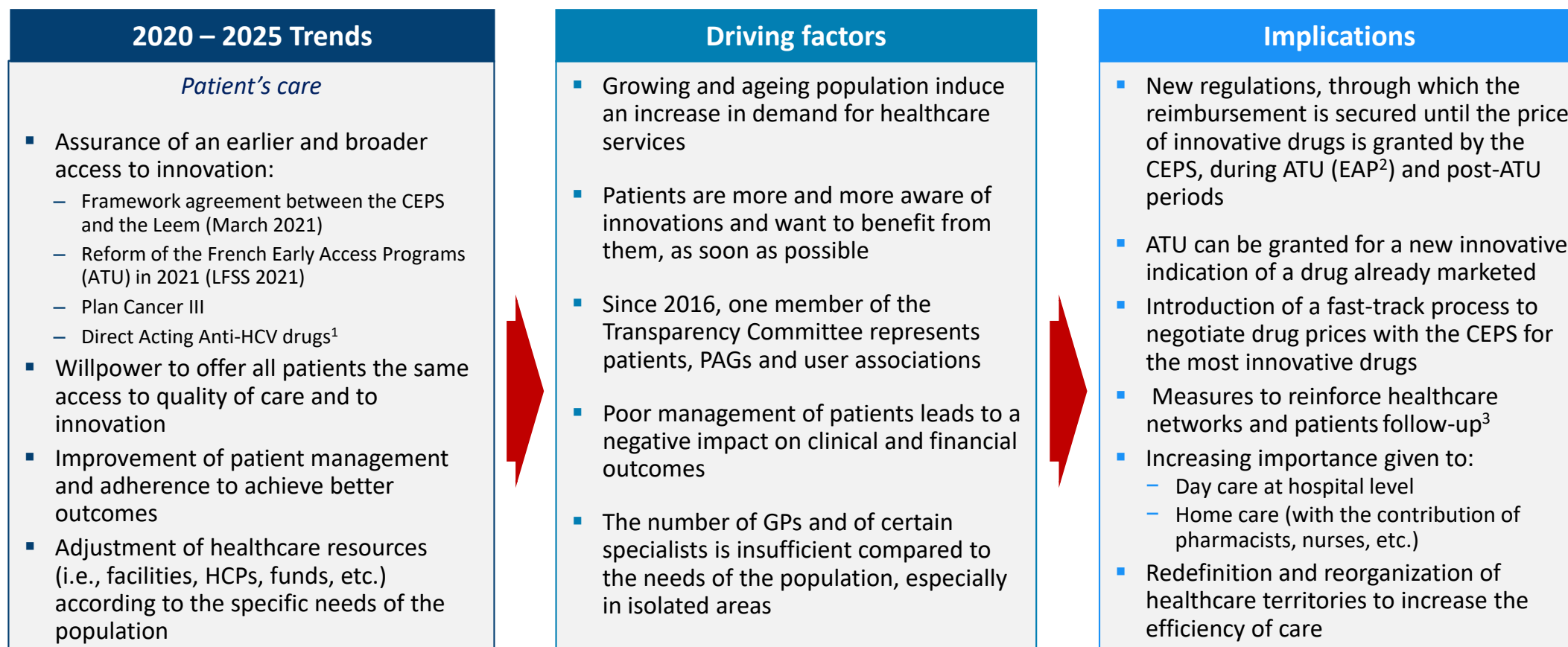
Sources: Smart Pharma Consulting analyses

¹ EUnetHTA – ² Number of indications, volume per indication, patient profiles, etc. – ³ Physicians and pharmacists should be incentivized to meet objectives of prescriptions within the generic directory of the ANSM and of substitution rate by generics, respectively – ⁴ Physicians could be encouraged to prescribe biosimilars as it is yet the case with etanercept, insulin glargine, adalimumab

In addition to cost containment measures, the French government gives the priority to measures to improve patients’ access to care and to reinforce the efficiency of the healthcare system

Strategic priorities for pharma companies – Policy makers & Payers

Stakeholder behavioral trends: Patient’s care



Sources: Smart Pharma Consulting analyses

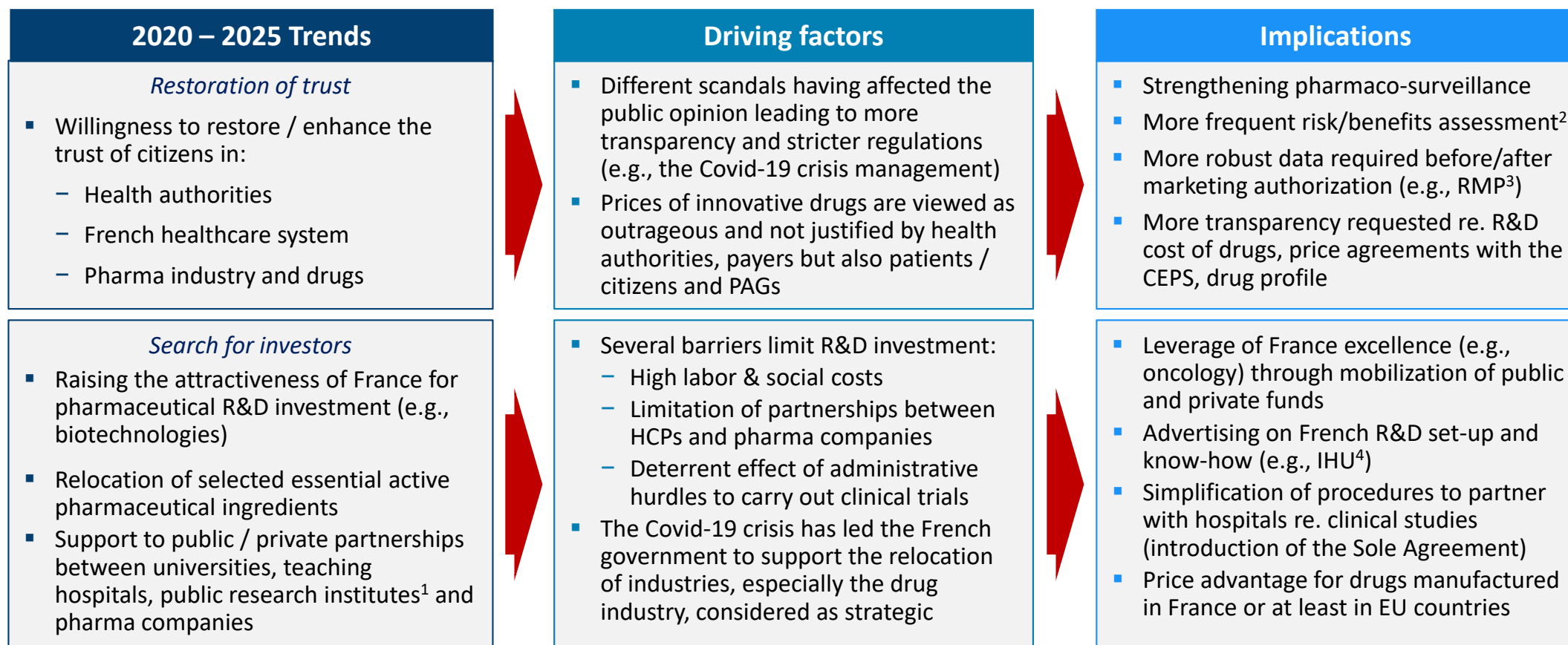
¹ A universal coverage is provided by the National Health Insurance Fund for all patients, irrespective of the severity of the disease since April 2017 –

² Early Access Program – ³ Resources allocated to coordinate healthcare networks (e.g., CPTS), creation of community hospitable territories (GHTs)

Additional measures will be introduced to restore the trust in the healthcare system, to drive R&D investment and to relocate the production of essential drugs in France, or at least in EU countries

Strategic priorities for pharma companies – Policy makers & Payers

Stakeholder behavioral trends: Restoration of trust & Search for investors



Sources: Smart Pharma Consulting analyses

¹ Such as Curie Institute, INSERM (Research in Health and Life Sciences), etc. – ² With sanctions – ³ Risk Management Plan –

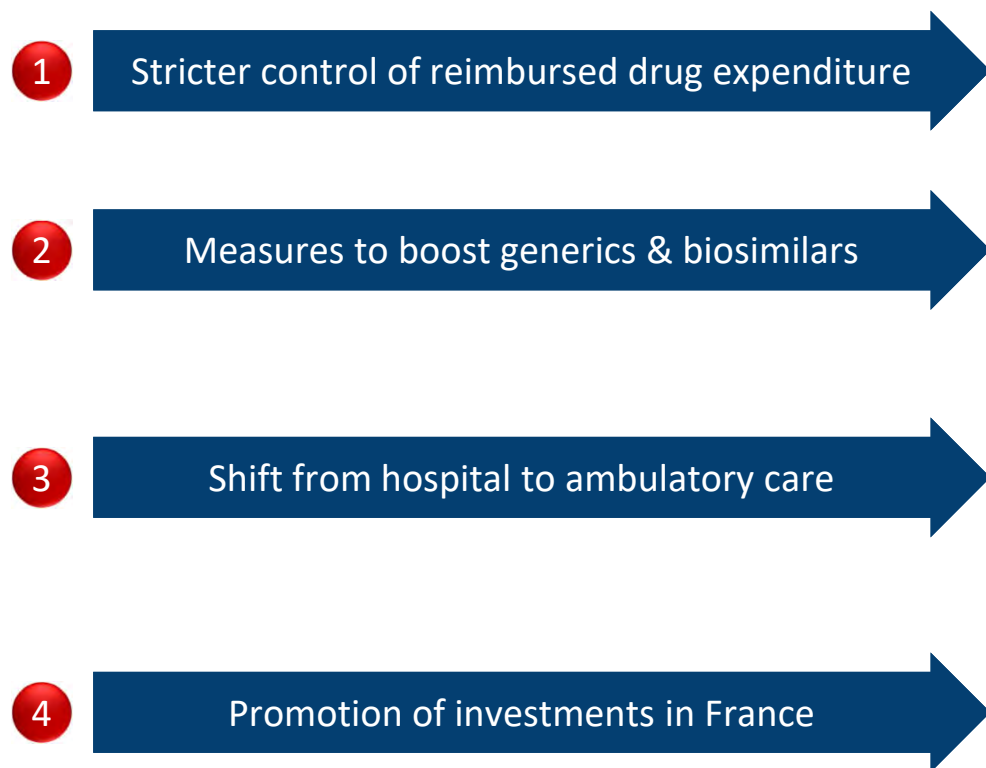
⁴ Instituts Hospitalo-Universitaires are public / private partnerships benefiting from a special grant from the government

Pharma companies must position their products, services and themselves to be perceived by Policy makers and Payers as offering superior value than competition

Strategic priorities for pharma companies – Policy makers & Payers

Strategic priorities induced by Policy makers & Payers behavioral trends

Behavioral trends



Strategic priorities for pharma companies

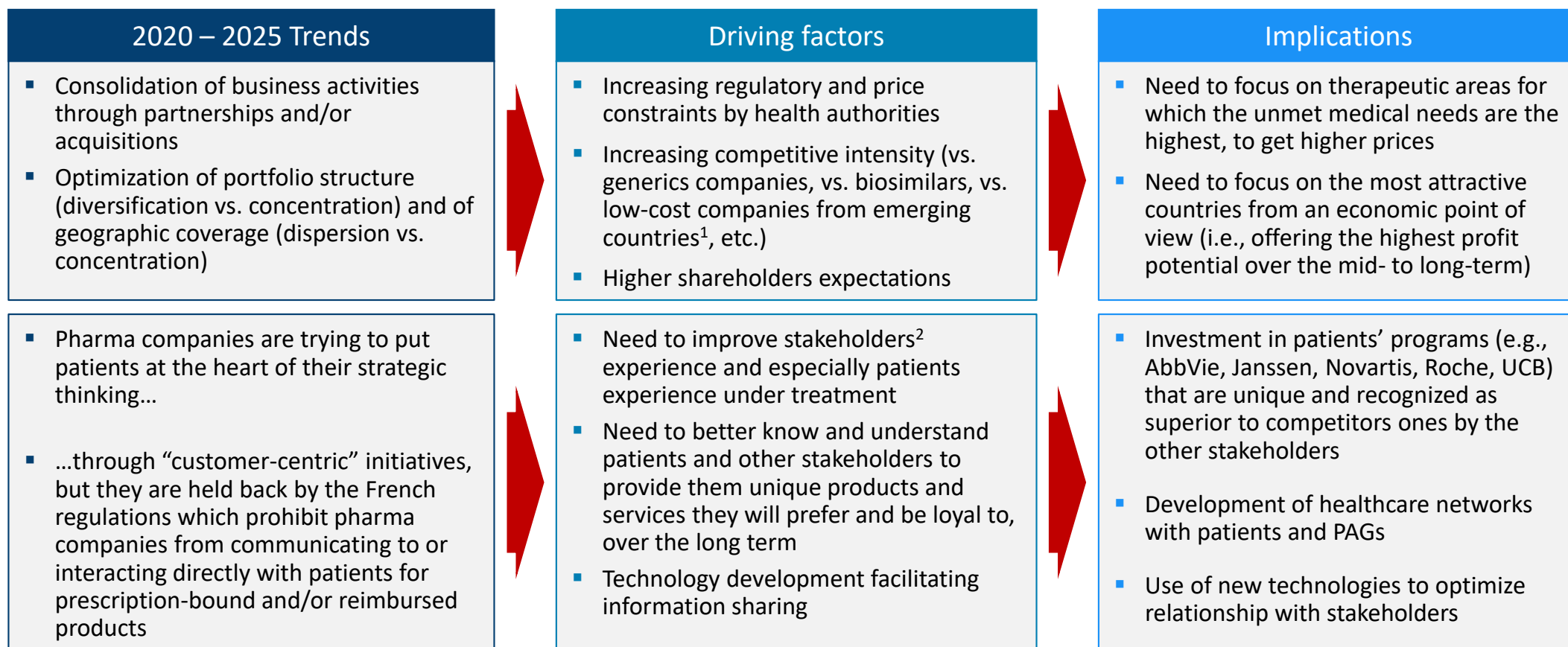
- Enhance the global value proposition (incl. corporate identity, product and service offering) through:
 - Dedicated corporate reputation programs targeted at policy makers and government
 - Generation of data vs. standards of care, real world data and ...
 - ... high quality medico-economic studies (whenever relevant)
 - Initiation / support of specific projects to improve patient care
- Participate to working groups with health authorities and other stakeholders to:
 - Facilitate the change management (e.g., development of tools, processes, proposition of training programs)
 - Ensure it will benefit or be neutral on pharma company performance
- Increase or maintain R&D activities to be in a more favorable position to negotiate drugs' price, and weigh – very carefully – the pros and cons before deciding to produce in France

Sources: Smart Pharma Consulting analyses

Pharma companies will strive for portfolio and geographic coverage optimization and focus on customer preference vs. satisfaction to generate sustainable value

Strategic priorities for pharma companies – Pharma competitors

Strategic orientations



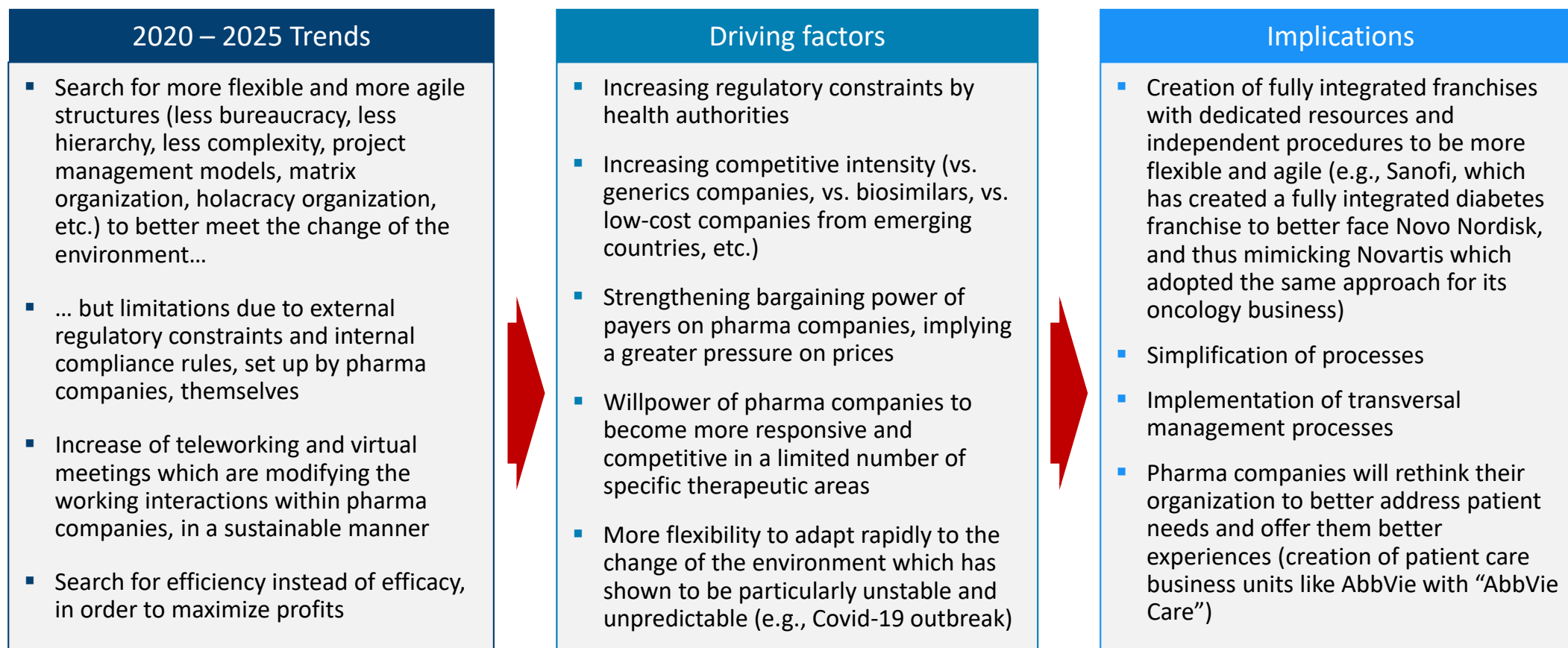
Sources: Smart Pharma Consulting analyses

¹ Such as Accord Healthcare, subsidiary of the Indian generic company Intas or Samsung Bioepis which markets biosimilars in partnerships with Biogen and Merck & Co – ² Policy makers, Payers, Physicians, Pharmacists, Patients, PAGs, etc.

Due to increasing regulatory constraints, higher competitive intensity and the Covid-19 crisis, pharma companies try to become more flexible and agile to adapt to environment changes

Strategic priorities for pharma companies – Pharma competitors

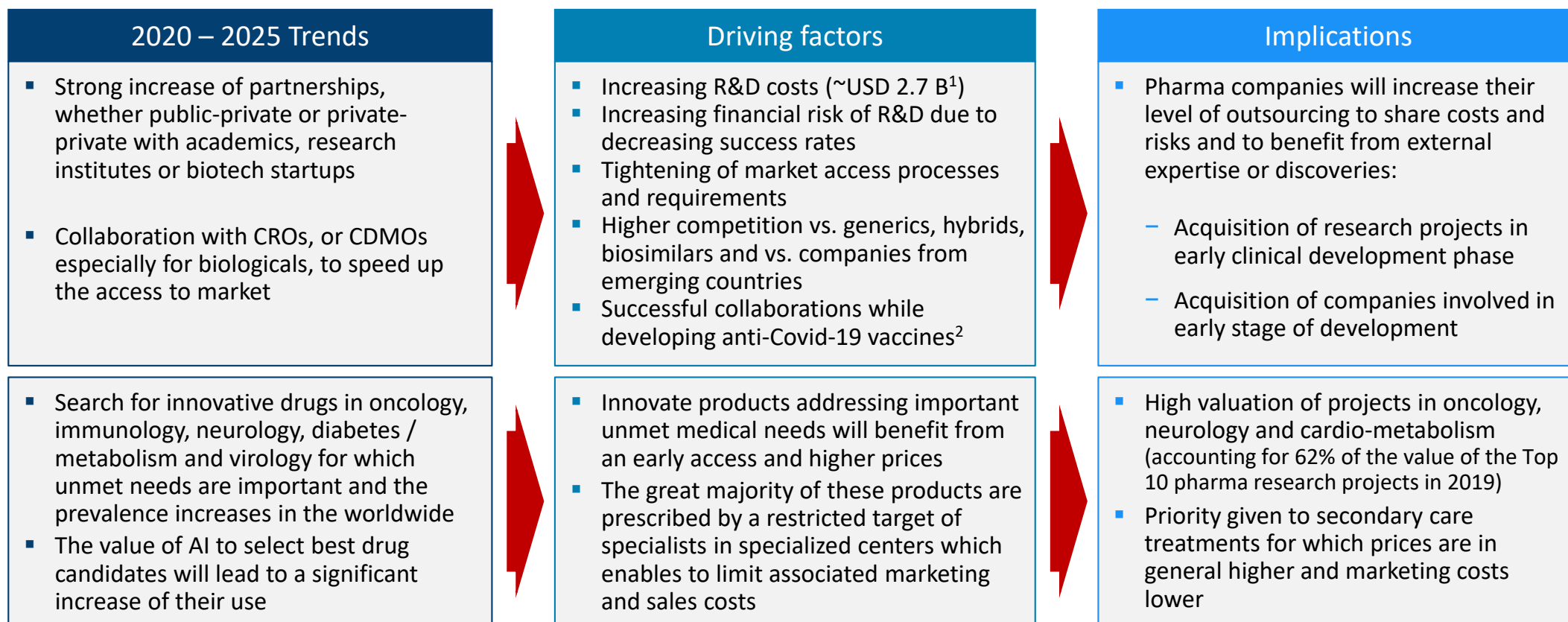
Organizational orientations



Reinforced by the success stories of the anti-Covid-19 vaccines, more and more R&D projects will be conducted through partnerships to increase success rates and mitigate risks and costs

Strategic priorities for pharma companies – Pharma competitors

R&D and Registration



Sources: Smart Pharma Consulting analyses

¹ Per marketed drug, including cost of capital – ² Examples of Pfizer / BioNTech and Moderna which received a fund from the US government agency BARDA (Biomedical Advanced Research and Development Authority) to accelerate the development of their mRNA vaccine and to support the manufacturing process scale-up

Pharma companies should slow down the delocalization of their production in emerging countries and even relocate; while their medical activities should be strongly reinforced

Strategic priorities for pharma companies – Pharma competitors

Manufacturing & Medical



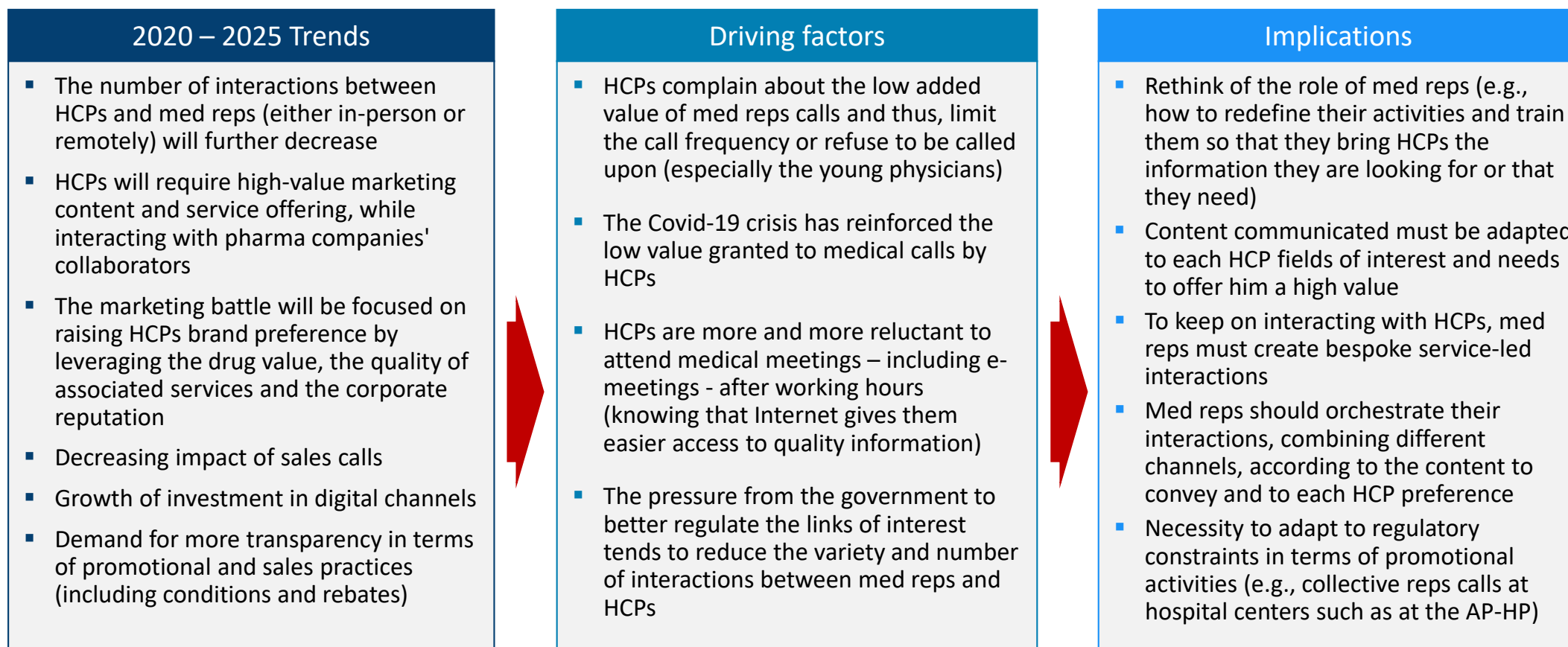
Sources: Smart Pharma Consulting analyses

¹ For instance, Sanofi has recently announced that it will spin off its API business into a separate company by 2022 – ² In general, to Contract Development and Manufacturing Organizations (CDMOs) – ³ Production outsourcing production should increase from ~25% to ~30% of the volumes, over the period – ⁴ Medical Science Liaisons

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

Strategic priorities for pharma companies – Pharma competitors

Marketing & Sales

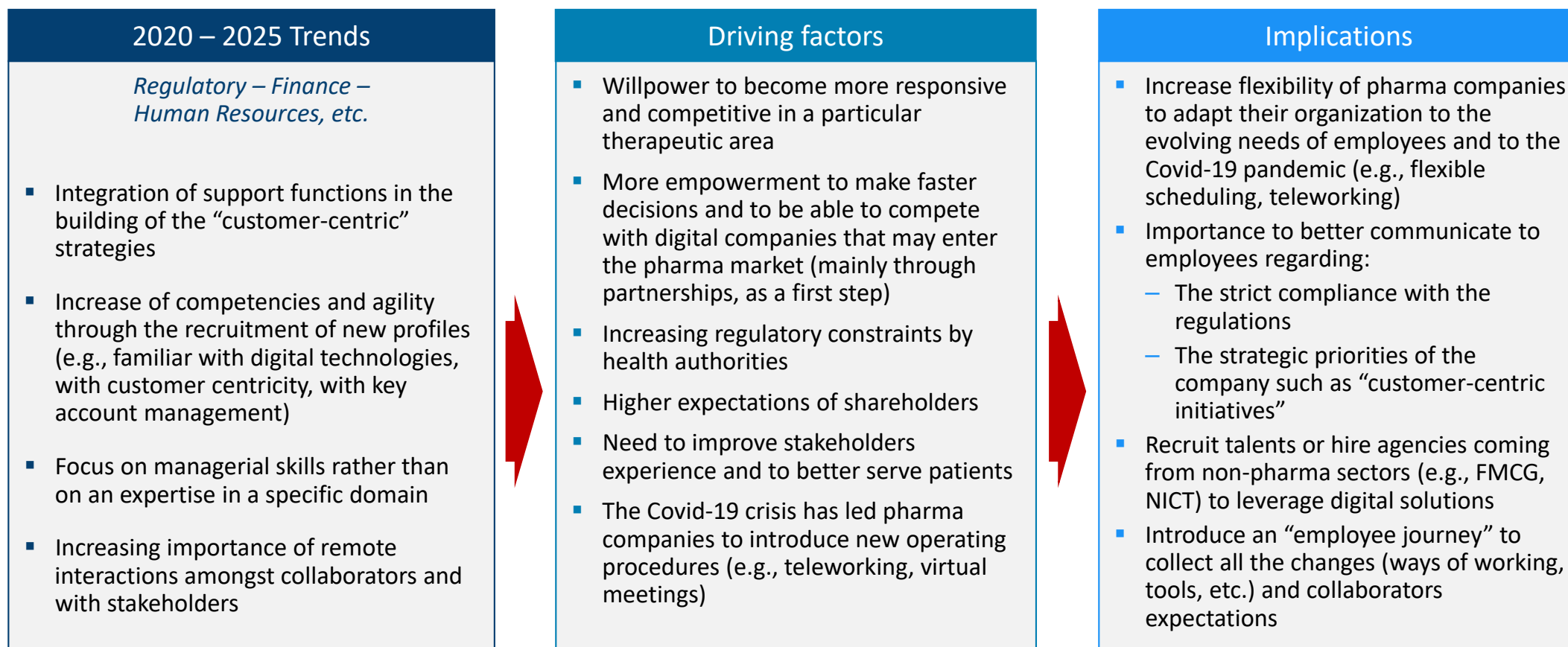


Sources: Smart Pharma Consulting analyses

Support functions will be involved in the implementation of crafted strategies and in the search for flexibility and agility required by pharmaceutical companies

Strategic priorities for pharma companies – Pharma competitors

Support functions



Pharma companies must differentiate from competition by offering highly valued products and services benefiting patients, HCPs and other stakeholders

Strategic priorities for pharma companies – Pharma competitors

Strategic priorities induced by Pharma competitors' behavioral trends

Behavioral trends

- 1 Consolidation of business activities** → Develop partnerships, especially in R&D, medical and manufacturing activities to increase efficiency and limit financial risks
- 2 Integrated customer-centricity strategy** → Put the customers at the center of the strategy and of the organization to offer products and services that they will need, value correctly and prefer to competitors ones
- 3 Research of flexibility and agility** → Learn from fast-growing industries (such as digital) to build more agile organizations (flexible structures and faster decision-making processes) to cope with changes
- 4 Adaptation of promotional channels** → Invent a new kind of interactions with physicians and other key stakeholders to offer them unique experiences that will be likely to raise their preference for the brands marketed by the company

The French pharmaceutical market will remain attractive despite a stronger pressure on drug prices, partly outweighed by earlier and broader access to patients

Competitive environment on the French pharma market – 2020-2025

Market Opportunities

- Despite the Covid-19, the **pharma market** should **increase by 1% p.a.**, on average, over the 2020-2025 period; and remain the 6th largest market in value terms
- **Access to innovation** and to high **quality healthcare** is the **top priority** of the French government and citizens
- **Shift** from hospital **to ambulatory care** should **increase** the number of **patients** treated and better **protect drug prices**
- **Support** of **innovative projects** by the government which could **facilitate market access** and **penetration of new drugs**

Market Threats

- **Increasing price pressure** on reimbursed drugs, especially “me-too” and on mature products to give better prices to highly-valued innovations
- Generalization of **capping** per **product**, per **pathology** and/or **therapeutic class** to control drug costs
- Array of measures to boost prescription of low-cost copies¹
- Increasing **difficulties to interact with HCPs** to inform them or create partnerships due to lack of interest and time, to regulatory constraints, and the lasting effect of the Covid-19

Implications

- The **French pharma market** will **remain** amongst the **leading markets** in the world in terms of **sales**, although its **profitability** is likely to **be further reduced** (unless pharma companies adjust accordingly their expenditures)
- 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**

The future of pharma companies in France should remain attractive enough, provided they adopt a focused strategy, keep on improving their operational efficiency and design a lean organization

Pharma Companies Perspectives in France – 2020-2025

Pharma Companies Strengths

- **Breakthrough innovative** drugs to come by the end of 2025
- Better **clinical studies quality** and development of **real-world evidence data** contributing to optimize drugs benefit and use
- **Portfolio management** with focused strategy on the most attractive therapeutic areas and on drugs responding the best to medico-marketing and sales investments
- **Selection** of a limited number of **services offering** an important **benefit** to **HCPs**, **patients** or **healthcare settings**

Pharma Companies Weaknesses

- **Clinical developments not** often **adapted** to the needs of the French HTA¹ (i.e., controlled studies vs. standard of care)
- **Weak negotiating power** of pharma companies' vis-a-vis the drug pricing committee (CEPS)
- **Rigidity** and **complexity** of internal **processes** preventing pharma companies from optimally seizing opportunities and addressing threats
- **Underperforming marketing** and **sales** investments

Implications

- The **potential** for **efficiency** and **efficacy improvements** of pharma companies operating in France is important, especially in **market access**, **marketing** and **sales operations**
- Pharma companies' organizations should further **simplify their processes** and **become more agile**

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

One-page Strategic implications

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 payers to ease market access
 - HCPs for earlier adoption
- Complete clinical studies with RWE¹ 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, targeted at HCPs, patients or healthcare settings, should be useful, interesting, convenient and properly executed
- Better communicate about high added-value of 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 selected R&D projects⁴ in France
 - Strengthening the skills and ethical behavior of collaborators
 - Developing a good working atmosphere ...
 - ... and possibly going beyond CSR⁵ legal obligations

Sources: Smart Pharma Consulting analyses

¹ Real-world Evidence data – ² Patient advocacy groups – ³ See the position paper “How to create a superior Pharma Corporate Reputation?”: <https://smart-pharma.com/wp-content/uploads/2019/07/Pharma-Corporate-Reputation-VF.pdf> – ⁴ And to a lesser extent in distribution or manufacturing facilities – ⁵ Corporate Social Responsibility

French Retail Pharmacies

MARKET INSIGHTS

2019-2023 Perspectives

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

1. Introduction

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?

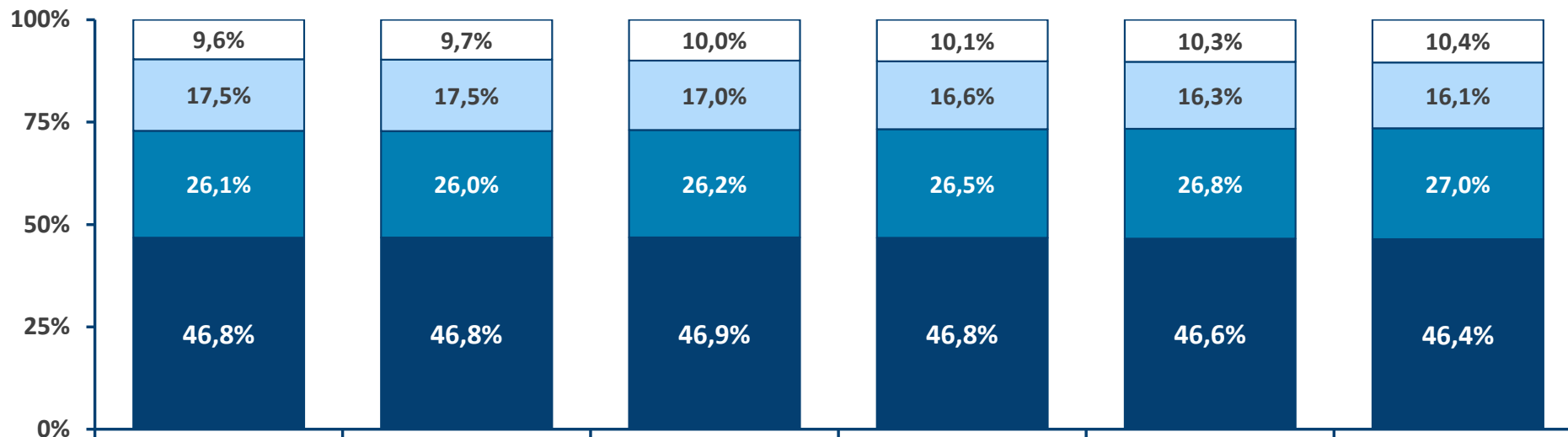
Although drugs expenditure is only the third largest source of spending in France, it is under a higher pressure as it is politically and technically the easiest to reduce

1. Introduction

Breakdown of public and private healthcare expenditure

■ Hospital ■ Ambulatory ■ Drugs □ Others¹

As a % of CCMG²



Total (€ B)	▶	185.2	190.2	190.0	196.8	199.3	203.5
CCMG as a % of GDP	▶	8.7%	8.8%	8.8%	8.8%	8.7%	8.6%
CEH ³ as a % of GDP	▶	11.9%	12.0%	11.9%	11.9%	11.9%	11.7%

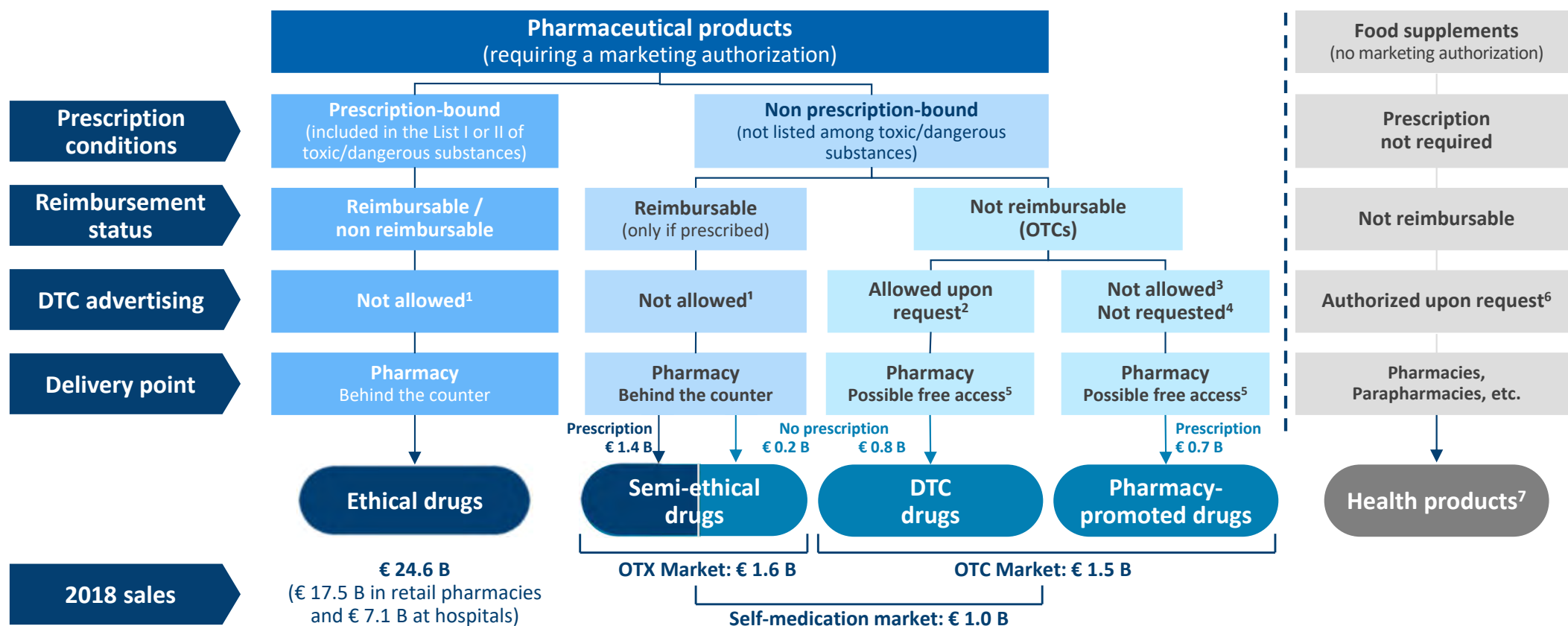
Sources: "Les dépenses de santé en 2018", DREES (2019) – INSEE – Smart Pharma Consulting analyses

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

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

1. Introduction

Classification of pharmaceutical products



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

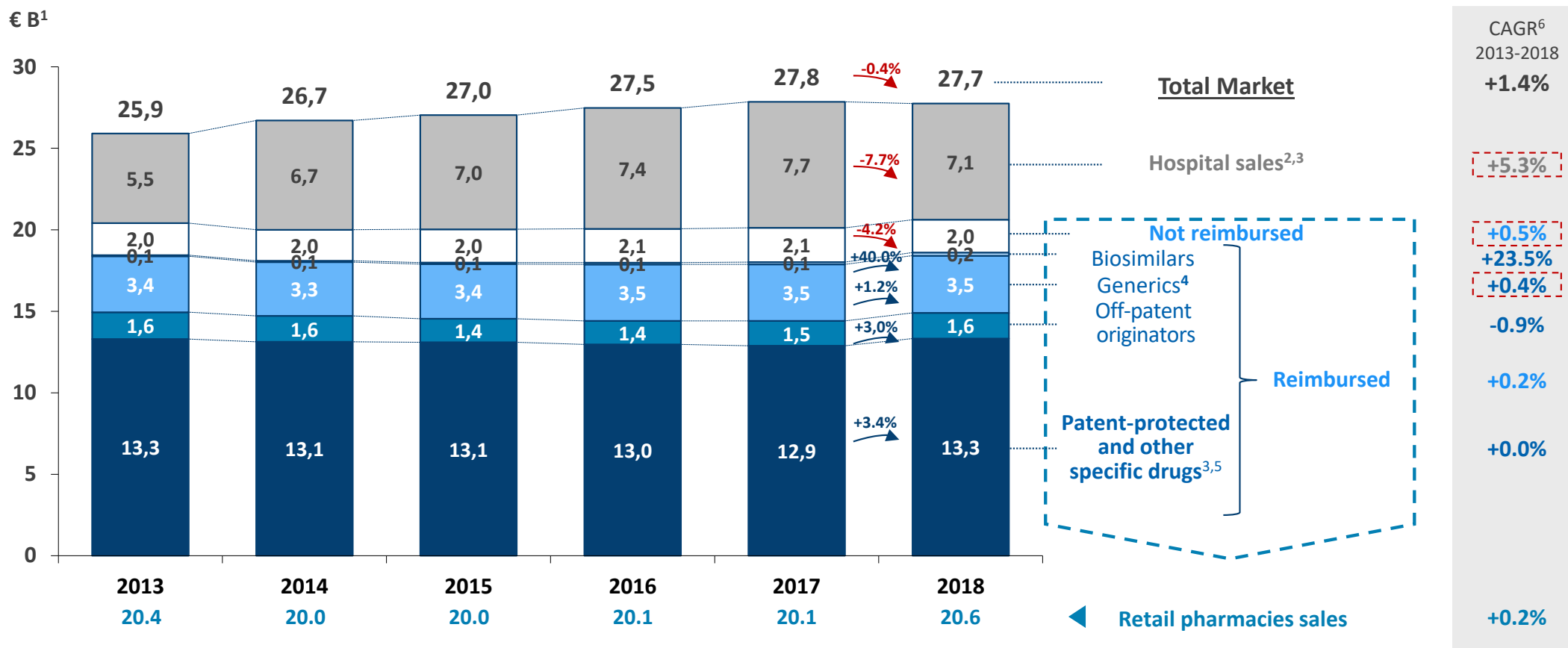
Sources: ANSM – DGCCRF – Smart Pharma Consulting analyses

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

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

1. Introduction

Evolution of drugs sales by segment (2013 – 2018)



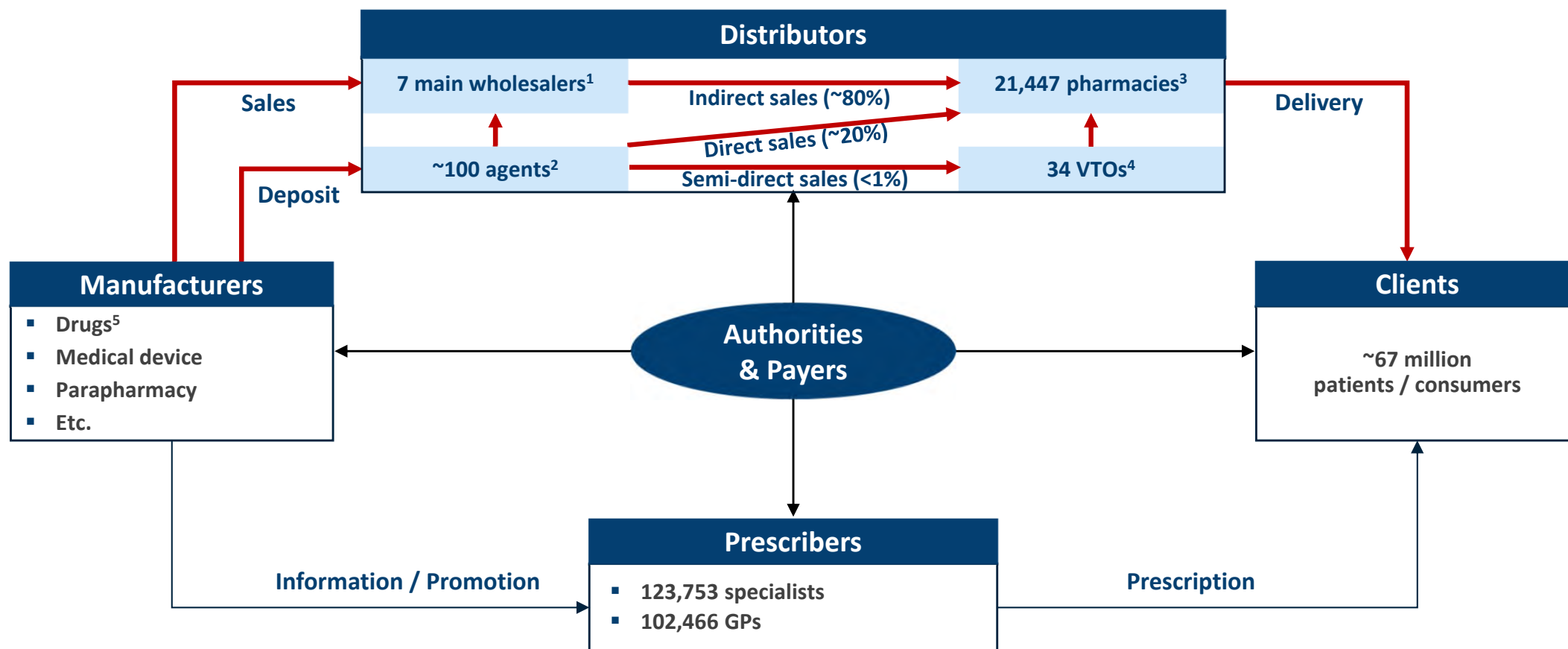
Sources: GERS dashboards – Smart Pharma Consulting estimates

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

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

Key stakeholders



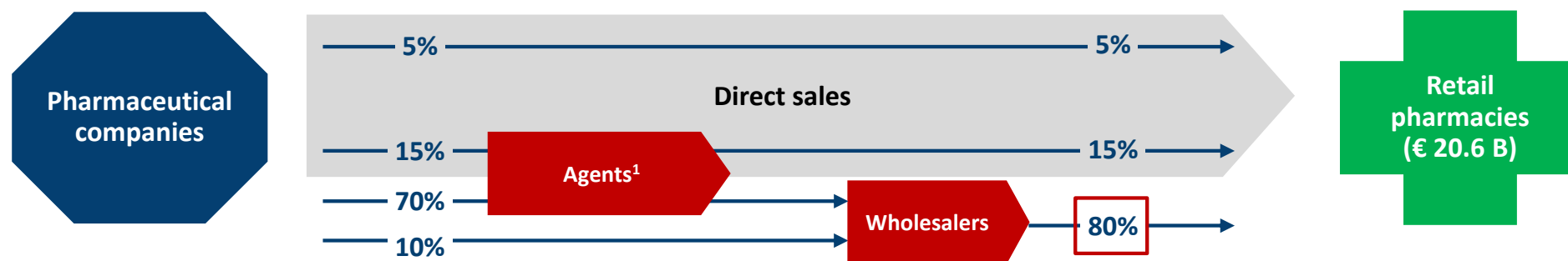
Sources: CSRP – LEEM – GERS – French Council of Pharmacists – ANSM – DREES – Ameli and RPPS database – Smart Pharma Consulting analyses

¹ Accounting for ~97.7% of the wholesalers market in 2018 – ² Pre-wholesalers – ³ Including 620 pharmacies located in French overseas departments – ⁴ Of which 17 with more than 500 members individually – ⁵ Mandatory or optional medical prescription, reimbursed or not

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

2. Drugs distribution

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 (Astera) 20.7%
 - CERP Rhin Rhône Méditerranée 11.8%
 - CERP Bretagne Atlantique 3.7%
- **OCP (McKesson)** **31.3%**
- **Alliance Healthcare France (Alliance Boots)** **19.2%**
- **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

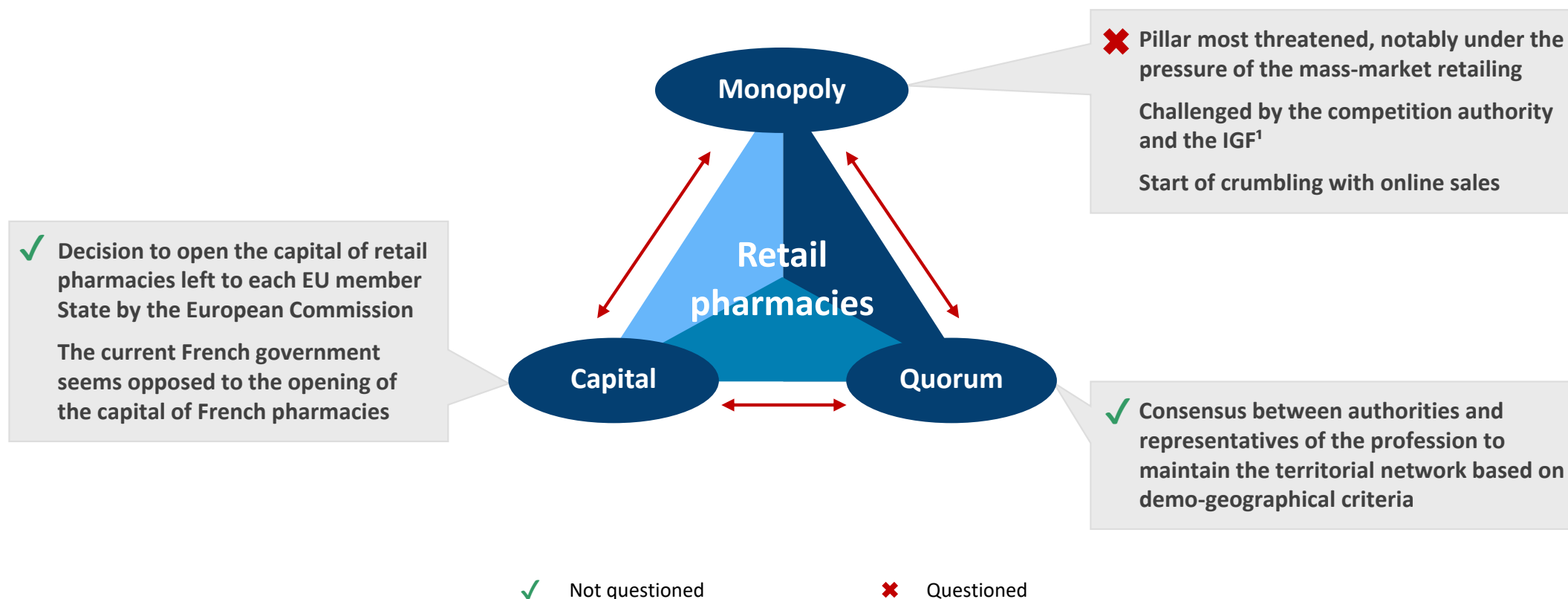
¹ Pre-wholeselling to wholesalers or VTOs or directly selling to retail pharmacists – ² Market share in value (2018) –

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

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

3. Regulatory environment

The 3 fundamental pillars of retail pharmacies in France



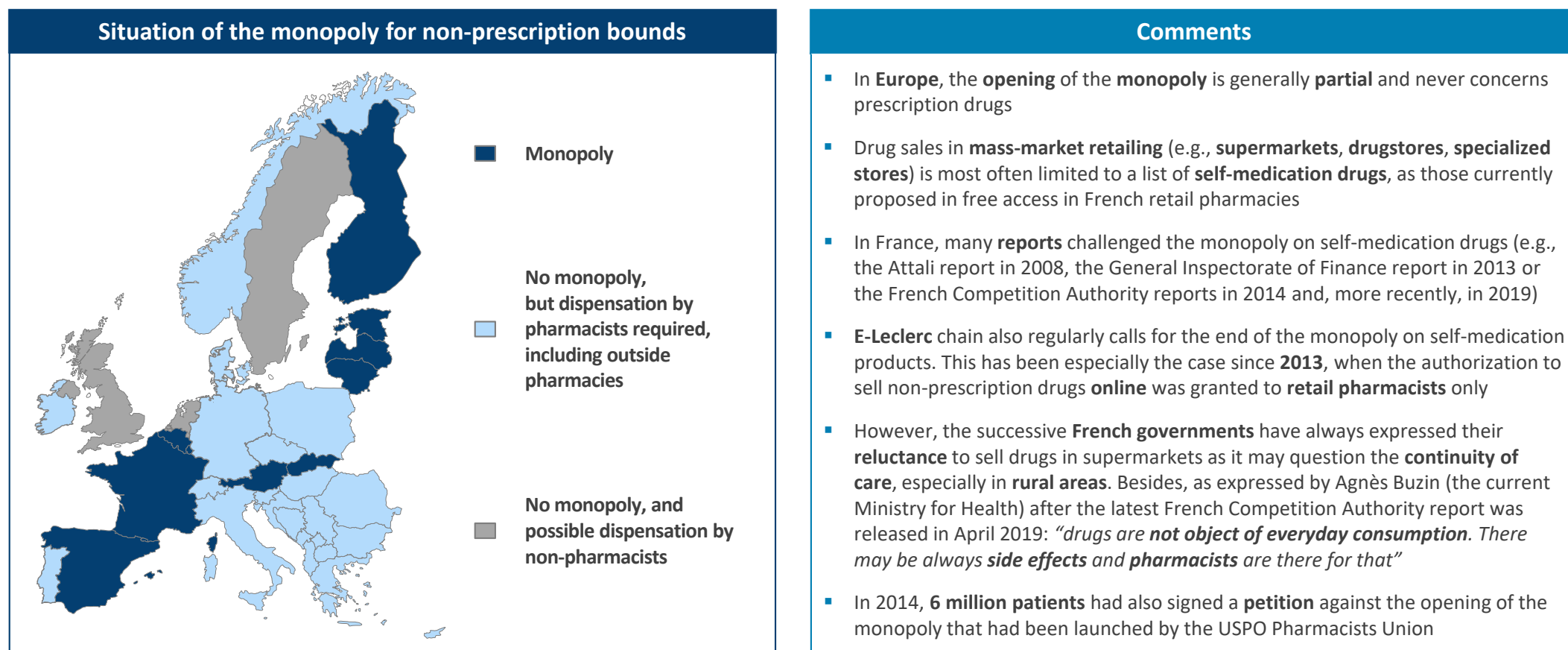
Sources: Interviews with retail pharmacists and representatives from VTOs and professional unions (September 2019) – Competition authority report (April 2019) – “La pharmacie d’officine: nouveaux défis, nouvelles opportunités de croissance”, Les Echos Etudes (2017) – Smart Pharma Consulting analyses

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

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

3. Regulatory environment

Monopoly – Situation in Europe



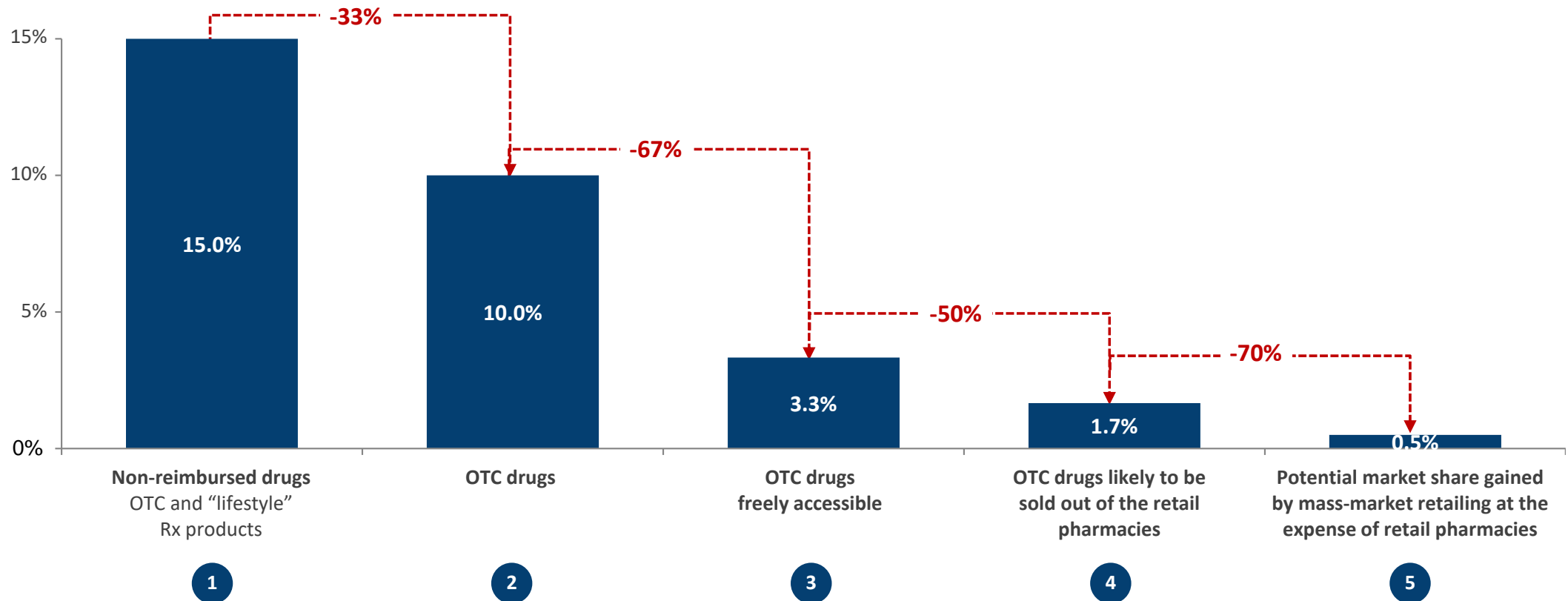
Sources: Desk research – Competition Authority report (April 2019) – Smart Pharma Consulting analyses

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

3. Regulatory environment

Monopoly – Estimated impact of French retail pharmacies monopoly loss

% of retail pharmacies sales



Sources: Smart Pharma Consulting analyses and estimates

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

3. Regulatory environment

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 on February 1st, 2017

Sources: Ministry of Health – French Council of Pharmacists – AFIPA – GERS – Decree of December 19th, 2012 – Competition Authority reports – Smart Pharma Consulting analyses

¹ Published in the Official Gazette on December 21st, 2012

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

3. Regulatory environment

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

Sources: French Council of Pharmacists – IRACM – IFOP for Giphar (April 2016) – Quotidien du Pharmacien (July 2019) – Smart Pharma Consulting analyses

¹ Compared to 431 on September 2017

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

3. Regulatory environment

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**

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

3. Regulatory environment

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**

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

3. Regulatory environment

Quorum – Situation

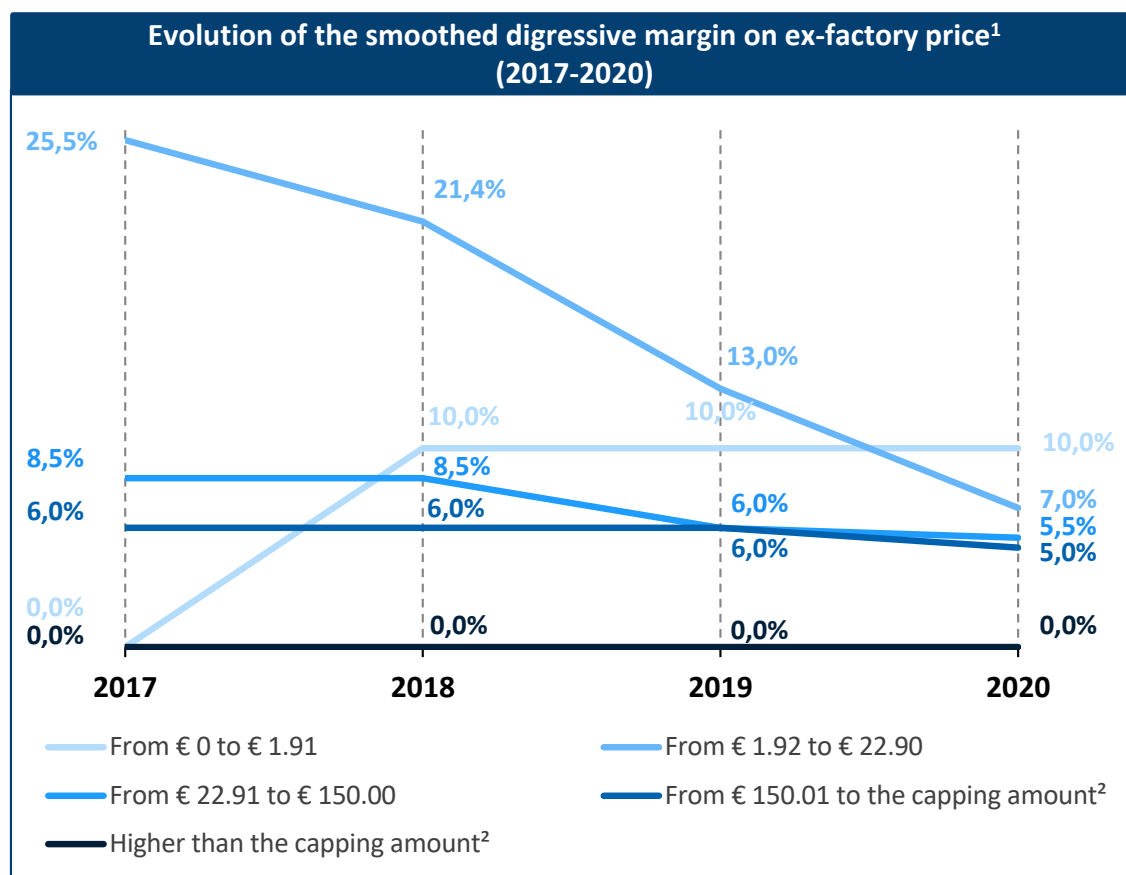
Current regulation

- 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 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

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

3. Regulatory environment

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

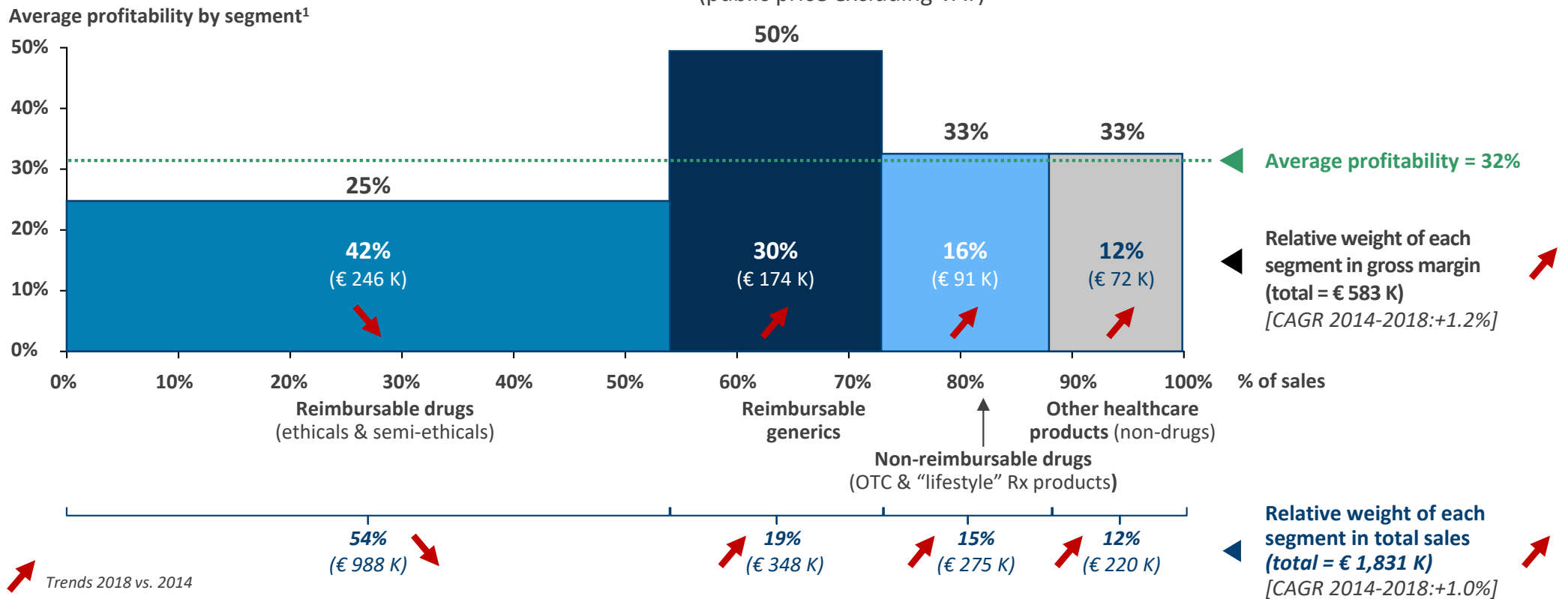
¹ VAT excluded – ² Amount from which the margin is capped: €1,500 in 2017, € 1,515 in 2018, € 1,600 in 2019 and €1,930 in 2020 – ³ The amendment was signed by only 1 of the 3 French pharmaceutical unions – ⁴ Whether new treatments are initiated in subsequent years or not

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

4. Sector financial performance

Economic structure of retail pharmacies in France (2018)

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



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.)

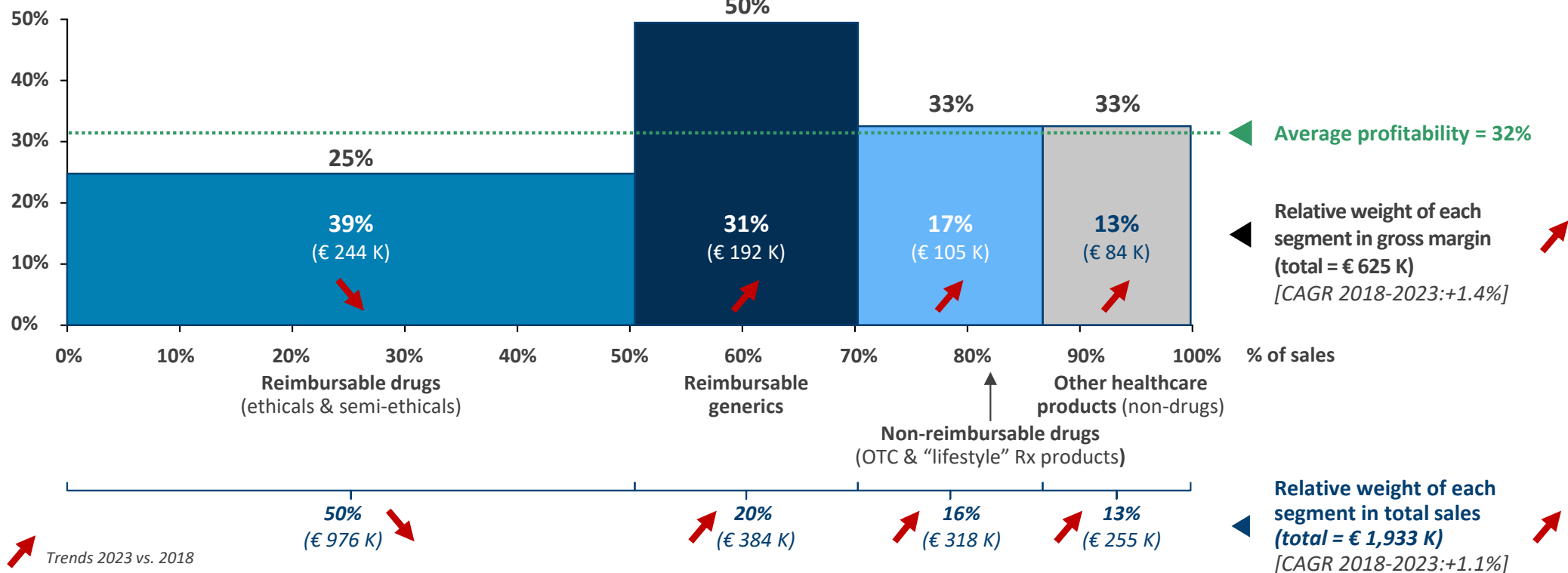
In 2023, reimbursable originators should account on average for ~50% of retail pharmacies sales and ~39% of their gross margin

4. Sector financial performance

Economic structure of retail pharmacies in France (2023)

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

Average profitability by segment¹



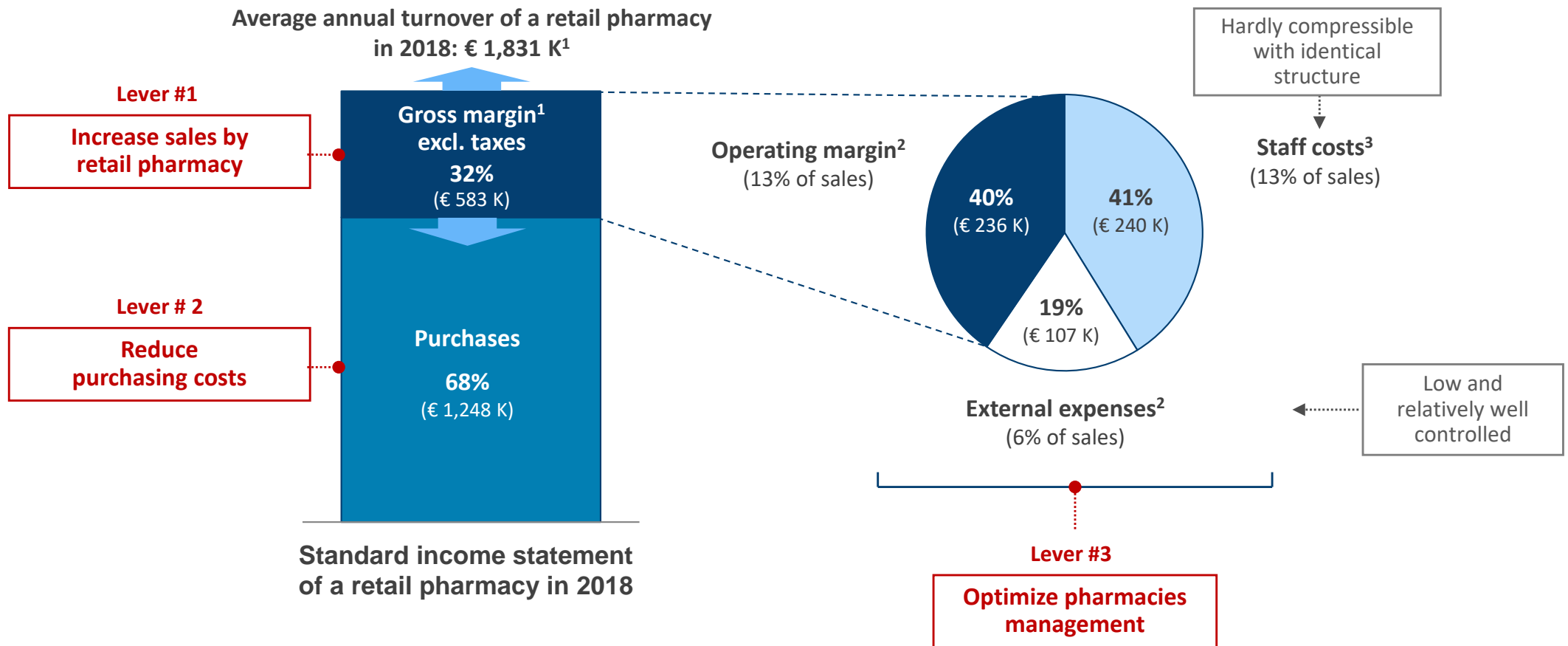
Sources: CGP Experts Comptables – KPMG – Smart Pharma Consulting estimates

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.)

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

4. Sector financial performance

Optimization levers by retail pharmacy



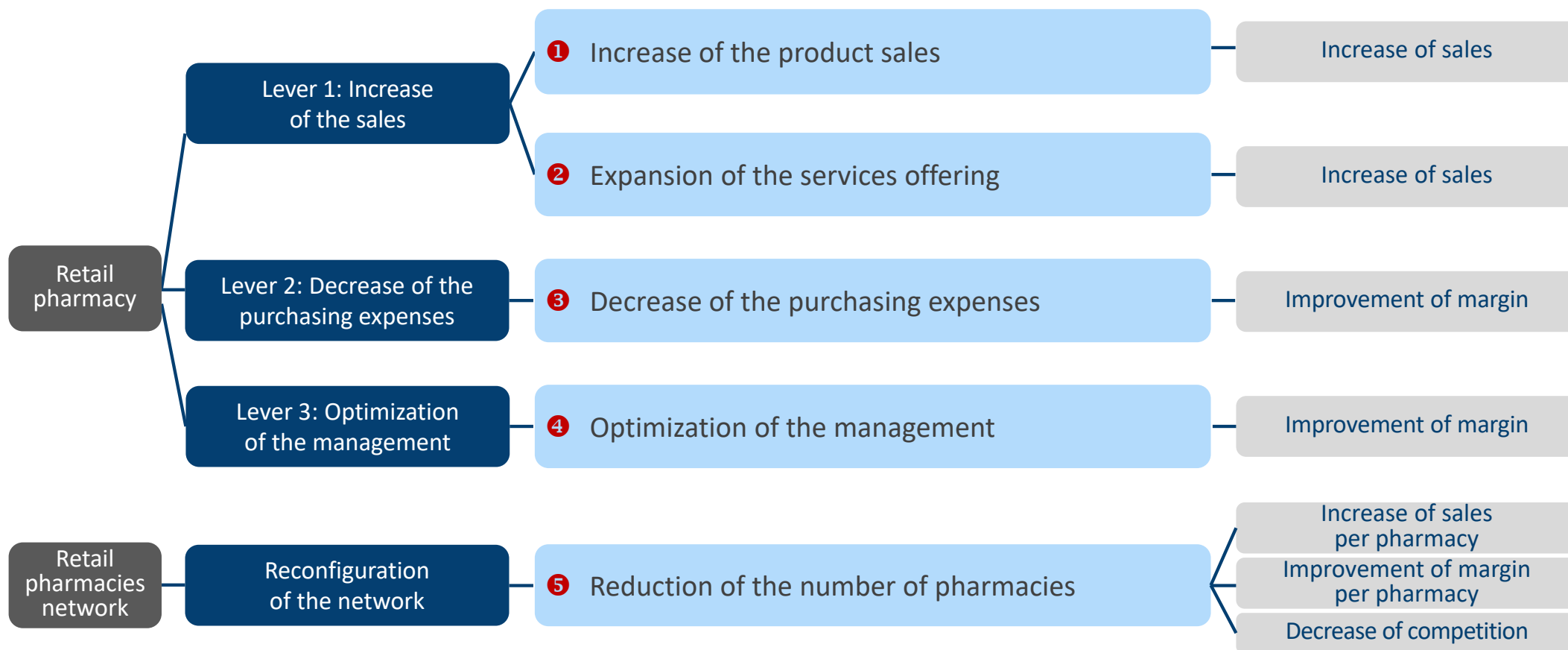
Sources: CGP Experts Comptables (2019) – Smart Pharma Consulting analyses

¹ Including dispensing fees and other remunerations (e.g., ROSP) which averaged ~€ 187 K per retail pharmacy in 2018 – ² Before amortization, financial expenses and dues paid to the pharmacist owner – ³ Including social charges and contribution for non-salaried workers

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

5. Optimization levers

Overview of levers and solutions to improve retail pharmacies performance

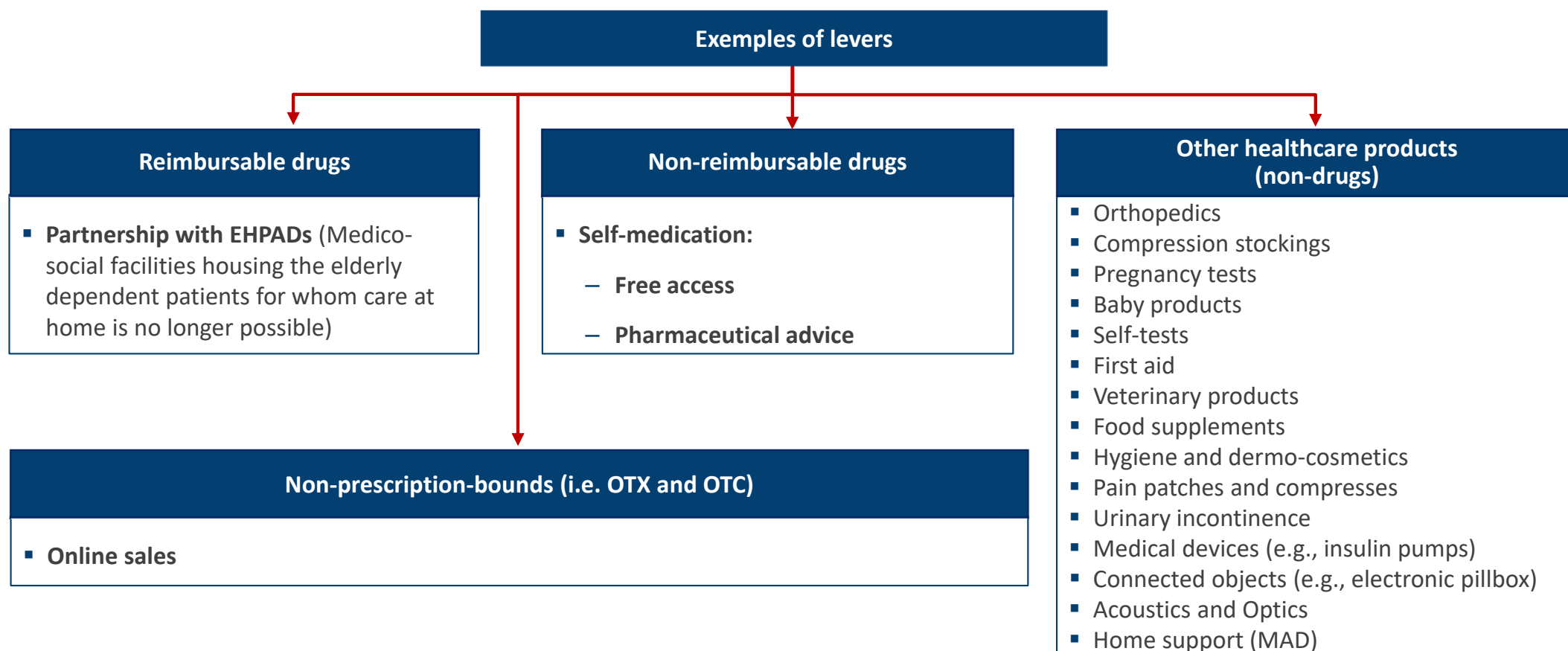


Sources: Smart Pharma Consulting analyses

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

5. Optimization 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

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

5. Optimization levers

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

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

5. Optimization levers

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

Sources: Decree 2009-741 (June 2009) – Le Moniteur des pharmacies (April 2012) – Smart Pharma Consulting analyses

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

5. Optimization levers

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

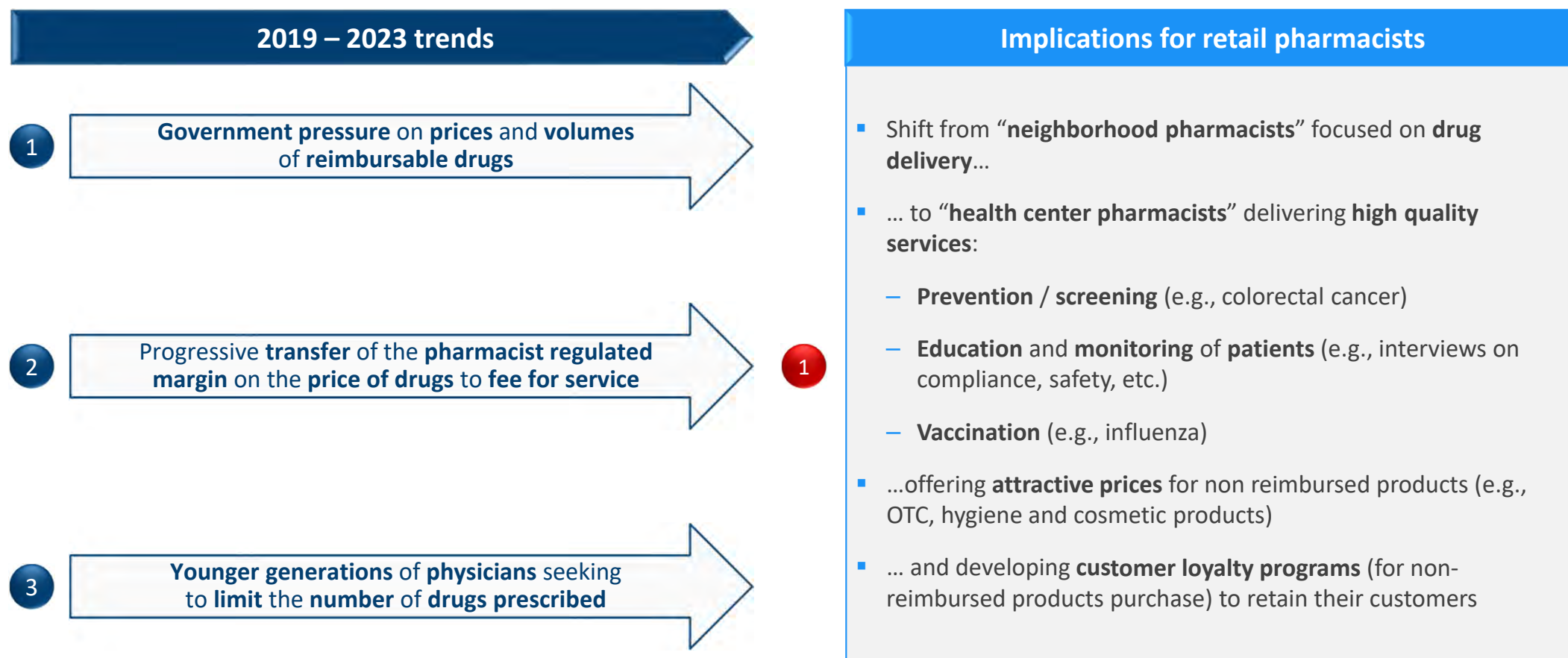
5. Cost sharing

- **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)

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

6. Conclusion

Strategic priorities for retail pharmacists (1/2)

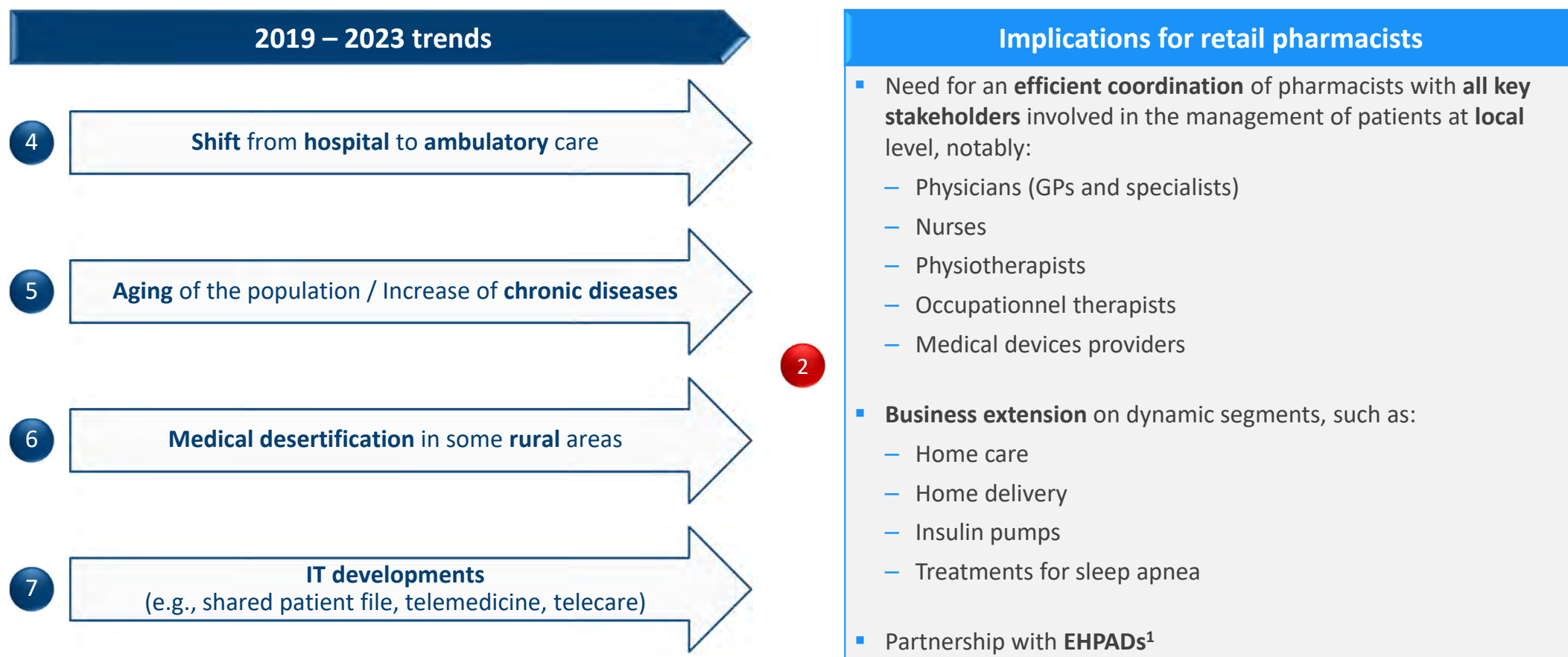


Sources: Interviews with retail pharmacists and representatives from VTOs and professional unions (September 2019) – Smart Pharma Consulting analyses

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

6. Conclusion

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

Economics of Generics Manufacturers

MARKET INSIGHTS

Performance on the
French Retail Market

Gemme (The French Association of Generics Manufacturers) considered the support of Smart Pharma Consulting to assess their performance in France and put into perspective their footprint

Introduction

Context and objectives

- Generics industry supports local employment in France:
 - 15,000 direct and indirect jobs
 - 60 production sites
 - 55% of marketed generics made in France
- However, generics manufacturers have lower operating margins than other drug manufacturers
- Some externalities have a major deleterious impact:
 - The safeguard clause (known as contribution M), applicable to generic drugs since 2019
 - Regular price cuts decided in the context of the LFSS¹
 - Inflation, which has an impact on the main cost items
- In this context, Gemme considered the support of Smart Pharma Consulting to carry out a study to alert government and politicians to the precarious situation of generics manufacturers

Methodology

- 1 Collection of market data
 - Overview of the structure and dynamics of the market for generics delivered in retail pharmacies
- 2 Analysis of the generics manufacturers' performance
 - Based on a sample of 7 companies accounting for 88% of the market for generics delivered in retail pharmacies in 2021



- 3 Generics manufacturers' footprint in France

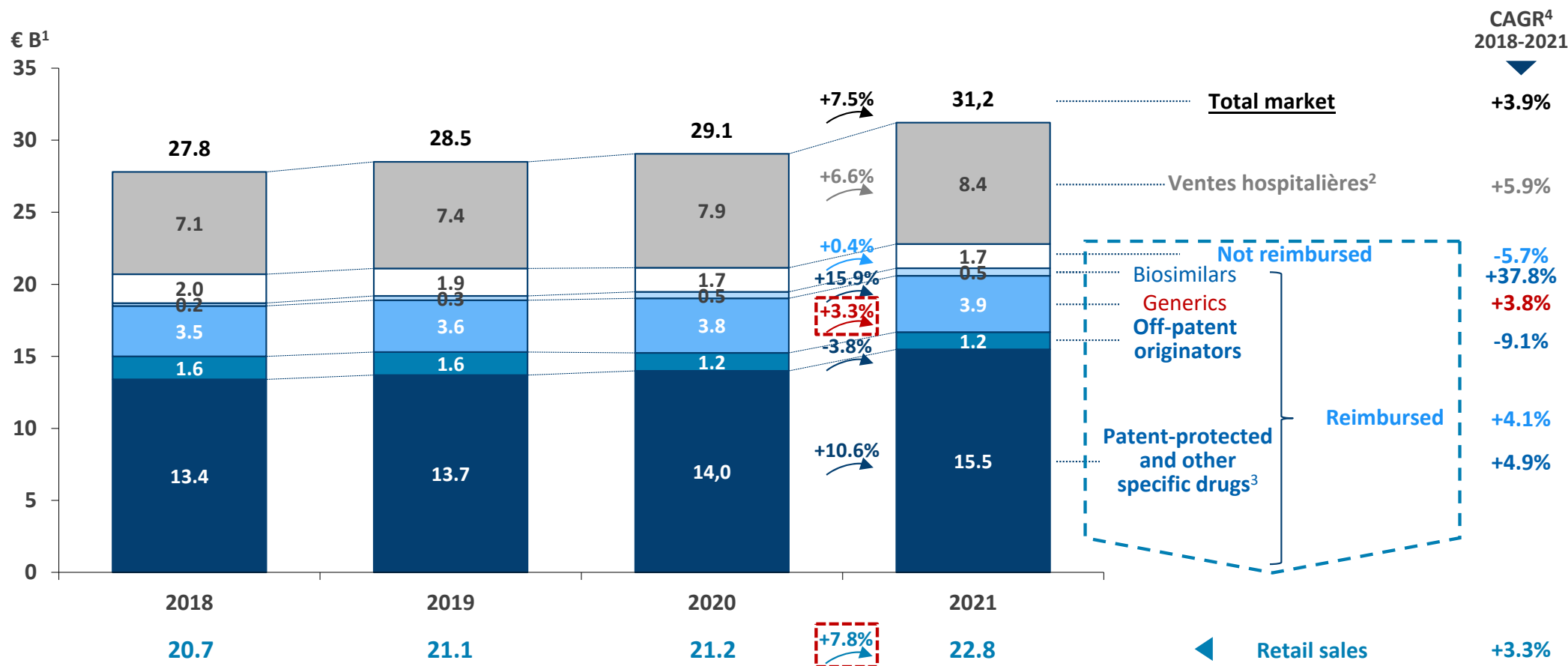
Employment, production and supply

Savings for Social Security

Economic balance of retail pharmacies

In 2021, the retail drugs market increased by 7.8%, while retail generics grew 2.4 times slower, with a growth rate limited to 3.3%

Evolution of drugs sales by segment (2018 – 2021)



Sources : GERS Dashboard – Smart Pharma Consulting estimates

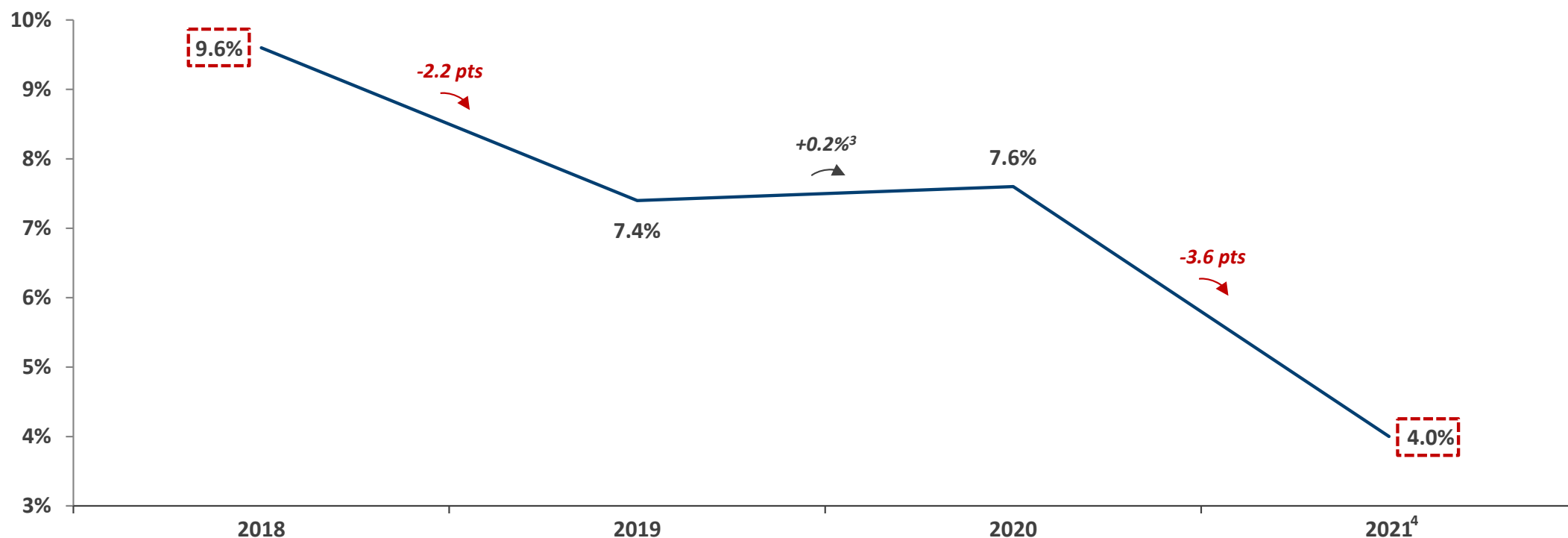
¹ Constant ex-factory prices – ² Estimated net of a 33% average discount rate, including hospital sales of biosimilars, products invoiced on top of “T2A” and reassigned medicines – ³ Sales of drugs whose patent has not expired and of other specific products (e.g., calcium, sodium, potassium, paracetamol) – ⁴ Compound annual growth rate

Generics manufacturers EBITDA¹ rate decreased from 9.6% in 2018 to 4.0% in 2021, with a particularly marked drop in 2021 (-3.6 points)

Profitability of generics manufacturers operating in France (2018 – 2021)

Profitability for all activities²

EBITDA rate (as a % of sales)



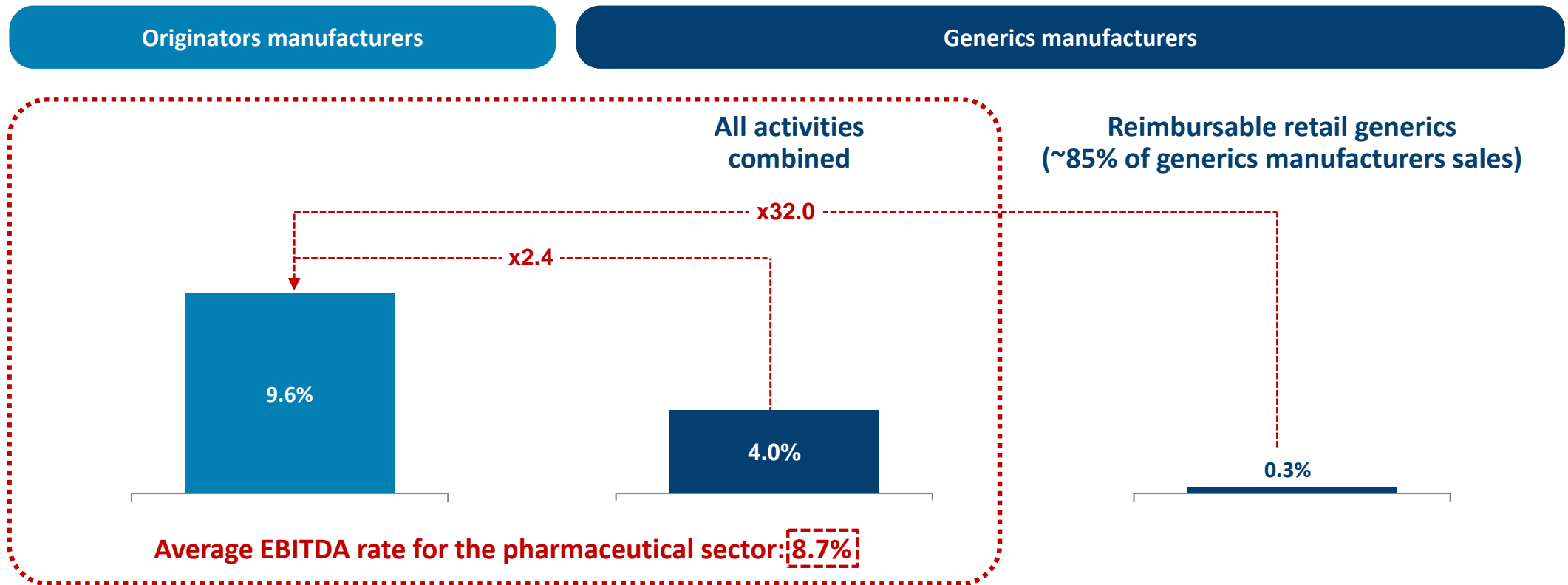
Sources: Statutory accounts of the 7 leaders of the generics market dispensed in retail pharmacies, representing a combined market share of 88% in 2021 – Smart Pharma Consulting analyses

¹ Earning before interest, tax, depreciation and amortization: financial indicator expressing the capacity of a company to generate cash resources solely from its operations – ² Including the profitability of all segments retail and hospitals (i.e., generics, biosimilars, originators, OTC, etc.) – ³ Absence of price cuts and M contribution in 2020 – ⁴ Based on a total M contribution of € 760 M in 2021

In France, the average EBITDA^{1,2} rate of the pharmaceutical industry is ~8.7%, but hides significant disparities between originators and generics manufacturers

Profitability of manufacturers operating in France (2021)

Average EBITDA rates in the pharmaceutical sector – National comparisons



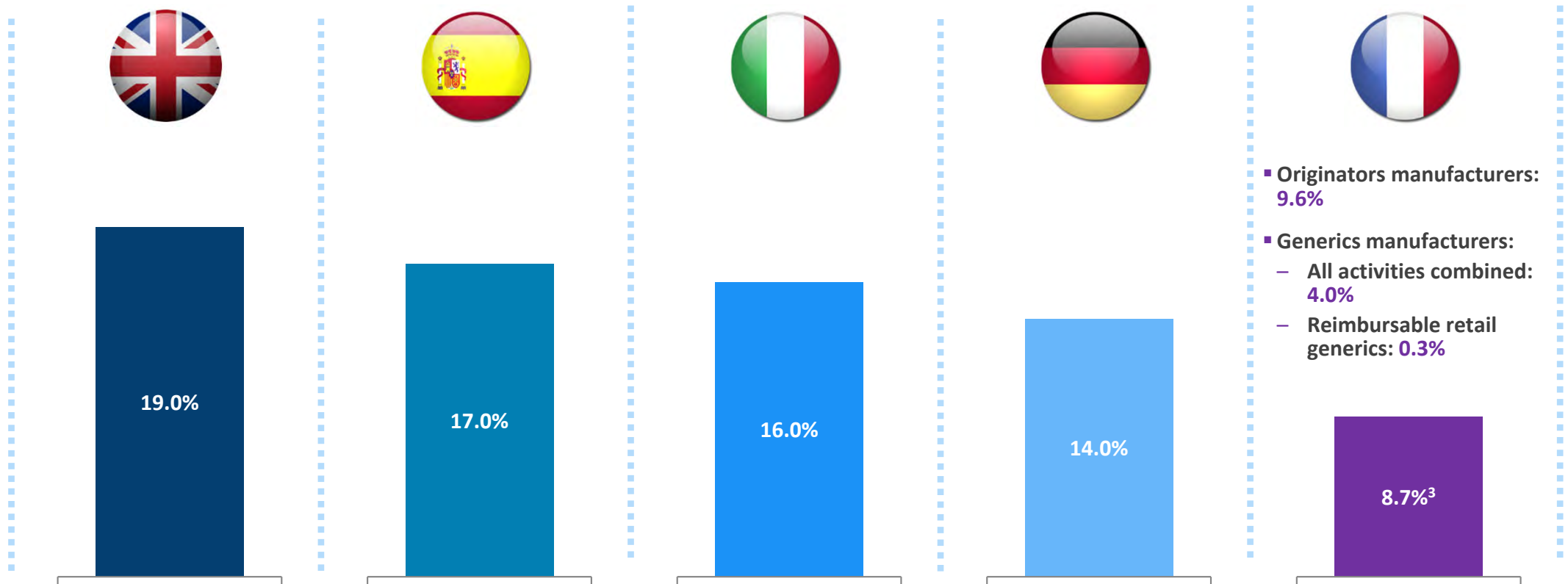
Sources: Statutory and analytical accounts of the 7 leaders of the generics market dispensed in retail pharmacies, representing a combined market share of 88% in 2021 – Insee sector studies – Smart Pharma Consulting analyses

¹ Earning before interest, tax, depreciation and amortization: financial indicator expressing the capacity of a company to generate cash resources solely from its operations – ² Based on a total M contribution of € 760 M in 2021

Among the 5 main European markets, France is the least profitable country for the pharmaceutical sector (and particularly for the generics manufacturers operating there)

Profitability of manufacturers operating in France (2021¹)

Average EBITDA² rates in the pharmaceutical sector – International comparisons



Sources: Statutory and analytical accounts of the 7 leaders of the generics market dispensed in retail pharmacies, representing a combined market share of 88% in 2021 – Insee sector studies – LEEM – Smart Pharma Consulting analyses

¹ Or the most recent year (2018 for the UK, Spain and Italy) – ² Earning before interest, tax, depreciation and amortization: financial indicator expressing the capacity of a company to generate cash resources solely from its operations – ³ Based on a total M contribution of € 760 M in 2021

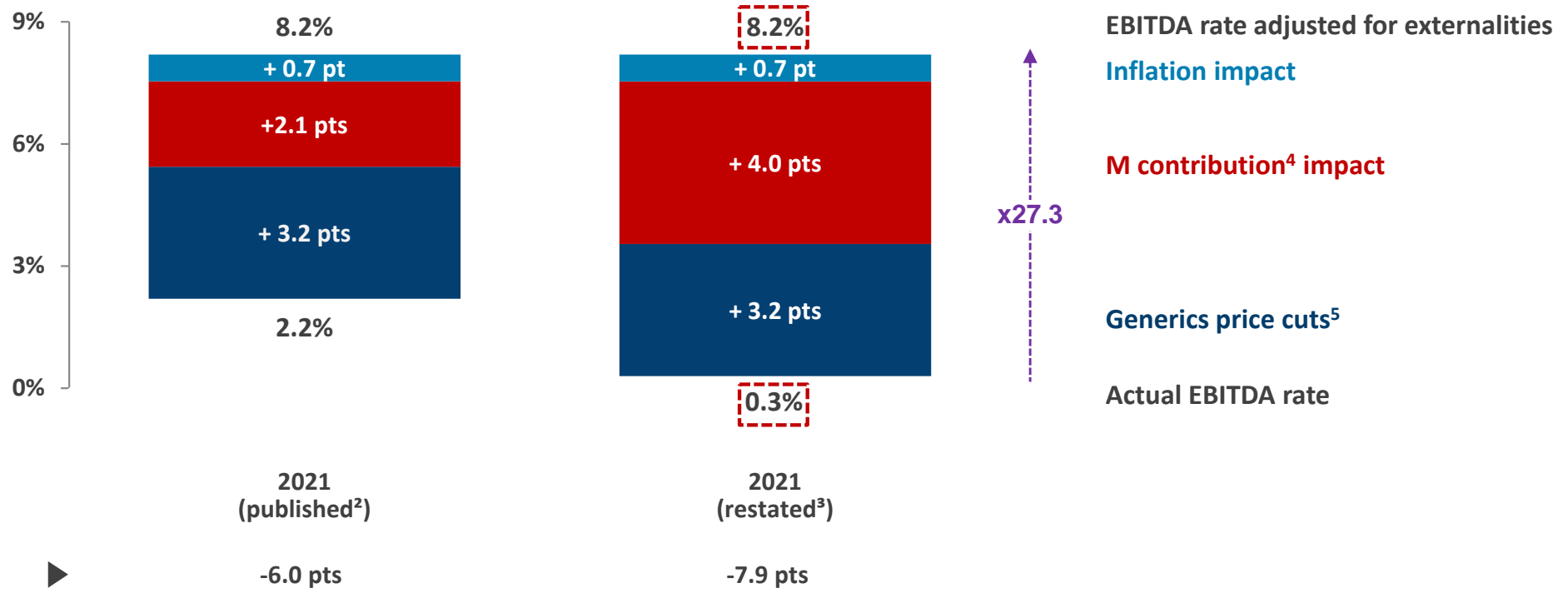
Inflation, M contribution and price cuts contributed to reducing the profitability of reimbursable retail generics from 8.2% to 0.3% of sales

Profitability of generics manufacturers operating in France

Impact of externalities on generics manufacturers' profitability (2021)

Reimbursable retail generics

EBITDA rate (as a % of sales)



Sources: Statutory and analytical accounts of the 7 leaders of the generics market dispensed in retail pharmacies, representing a combined market share of 88% in 2021 – Smart Pharma Consulting estimates and analyses

¹ Earning before interest, tax, depreciation and amortization: financial indicator expressing the capacity of a company to generate cash resources solely from its operations – ² Based on a total M contribution of € 400 M – ³ Based on a total M contribution of € 760 M – ⁴ Before deduction – ⁵ Including carry-over effect

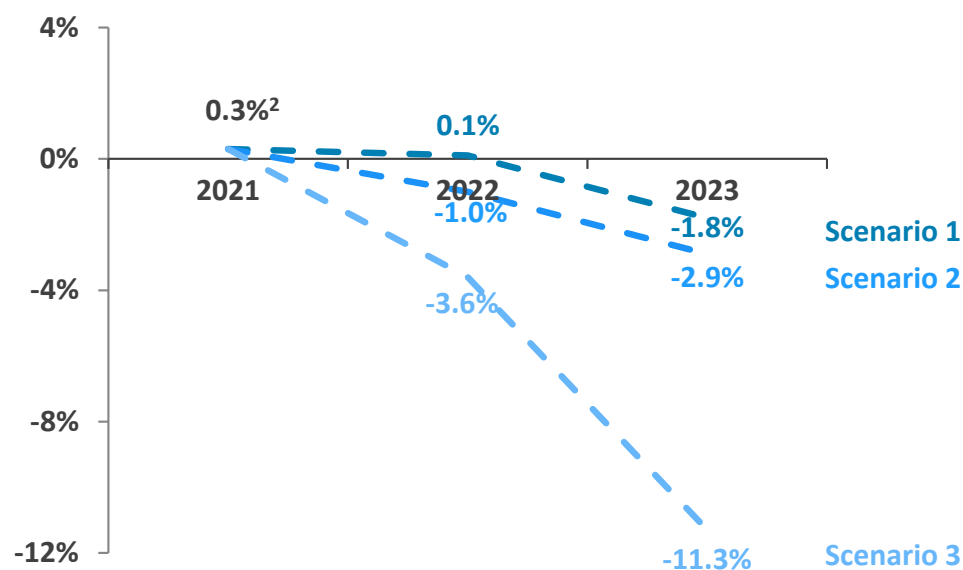
The economic balance of generics manufacturers will be weakened in 2022, and even more so in 2023, with a strong impact of externalities on their level of profitability

Profitability of generics manufacturers operating in France

Outlook 2022 – 2023

Reimbursable retail generics

EBITDA rate² (as a % of sales)



Impact of externalities (in €M)	2021	2022	2023	Scenario
	-234	-240	-296	Scenario 1
		-271	-327	Scenario 2
		-348	-576	Scenario 3

Assumptions 2022 – 2023

Externalities	Scenario	2022	2023	Assumptions
Inflation (including carry-over effect)	#1			<ul style="list-style-type: none"> 2022: inflation of +5.3% (Insee) 2023: inflation of +4.2% (OECD, Ministry of the Economy)
	#2	€ 67 M	€ 124 M	
	#3			
Safeguard clause (before deduction)	#1	€ 93 M		<ul style="list-style-type: none"> ~16% of market share x total M contribution: #1: € 600 M (2022/2023) #2: € 800 M (2022:2023) #3: € 1,300 M (2022) / € 2,400 M (2023)
	#2	€ 124 M		
	#3	€ 202 M	€ 373 M	
Price cuts for generic drugs	#1			<ul style="list-style-type: none"> 2022: CEPS source 2023: same as 2022
	#2	€ 79 M		
	#3			

--- Gemme Estimates / Smart Pharma Consulting

Sources: Statutory and analytical accounts of the 7 leaders of the generics market dispensed in retail pharmacies, representing a combined market share of 88% in 2021 – Insee (2022) – OECD (2022) – Government communications (2022) – Smart Pharma Consulting estimates and analyses

¹ Earning before interest, tax, depreciation and amortization: financial indicator expressing the capacity of a company to generate cash resources solely from its operations – ² Based on a total M contribution of € 760 M

The more the share of generics grows, the more Social Security makes savings and the higher is the contribution M which significantly impacts the margin of market players

Generics: Current situation

> € 2 B

of savings generated per year

- With a penetration rate of 84% of the generics directory
- Generic drugs allow substantial savings to the Social Security every year....
- ... which can be used to reimburse more expensive innovative treatments

€ 237 M

Impact of externalities¹ incurred in 2021

- With a € 118 M contribution, € 96 M price cuts and € 23 M inflation, the economic balance of generic manufacturers has never been so fragile as in 2021
- ... to the point of generating losses, for many of them, likely to settle over time

~0.3%

Average EBITDA rate in 2021

- Reimbursable retail generics have almost nil and much lower operating margins than:
 - Originator manufacturers in France (9.6% of EBITDA)..
 - ... and in Europe:
 - ✓ ~19% in the UK
 - ✓ ~17% in Spain
 - ✓ ~16% in Italy
 - ✓ ~14% in Germany

The increasingly precarious situation of generic manufacturers requires reconsidering price reductions and the safeguard clause

Generis: 2022 – 2023 perspectives

€ 191 M

Cumulated impact
of inflation
over 2022 - 2023

- With inflation rates estimated at +5.3% for 2022 and +4.2% for 2023...
- ... retail reimbursable generics manufacturers will be strongly impacted on their costs:
 - Of goods sold (+ € 149 M)
 - Of staff (+ € 27 M)
 - Of distribution (+ € 14 M)

€ 158 M

Impact of
price cuts
over 2022 – 2023

- If the price cuts decided in the LFSS¹ are maintained in 2023 ...
- ... they are likely to have a major deleterious impact on the profitability of generics manufacturers
- This impact has been estimated at € 79 M per year, i.e., € 158 M over 2022-2023

-1.8%² to

-11.3%³

EBITDA rate
for 2023

- The fragility of generics manufacturers observed in 2021 is likely to deteriorate in 2022, and even more so in 2023 given the:
 - Inflation
 - Price cuts
 - M contribution

As part of its "emergency plan for generic and biosimilar medicines", Gemme proposes to revise the fiscal and economic environment of mature medicines

Generics: Gemme proposals

Revision of the tax environment for mature drugs

- Revision of the scope and calculation of the safeguard clause¹
- Revision of M amount for 2022
- Introduction of a mechanism for rebasing the value of M for the following year

Moratorium on price reductions for mature drugs for 2023

- Protection of the already degraded economy of generics:
 - Tensions in terms of supply
 - Weakening of the industrial tool
 - Loss of attractiveness for the French market

Integration of inflation in the price of least expensive drugs

- Revision of the price of drugs whose ex-factory price is \leq € 5€ / pack or \leq 0.12 € par tablet considering inflation (estimated at 5% for 2022)
- Expected impact of this measure for Social Security: € 185 M

Setting up of a floor price

- Setting up of a floor price (€ 0.14 € / tablet)
- This floor price would be:
 - Registered in the Public Health Code
 - Fixed under the framework agreement between CEPS and LEEM

Sources : Gemme

¹ Proposal to distribute the M contribution, up to 20% based on market shares and up to 80% according to sales growth

French Biosimilars Market

MARKET INSIGHTS

Key Success Factors

This position paper provides key information and analyses to evaluate the French biosimilars market dynamics and the key success factors for pharma companies

Context & objectives

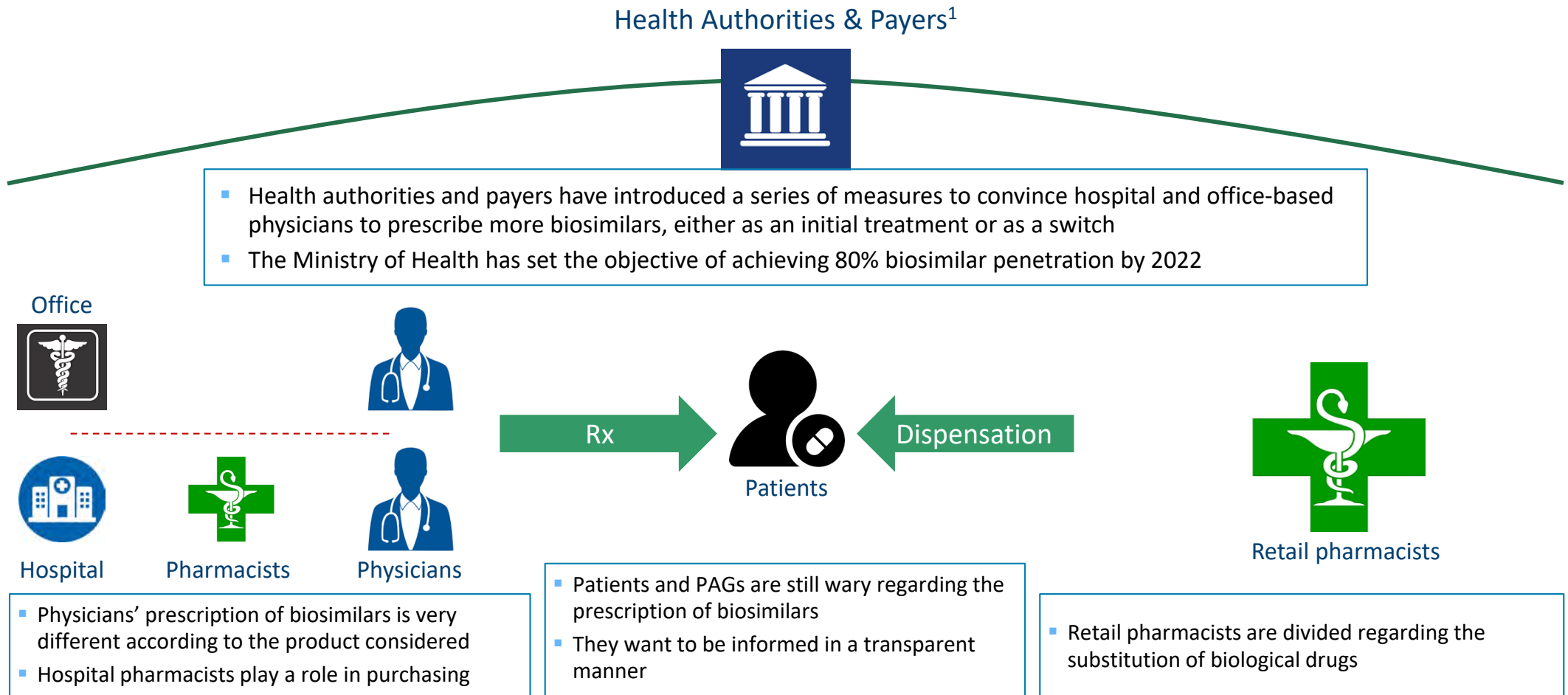
Masterclass

- Sandoz, Teva or Hospira (Pfizer), which have pioneered the biosimilars market in France, have placed great hopes in its development
- However, 12 years down the road, the achievement of these precursors and of the followers can be regarded as somewhat below expectations
- *Smart Pharma Consulting*, which has developed a robust experience at analyzing and advising pharma companies on the biosimilars market, proposes to:
 1. Analyze the biosimilars market structure and dynamics
 2. Review the French regulatory environment
 3. Share insights regarding customers behaviors
 4. Evaluate the competitive landscape and the key success factors
 5. Estimate 2018 – 2023 market growth



The biosimilars development on the French market is driven by the prescription of physicians who are encouraged by health authorities and certain hospital managers

Stakeholders involved in the French biosimilars market

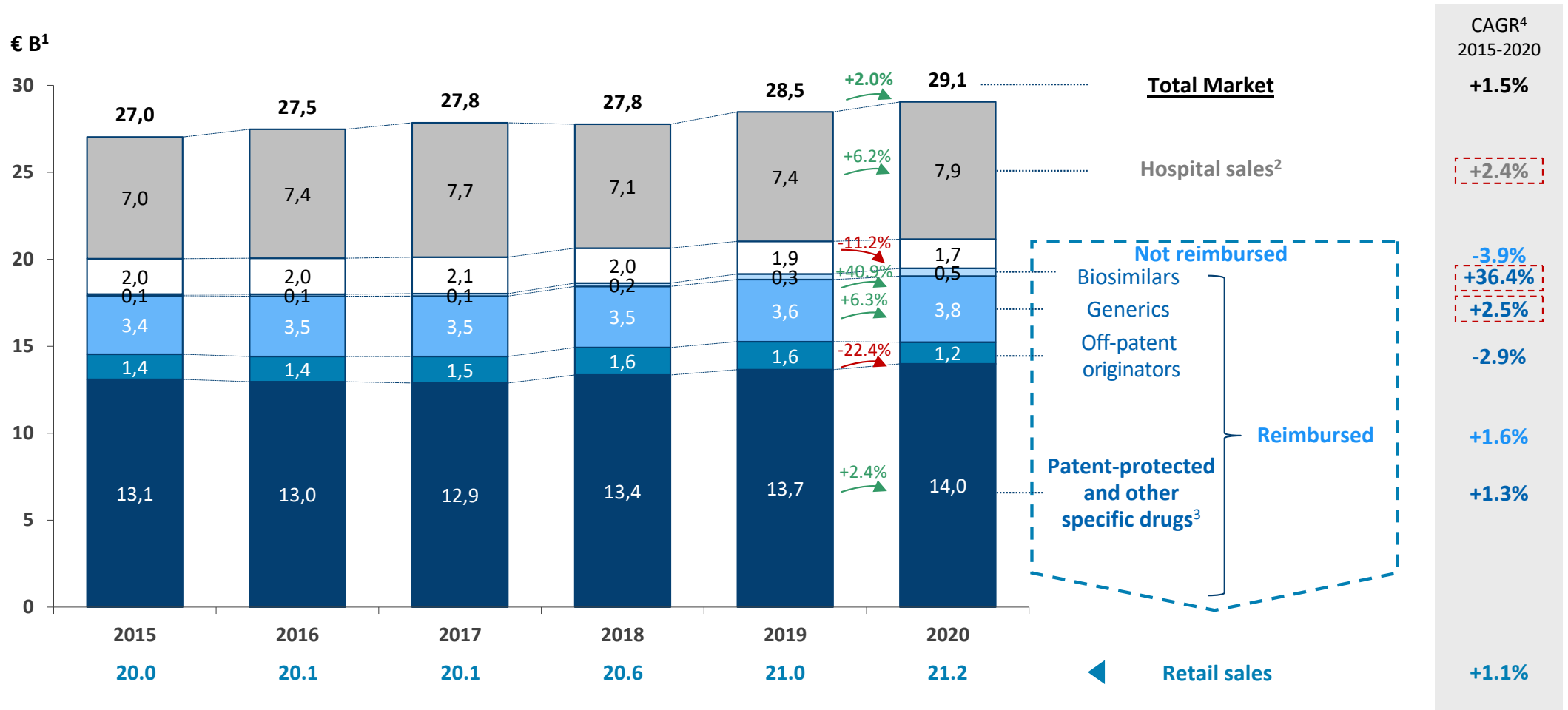


Sources: Smart Pharma Consulting

¹ National Health Insurance Fund

Since 2015, spending on drugs has been mainly driven by hospital sales and by generics and biosimilars delivered in retail pharmacies

Evolution of drugs sales by segment (2015 – 2020)

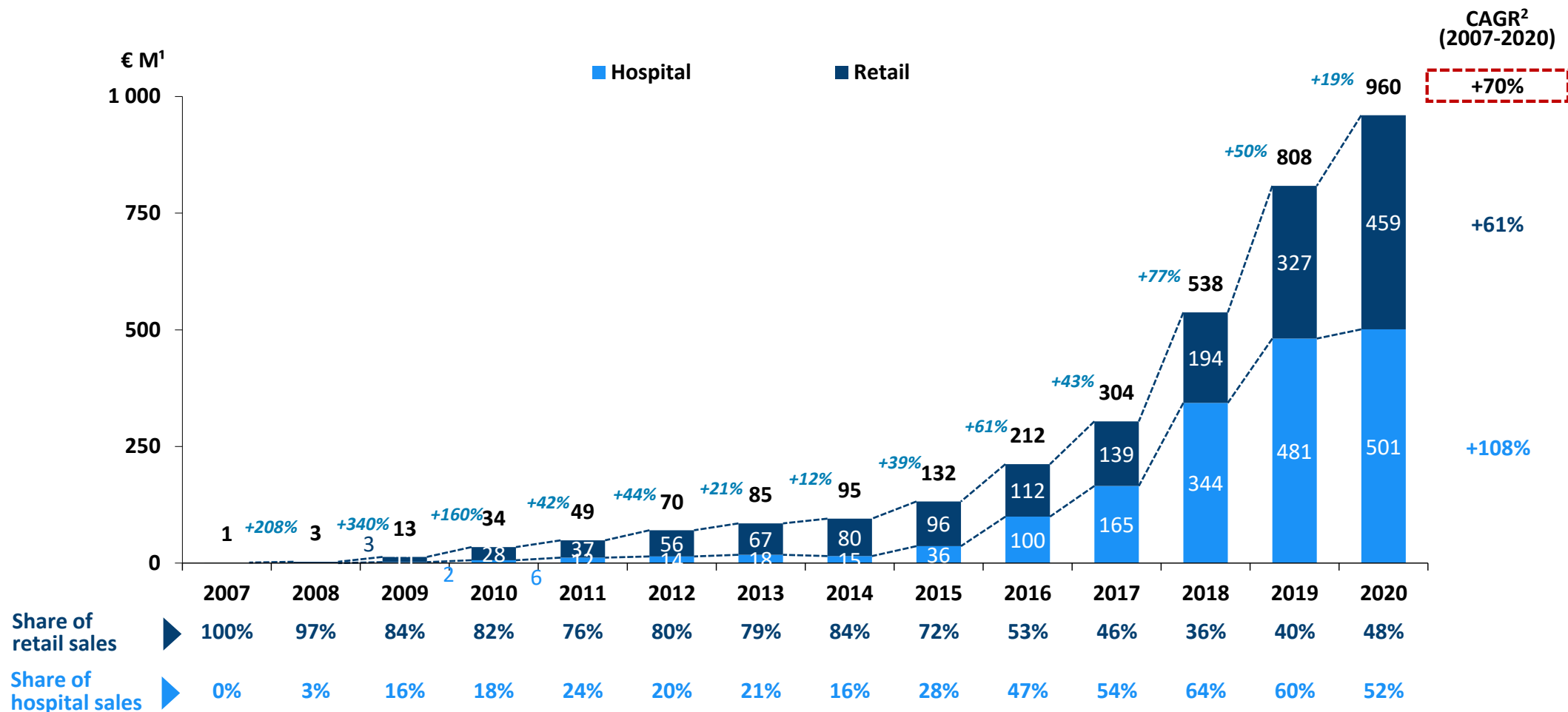


Sources: GERS – Smart Pharma Consulting analyses

¹ Constant ex-factory prices – ² Estimated rebated sales including hospital sales of biosimilars, products invoiced on top of “T2A” and reassigned medicines – ³ Sales of drugs whose patent has not expired and of other specific products (e.g., calcium, sodium, potassium, paracetamol) – ⁴ Compound annual growth rate

Biosimilars, whose first products were launched in France in 2007, achieved sales for a total amount of € 960 M in 2020

Evolution of the biosimilars market (2007 – 2020)

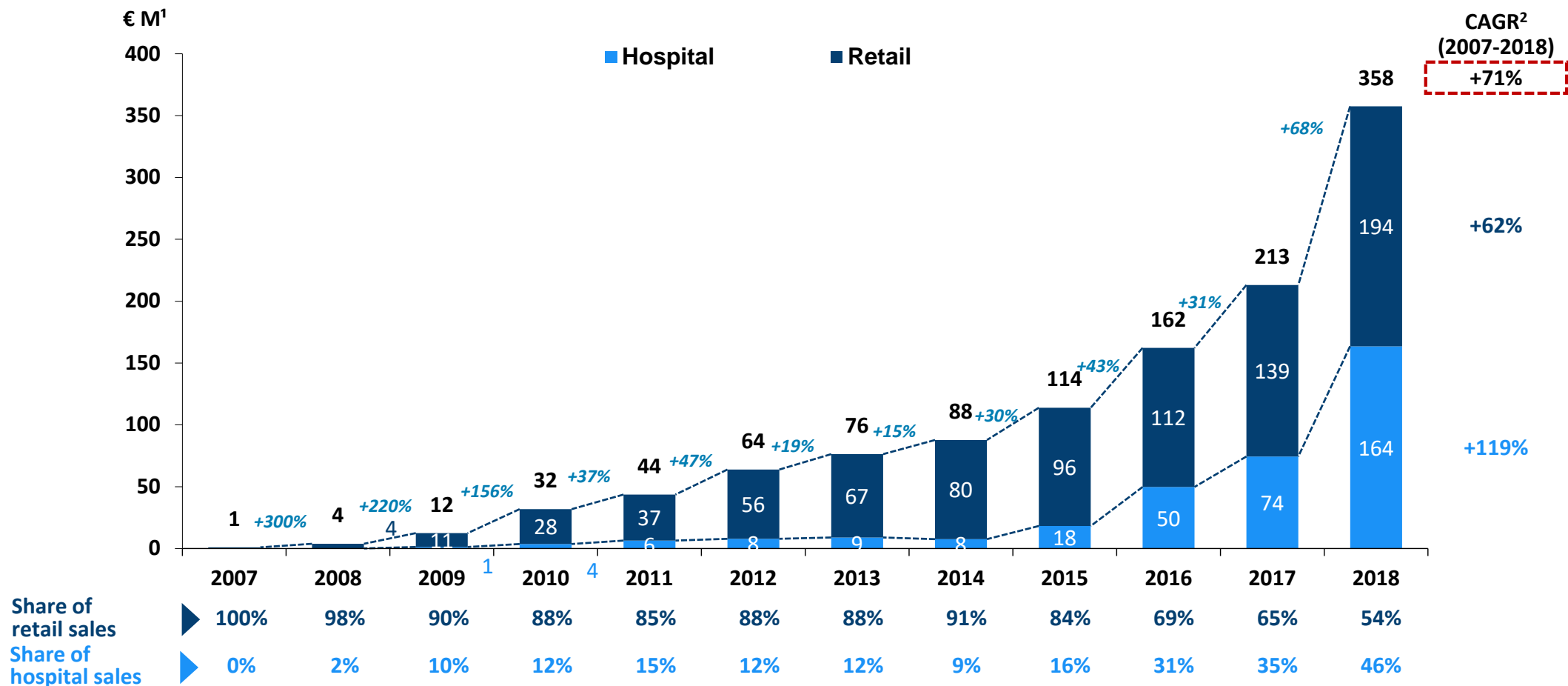


Sources: GERS – Smart Pharma Consulting analyses

¹ Ex-factory prices excluding rebates and taxes – ² Compound annual growth rate

When considering the rebates granted to hospitals on list prices, the 2018 biosimilars market reached € 358 M and the hospital sales are reduced to 46% of the total

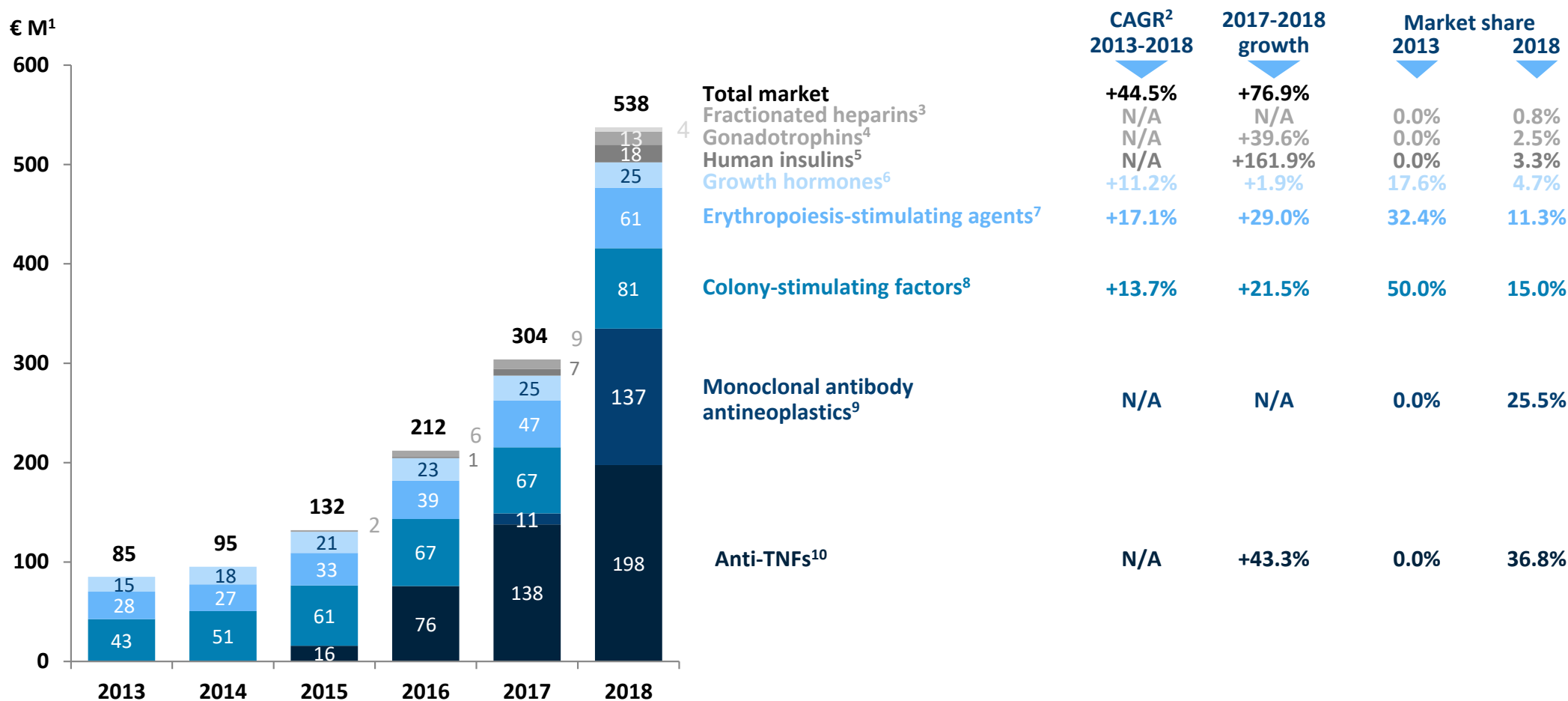
Evolution of the biosimilars market (2007 – 2018) – Net prices



Note: In 2016, 2017 and 2018, the net prices were respectively 50%, 55% and 52% lower than the ex-factory prices excluding taxes and rebates (mainly through tenders) on the hospital market. The rebates granted in the retail market are considered as negligible

In terms of therapeutic classes, anti-TNFs dominate the French biosimilars market, followed by monoclonal antibody antineoplastics and colony-stimulating factors

Distribution of the biosimilars market by therapeutic class (2013 – 2018)



Sources: GERS – Smart Pharma Consulting analyses

¹ Ex-factory prices excluding rebates and taxes – ² Compound annual growth rate – ³ Enoxaparin sodium – ⁴ Follitropin alfa – ⁵ Insulin glargine – ⁶ Somatropin – ⁷ Epoetin – ⁸ Filgrastim and pegfilgrastim – ⁹ Rituximab and trastuzumab – ¹⁰ Adalimumab, etanercept and infliximab

With 3 biologic originators whose patent has expired, 10 biosimilars launched by 7 pharma companies, anti-TNF biosimilars sales reached € ~307 M in 2020

Anti-TNF biosimilar drugs marketed in France (2020)

INN ¹ (Originator)	Product name	Pharma company	Launch date	Hospital sales ²	Retail sales ²	Total sales ²	Biosimilars penetration ³
Infliximab (Remicade, MSD)	▪ Inflectra	▪ Pfizer	▪ Feb. 2015	€ 85.3 M	€ 0.0 M	€ 85.3 M	80.6%
	▪ Flixabi	▪ Biogen	▪ Jan. 2017	€ 44.0 M	€ 0.0 M	€ 44.0 M	
	▪ Remsima	▪ Biogaran / Celltrion	▪ Feb. 2015	€ 36.8 M	€ 0.0 M	€ 36.8 M	
	3 biosimilars	3 companies		€ 166.1 M	€ 0.0 M	€ 166.1 M	
Adalimumab (Humira, AbbVie)	▪ Amgevita	▪ Amgen	▪ Oct. 2018	€ 1.6 M	€ 45.8 M	€ 47.4 M	30.5%
	▪ Imraldi	▪ Biogen	▪ Oct. 2018	€ 0.3 M	€ 17.1 M	€ 17.4 M	
	▪ Hulio	▪ Viatris	▪ Feb. 2019	€ 0.1 M	€ 15.5 M	€ 15.6 M	
	▪ Idacio	▪ Fresenius Kabi	▪ Sep. 2019	€ 0.1 M	€ 5.6 M	€ 5.7 M	
	▪ Hyrimoz	▪ Sandoz	▪ Mar. 2019	€ 0.0 M	€ 4.2 M	€ 4.2 M	
	5 biosimilars	5 companies		€ 2.2 M	€ 88.2 M	€ 90.4 M	
Etanercept (Enbrel, Pfizer)	▪ Benepali	▪ Biogen	▪ Oct. 2016	€ 0.1 M	€ 39.4 M	€ 39.5 M	38.4%
	▪ Erelzi	▪ Sandoz	▪ Nov. 2017	€ 0.1 M	€ 10.4 M	€ 10.5 M	
	2 biosimilars	2 companies		€ 0.2 M	€ 49.8 M	€ 50.0 M	
Total	10 biosimilars	7 companies		€ 168.5 M	€ 138.0 M	€ 306.5 M	

Sources: GERS – Smart Pharma Consulting analyses

¹ International non-proprietary name – ² Ex-factory prices excluding rebates and taxes – ³ Biosimilar penetration in equivalent units in December 2020

With 3 biologic drugs from Roche whose patent has expired, 10 biosimilars launched by 6 companies, rituximab, trastuzumab & bevacizumab biosimilars sales reached € ~288 M in 2020

Monoclonal antibody antineoplastics biosimilar drugs marketed in France (2020)

INN ¹ (Originator)	Product name	Pharma company	Launch date	Hospital sales ³	Retail sales ³	Total sales ³	Biosimilars penetration ⁴
Rituximab (MabThera, Roche)	▪ Truxima	▪ Biogaran / Celltrion	▪ Sep. 2017	€ 83.4 M	€ 0.0 M	€ 83.4 M	93.6% ⁵
	▪ Rixathon	▪ Sandoz	▪ Jan. 2018	€ 38.5 M	€ 0.0 M	€ 38.5 M	
	2 biosimilars	2 companies		€ 121.9 M	€ 0.0 M	€ 121.9 M	
Trastuzumab (Herceptin, Roche)	▪ Trazimera	▪ Pfizer	▪ Jul. 2019	€ 45.3 M	€ 0.0 M	€ 45.3 M	95.8% ⁶
	▪ Ontruzant	▪ MSD / Samsung Bioepsis	▪ Sep. 2018	€ 25.4 M	€ 0.0 M	€ 25.4 M	
	▪ Kanjinti	▪ Amgen / Allergan ²	▪ Aug. 2018	€ 13.6 M	€ 0.0 M	€ 13.6 M	
	▪ Herzuma	▪ Biogaran / Celltrion	▪ Jul. 2018	€ 10.0 M	€ 0.0 M	€ 10.0 M	
	▪ Ogivri	▪ Viatris	▪ Apr. 2019	€ 6.3 M	€ 0.0 M	€ 6.3 M	
5 biosimilars	5 companies		€ 100.6 M	€ 0.0 M	€ 100.6 M		
Bevacizumab (Avastin, Roche)	▪ Zirabev	▪ Pfizer	▪ Jul. 2020	€ 34.2 M	€ 0.0 M	€ 34.2 M	77.9%
	▪ Mvasi	▪ Amgen / Allergan ²	▪ Jun. 2020	€ 31.1 M	€ 0.0 M	€ 31.1 M	
	▪ Aybintio	▪ MSD / Samsung Bioepsis	▪ Nov. 2020	€ 0.0 M	€ 0.0 M	€ 0.0 M	
3 biosimilars	3 companies		€ 65.3 M	€ 0.0 M	€ 65.3 M		
Total	10 biosimilars	6 companies		€ 287.8 M	€ 0.0 M	€ 287.8 M	

Sources: GERS – Smart Pharma Consulting analyses

¹ International non-proprietary name – ² Acquired by AbbVie since May 8, 2020 – ³ Ex-factory prices excluding rebates and taxes – ⁴ Biosimilar penetration in equivalent units in December 2020 – ⁵ Excluding MabThera 1,400 mg subcutaneous form, which is not subject to biosimilars competition – ⁶ Excluding Herceptin 600 mg subcutaneous form, which is not subject to biosimilars competition

With 2 biologic drugs from Amgen whose patent has expired, 9 biosimilars launched by 7 pharma companies, G-CSF biosimilars sales reached € ~180 M in 2020

Colony-stimulating factors biosimilar drugs marketed in France (2020)

INN ¹ (Originator)	Product name	Pharma company	Launch date	Hospital sales ²	Retail sales ²	Total sales ²	Biosimilars penetration ³
Filgrastim (Neupogen, Amgen)	▪ Zarzio	▪ Sandoz	▪ Oct. 2009	€ 13.5 M	€ 45.1 M	€ 58.6 M	95.6%
	▪ Nivestim	▪ Pfizer	▪ Jun. 2011	€ 5.2 M	€ 24.3 M	€ 29.5 M	
	▪ Tevagrastim	▪ Teva	▪ Mar. 2010	€ 0.2 M	€ 4.3 M	€ 4.5 M	
	▪ Accofil	▪ Accord Healthcare	▪ Feb. 2016	€ 1.3 M	€ 1.3 M	€ 2.6 M	
	4 biosimilars	4 companies		€ 20.2 M	€ 75.0 M	€ 95.2 M	
Pegfilgrastim (Neulasta, Amgen)	▪ Pelmeg	▪ Mundipharma	▪ Apr. 2019	€ 0.6 M	€ 41.3 M	€ 41.9 M	70.3%
	▪ Pelgraz	▪ Accord Healthcare	▪ Nov. 2018	€ 1.5 M	€ 24.9 M	€ 26.4 M	
	▪ Ziextenso	▪ Sandoz	▪ Apr. 2019	€ 1.8 M	€ 13.6 M	€ 15.4 M	
	▪ Fulphila	▪ Viatris	▪ Jun. 2020	€ 0.3 M	€ 1.0 M	€ 1.3 M	
	▪ Cegfila	▪ Biogaran / Celltrion	▪ Aug. 2020	€ 0.0 M	€ 0.1 M	€ 0.1 M	
	5 biosimilars	5 companies		€ 4.2 M	€ 80.9 M	€ 85.1 M	
Total	9 biosimilars	7 companies		€ 24.4 M	€ 155.9 M	€ 180.3 M	

Sources: GERS – Smart Pharma Consulting analyses

¹ International Non-propriety Name – ² Ex-factory prices excluding rebates and taxes – ³ Biosimilar penetration in volume in December 2020

Epoetin and somatropin biosimilars, whose first products were launched ~13 years ago, reached in 2020 penetration rate of ~59% and ~57%, respectively

Other biosimilar drugs marketed in France (2020)

EPHMRA 4 therapeutic class	INN ¹ (Originator)	Product name	Pharma company	Launch date	Hospital sales ²	Retail sales ²	Total sales ²	Biosimilars penetration ³
Erythropoiesis-stimulating agents	Epoetin (Eprex, Janssen)	<ul style="list-style-type: none"> ▪ Binocrit ▪ Retacrit ▪ Eporatio⁴ 	<ul style="list-style-type: none"> ▪ Sandoz ▪ Pfizer ▪ Teva 	<ul style="list-style-type: none"> ▪ Jul. 2008 ▪ Mar. 2009 ▪ May 2010 	<ul style="list-style-type: none"> € 14.8 M € 0.6 M € 0.4 M 	<ul style="list-style-type: none"> € 43.5 M € 27.2 M € 7.5 M 	<ul style="list-style-type: none"> € 58.3 M € 27.8 M € 7.9 M 	68.9%
		3 biosimilars	3 companies		€ 15.8 M	€ 78.2 M	€ 94.0 M	
Human insulins	Insulin glargine (Lantus, Sanofi)	▪ Abasaglar	▪ Lilly	▪ Jan. 2016	€ 4.0 M	€ 30.7 M	€ 34.7 M	33.6%
		1 biosimilar	1 company		€ 4.0 M	€ 30.7 M	€ 34.7 M	
Growth hormones	Somatropin (Genotonorm, Pfizer)	▪ Omnitrope	▪ Sandoz	▪ Jan. 2008	€ 0.0 M	€ 27.3 M	€ 27.3 M	62.1%
		1 biosimilar	1 company		€ 0.0 M	€ 27.3 M	€ 27.3 M	
Fractionated heparins	Enoxaparin sodium (Lovenox, Sanofi)	<ul style="list-style-type: none"> ▪ Enoxaparin Crusia ▪ Inhixa ▪ Enoxaparin Arrow 	<ul style="list-style-type: none"> ▪ Biogaran ▪ Viatrix ▪ Arrow⁵ 	<ul style="list-style-type: none"> ▪ Sep. 2018 ▪ Oct. 2019 ▪ Nov. 2020 	<ul style="list-style-type: none"> € 0.3 M € 0.0 M € 0.0 M 	<ul style="list-style-type: none"> € 11.3 M € 2.0 M € 0.0 M 	<ul style="list-style-type: none"> € 11.6 M € 2.0 M € 0.0 M 	5.7%
		3 biosimilars	3 companies		€ 0.3 M	€ 13.3 M	€ 13.6 M	
Gonadotrophins	Follitropin alfa (Gonal-F, Merck)	<ul style="list-style-type: none"> ▪ Bemfola ▪ Ovaleap 	<ul style="list-style-type: none"> ▪ Gedeon Richter ▪ Teva 	<ul style="list-style-type: none"> ▪ May. 2015 ▪ May. 2016 	<ul style="list-style-type: none"> € 0.0 M € 0.0 M 	<ul style="list-style-type: none"> € 8.8 M € 4.1 M 	<ul style="list-style-type: none"> € 8.8 M € 4.1 M 	34.0%
		2 biosimilars	2 companies		€ 0.0 M	€ 12.9 M	€ 12.9 M	
Parathyroid hormone & analogs	Teriparatide (Forsteo, Lilly)	<ul style="list-style-type: none"> ▪ Movymia ▪ Terrosa 	<ul style="list-style-type: none"> ▪ EG Labo (Stada) ▪ Arrow⁵ / Gedeon Richter 	<ul style="list-style-type: none"> ▪ Aug. 2019 ▪ Nov. 2020 	<ul style="list-style-type: none"> € 0.0 M € 0.0 M 	<ul style="list-style-type: none"> € 2.3 M € 0.0 M 	<ul style="list-style-type: none"> € 2.3 M € 0.0 M 	14.3%
		2 biosimilars	2 companies		€ 0.0 M	€ 2.3 M	€ 2.3 M	

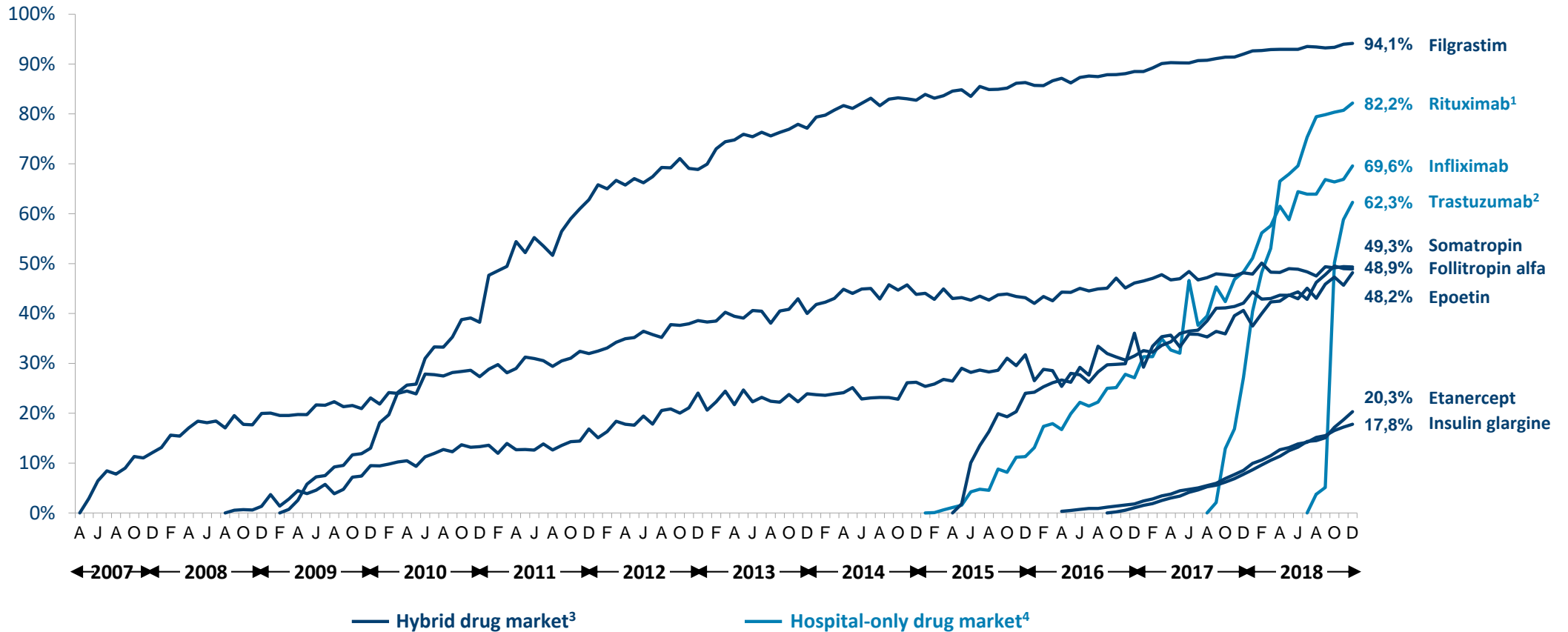
Sources: GERS – Smart Pharma Consulting analyses

¹ International non-proprietary name – ² Ex-factory prices excluding rebates and taxes – ³ Biosimilar penetration in equivalent units in December 2020 – ⁴ Eporatio is not a biosimilar per se but rather a “me-too” product – ⁵ Part of Aurobindo, since its acquisition of Actavis in 2014

Biosimilar penetration is faster and faster, notably in the hospital market where it ranged from ~62% (for trastuzumab) to ~82% (for rituximab) in December 2018

Biosimilars market penetration

Biosimilars market penetration (as a % sales in volume)



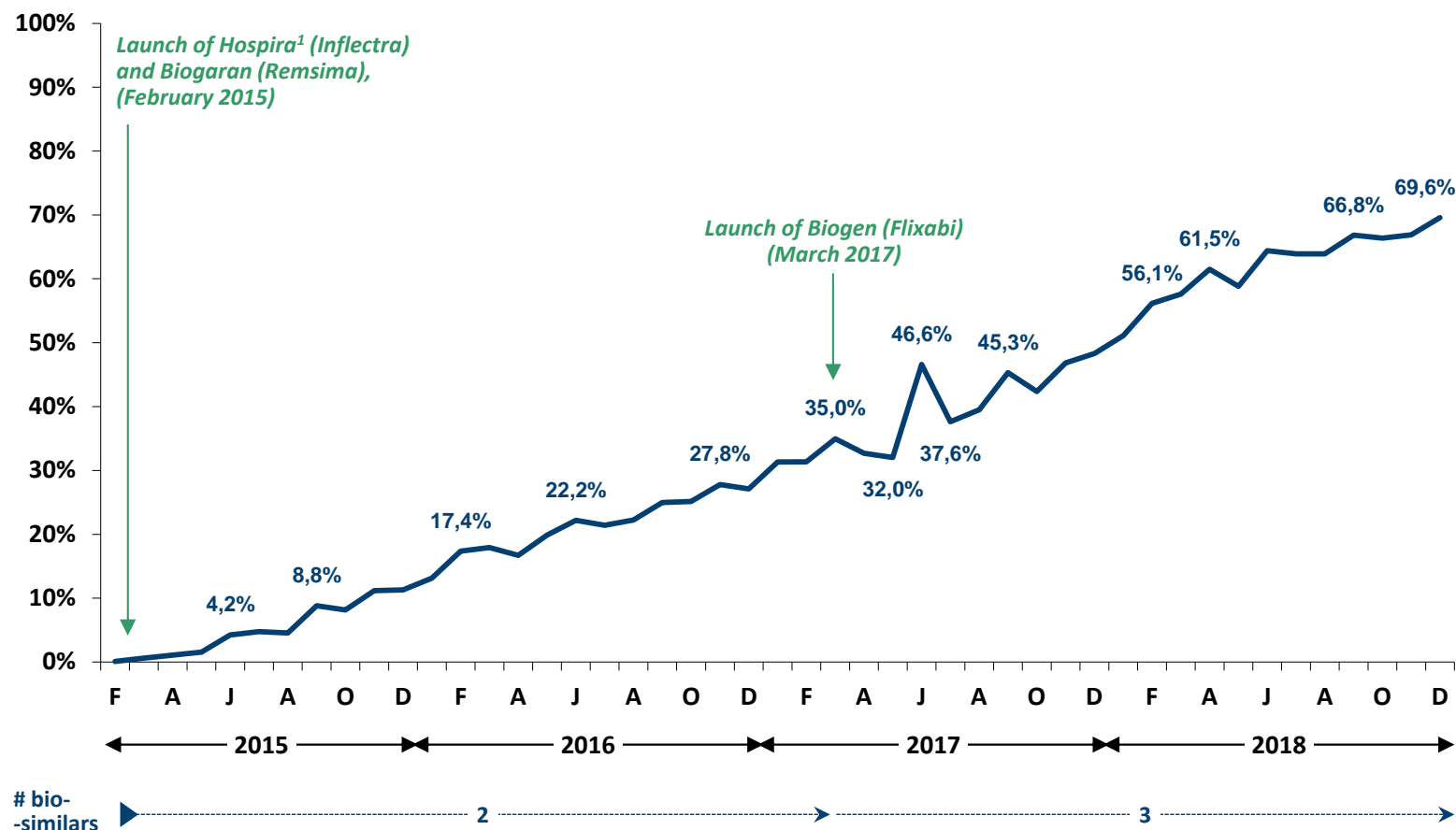
Sources: GERS – Smart Pharma Consulting analyses

¹ Excluding the 1,400 mg subcutaneous form, that is not yet subject to biosimilars competition – ² Excluding the 600 mg subcutaneous form, that is not yet subject to biosimilars competition – ³ Products bought and/or delivered at hospitals and retail pharmacies – ⁴ Products exclusively bought and delivered at hospitals

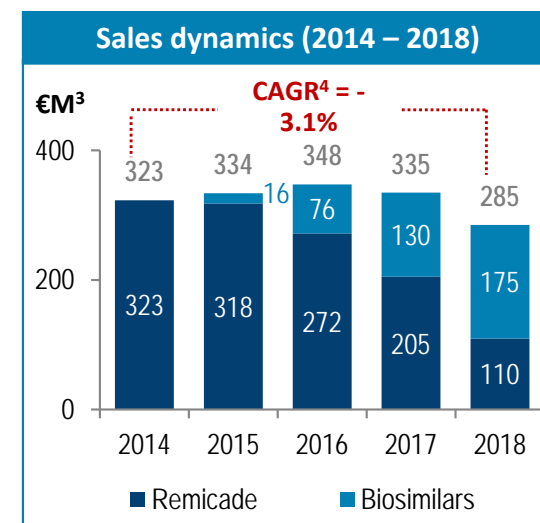
Infliximab biosimilars penetration reached ~70% of the market in volume, ~4 years after biosimilar entry, despite MSD competitive price offering

Penetration rate in volume – Infliximab case study

Biosimilars penetration as a % of infliximab sales in standard units



Comments	
Originator	Remicade (MSD)
Status	On-top of T2A ² biologic drug
EPHMA class	Anti-TNFs (L04B)
Indications	Ulcerative colitis, Crohn's disease, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and psoriasis

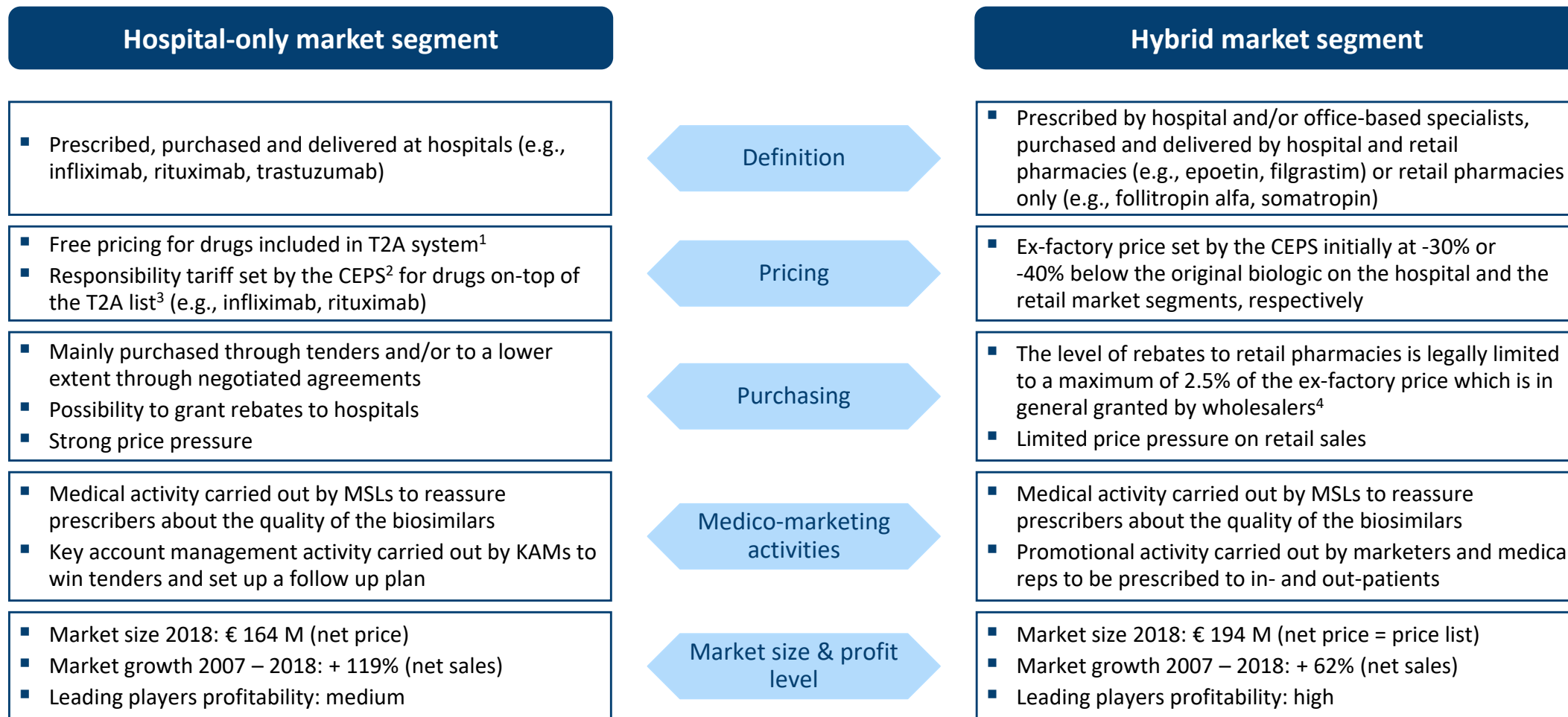


Sources: GERS – Thériaque – Smart Pharma Consulting analyses

¹ Acquired by Pfizer in September 2015 – ² Activity-based costing – ³ Ex-factory price, excluding VAT and rebates – ⁴ Compound annual growth rate

The French biosimilars market is split in two different segments that require, from pharma companies, different strategies, tactics and organizational models to succeed

The biosimilars market segments



Sources: Smart Pharma Consulting

¹ Activity-based costing system similar to a diagnosis-related group-based funding system – ² Drug pricing committee – ³ Includes the most expensive drugs for which the CEPS sets a maximum reimbursed price called “Responsibility tariff” which is 30% (for hospital-only drugs) below the price of the original biologic before its price is cut, following biosimilars entry – ⁴ Pharma companies are not used to giving discounts to retail pharmacists for their biosimilars

Substitution of biosimilars by retail pharmacists, is possible, in practice, since 2022, for two products: filgrastim and pegfilgrastim

Regulations specific to biosimilars

<p>Biosimilar drugs¹</p>	<p>Biosimilar register</p>	<ul style="list-style-type: none"> The ANSM² has created in 2017 similar biologic groups, each of them defined by a reference biologic and its corresponding biosimilars, listed by brand name
<ul style="list-style-type: none"> A biosimilar drug is any biological drug that has the same qualitative and quantitative composition of active substance and the same pharmaceutical form as a biological originator... ... but does not fulfill the conditions for being regarded as a generic due to differences related to raw material variability or manufacturing processes requiring the achievement of additional preclinical and clinical data under regulatory conditions... ... demonstrating that the biosimilar: <ul style="list-style-type: none"> Is similar to the biological originator Does not differ significantly from the biological originator in terms of quality, efficacy and safety 	<p>Biosimilar substitution right</p>	<ul style="list-style-type: none"> France was the first European country to allow the substitution of biosimilars, in December 2013 but in the absence of a decree defining the conditions of substitution, this law has never been implemented After having been abrogated in 2020, the substitution right has been reintroduced in 2022, with a decree authorizing the substitution by retail pharmacists for 2 products only: the filgrastim and the pegfilgrastim This substitution is possible, provided: <ul style="list-style-type: none"> The biological products belong to the same similar biologic group The prescriber has not explicitly prohibited and motivated, in writing, the substitution of the prescribed drug The pharmacist has informed the prescriber and recorded the details of the biosimilar dispensed The biological product delivered does not induce higher costs for the National Health Insurance Funds
	<p>Inter-changeability</p>	<ul style="list-style-type: none"> The ANSM has specified in May 2016 that inter-changeability was possible between biologic drugs belonging to the same similar biologic group

Sources: Public Health Code – Official Gazette – ANSM – Smart Pharma Consulting analyses

¹A specific legal framework for biosimilar medicines was introduced in Europe on March 31st, 2004, and the first biosimilar was authorized by the European Commission in April 2006 –²“Agence nationale de sécurité du médicament”: National Agency for the Safety of Medicines and Health Products

The health authorities are strongly determined to accelerate the penetration of biosimilars, but remain relatively cautious to avoid any potential public health issue

Health authorities measures to boost biosimilars

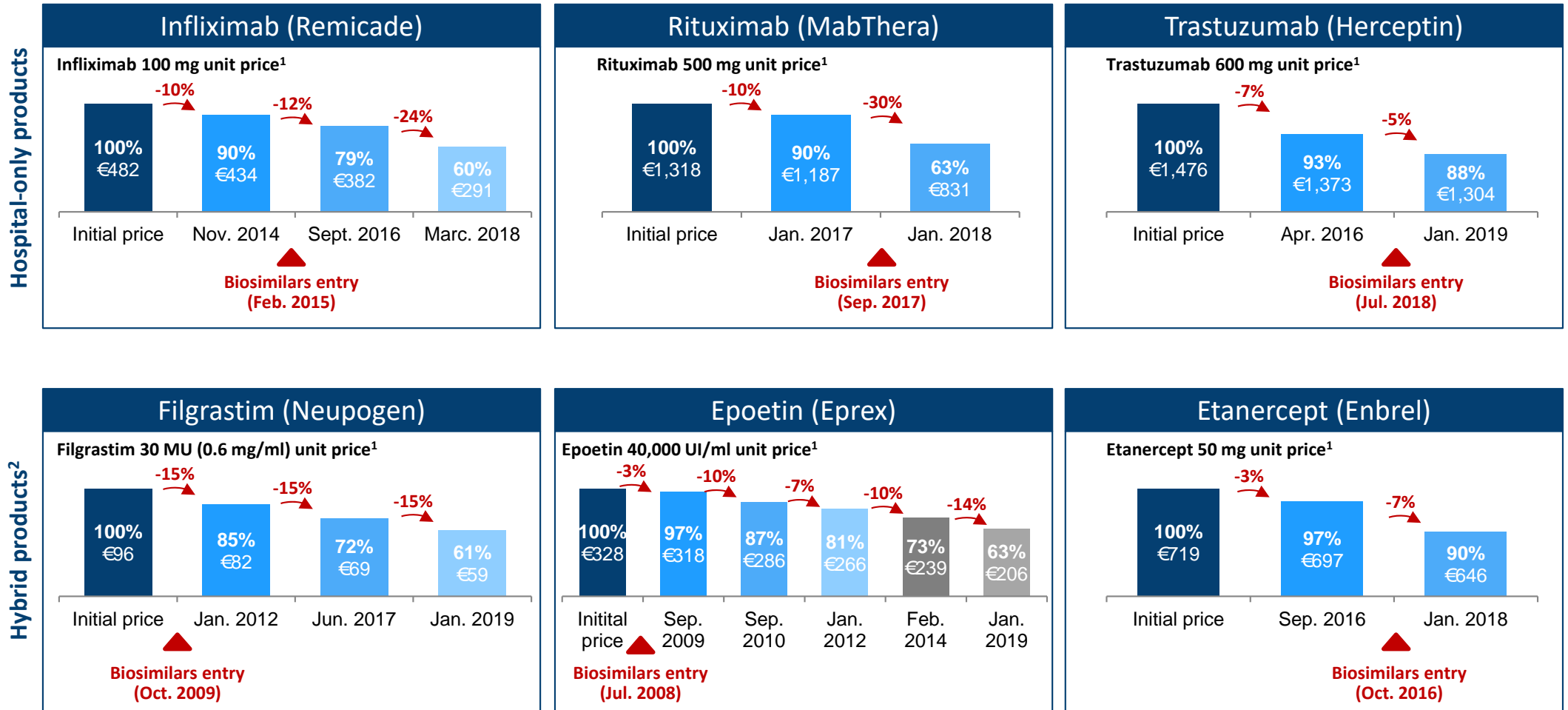
LFSS 2018 – Focus on the CAQES	2017 – Ministerial Order	LFSS 2018 – Article 51
<ul style="list-style-type: none"> Since January 2018, contracts between hospitals, health regional agencies and health insurance named CAQES¹, have set prescription targets for biosimilars <p style="text-align: center;">Objective</p> <ul style="list-style-type: none"> Achieve 70% penetration of hospital biosimilars in units, at national level² <p style="text-align: center;">Implementation</p> <ul style="list-style-type: none"> Promotion of biosimilars prescriptions in the reference list Remuneration of hospitals: 20% of the price difference between reference and biosimilar products 	<ul style="list-style-type: none"> The DGOS³, DSS⁴, DGS⁵ and the UNCAM⁶ published an order on October 12th, 2017, to require the Regional Health Agencies (ARS) to promote the use of biosimilar drugs As a result, ARS are invited to promote the use of biosimilars by: <ul style="list-style-type: none"> Informing patients Harmonizing prescribers’ practices in favor of biosimilars Helping hospitals organize tenders as soon as biosimilars are on the market Developing financial tools to measure the savings related to biosimilars The DGOS has informed that physicians are authorized to switch one biological drug by another similar one during a treatment 	<ul style="list-style-type: none"> In August 2018, the Ministry of Health launched an experiment with 45 selected hospitals to stimulate their prescription of biosimilars delivered in retail pharmacies <p style="text-align: center;">Objective</p> <ul style="list-style-type: none"> 15-points increase in biosimilar prescription rates vs. non-experimental hospitals <p style="text-align: center;">Implementation</p> <ul style="list-style-type: none"> Duration: 3 years Scope: etanercept and insulin glargine at national level⁷ Remuneration of hospital services: 30% of the price difference between reference and biosimilar products
<p>ROSP</p>	<ul style="list-style-type: none"> This bonus program, which encourages physicians to comply with “best prescribing practices” for a better efficacy/cost ratio, includes, since 2017, the prescription of the insulin glargine biosimilar 	

Sources: Decree related to CAQES and setting quality and efficiency reference objectives – Smart Pharma Consulting analyses

¹ CAQES: contract for healthcare quality and efficiency enhancement – ² In December 2017, the government has set the global (hospital and retail markets) objective of 80% biosimilar penetration by 2022 – ³ Directorate of Health Care Supply – ⁴ Directorate of Social Security – ⁵ Directorate General for Health – ⁶ National Union of Health Insurance Funds – ⁷ Adalimumab has entered in the scope of the experiment in the second quarter 2019

Excepted for trastuzumab and etanercept, whose first biosimilars were launched in 2018 and 2016 respectively, the CEPS dropped all reference prices by ~40%

Historical imposed price cuts over time



Sources: French National Health Insurance prices database – Smart Pharma Consulting analyses

¹ Ex-factory price per standard unit, excluding rebates and taxes –
² Products with sales at hospital levels and retail pharmacies

Biosimilars prices on the hospital market are either free or set by the **drug pricing committee (CEPS)**, while on the ambulatory market they are always regulated

Biosimilars price regulation – New Health Authorities Doctrine



Hospital market segment

- If the reference biological drug is included in the T2A (activity-based costing system), thus its price, as well as its corresponding biosimilars ones, will be unregulated
- If the reference biological drug is on:
 - The top of T2A hospital drug list¹ or
 - The reassigned drug list²

the CEPS (drug pricing committee) applies the following pricing principles, when the first biosimilar enters the market:

- A 30% price cut for the originator and its biosimilars
- 24 months and 48 months later, 10% to 30% additional price cuts depending on difference observed between actual net prices and prices set by the CEPS

Ambulatory market segment

- At the entry date of biosimilars:
 - The CEPS sets the price of biosimilars 40% below the price of the originator
 - The originator is imposed a price cut of 20%
- 24 months and 42 months after the entry of the first biosimilar:
 - Additional price cuts aimed at price convergence...
 - ... and depending on the respective market shares of the originator and of its biosimilars

will be imposed



Sources: CEPS Activity Reports – LEEM – IRDES – Decree of March 25th, 2016, regarding modalities of inscription to the on top of T2A list – Smart Pharma Consulting analyses

¹This list includes expensive products which are funded on top of the hospital service tariffs (hospital budget) to improve patients access to innovation – ²These products, which are on the retrocession list, can be sold to outpatients by the hospital pharmacies and, in such a case, are funded by the National Health Insurance Fund

Cost containment policies tend to make hospital prescribers increasingly concerned about costs induced by their prescriptions, providing opportunities for biosimilars

Biosimilars and cost of hospital prescriptions

Drugs dispensed at hospitals

- Since 2007, hospital expenditures are covered by the National Health Insurance Fund according to their activity level, based on a fixed fee-for-service model, called T2A¹
- As a result, hospitals have a strong incentive to pay the lowest price, as possible, for drugs and for the other goods they purchase, to achieve a balanced budget
- For drugs on “the top of T2A” and/or on the reassigned list, hospitals are reimbursed by the National Health Insurance Fund, at the reference price set by the CEPS²
- However, hospitals may obtain a lower price, and in such a case, the saving will be equitably distributed between hospitals and the National Health Insurance Fund

Biosimilars may contribute to reduce hospitals costs, but in a relatively limited proportion, knowing that drugs account for ~6% of total hospital budget³

Drugs dispensed at retail pharmacies

- The article 47 of the Social Security Act for 2010 introduced a new measure to contain the cost of drugs dispensed in retail pharmacies, but prescribed at hospitals, as this cost was increasing much faster than that related to primary care prescriptions
- This measure sets an annual maximum growth rate (+4.0% for 2018 and +3.3% for 2019) of drug expenditure related to hospital prescriptions that are bought at retail pharmacies by patients
- If exceeded, the ARS⁴ may place the offending hospital under its supervision to compel it to improve prescribing practices, and may possibly demand financial penalties

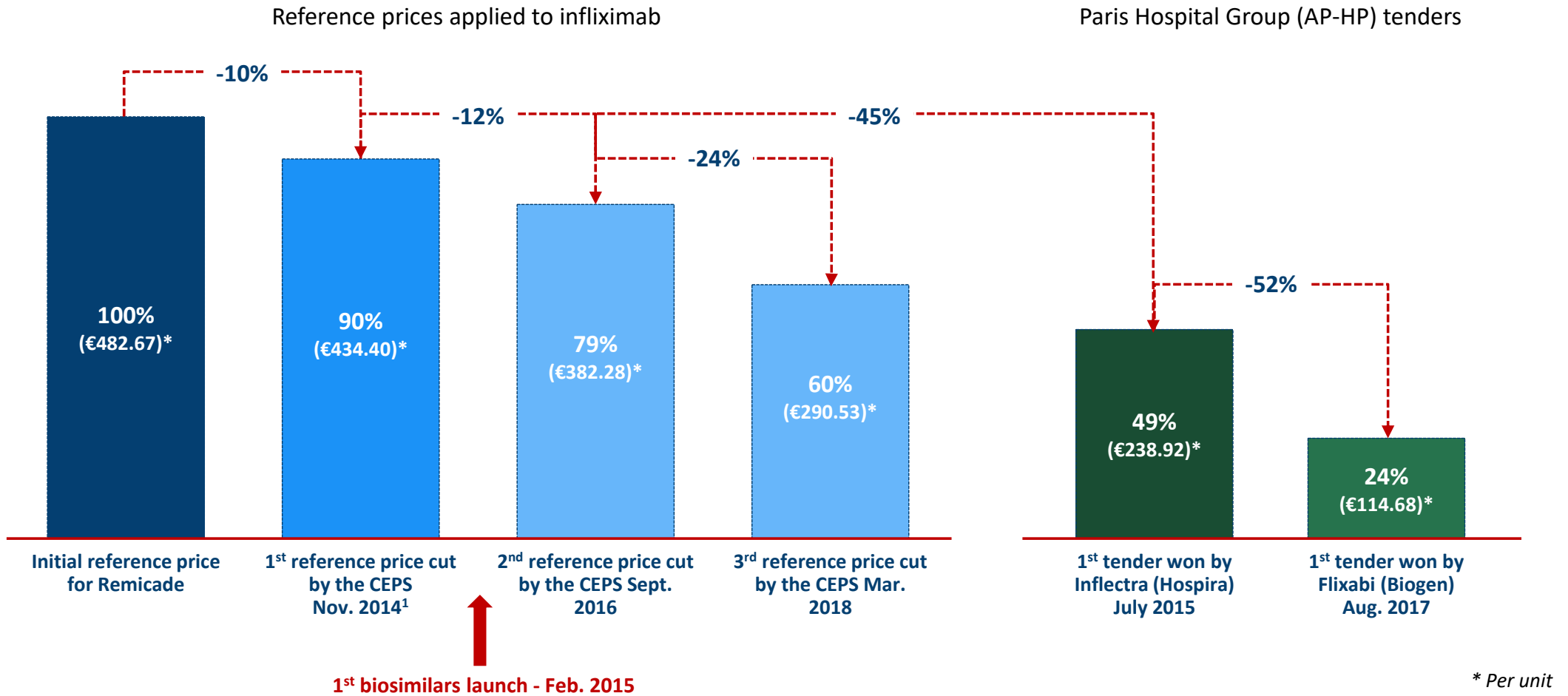
Prescription of biosimilars may help better control the cost evolution of drugs prescribed in hospital and dispensed in retail pharmacies

Sources: www.sante.gouv.fr/tarification-a-l-activite.html – Article 47, “LFSS 2010” Official Gazette, (December 27th, 2009) – Smart Pharma Consulting analyses

¹ Tarification à l’activité – ² Drug pricing committee – ³ Salaries account for ~70%, general & administrative expenses for ~18% and medical devices for ~6% – ⁴ Regional health agency

2.5 years after biosimilars entry, the net price of infliximab (ex-factory price minus hospital rebates) has been reduced by ~76%

Hospital pricing evolution – Infliximab case study



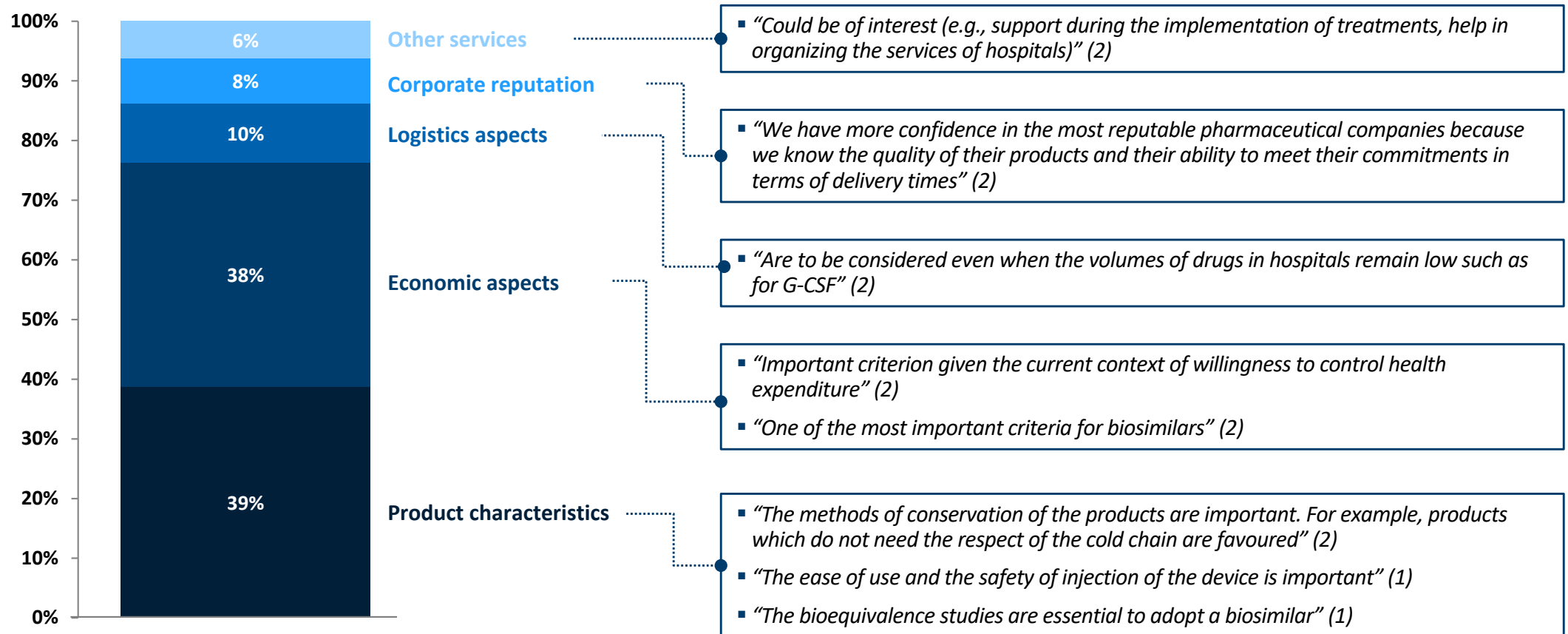
Sources: Desk research – APM News – Interviews – Smart Pharma Consulting analyses

¹ Applied to all infliximab brands, including biosimilars

The main criteria that will determine biosimilars listing in hospitals are product characteristics and economic aspects according to this pilot study

Listing procedures and protocols in hospitals

Criteria driving preference to list drugs subject to biosimilars competition at hospitals



(X): Number of quotes

Source: Interviews with 4 hospital pharmacists (October 2018) – Smart Pharma Consulting analyses

HCPs would adopt biosimilars provided their bioequivalence to the originator is proven and their pricing generates savings

Expectations from HCPs for biosimilars

“What factors might convince you to prescribe a biosimilar once the molecule has fallen into the public domain?”

+

- *“A drop in pricing” (10)*
- *“Bioequivalence to the original brand” (2)*
- *“An optimal presentation of the product: no reconstitution, already packaged in the syringe!” (1)*
- *“That the treatment is in adequacy with the challenges and prescription goals of the CAQES¹ plan” (1)*
- *“That the treatment be listed within the Unicancer² market” (1)*

“What would be the barriers to use a biosimilar?”

-

- *“If there is an uncertainty about the true biosimilarity of the product due to fewer clinical studies and a lack of perspective on its use” (4)*
- *“If it is not listed within my hospital” (3)*
- *“If the packaging is less convenient to use” (2)*

“What would you recommend pharma companies to do to reinforce your preference?”

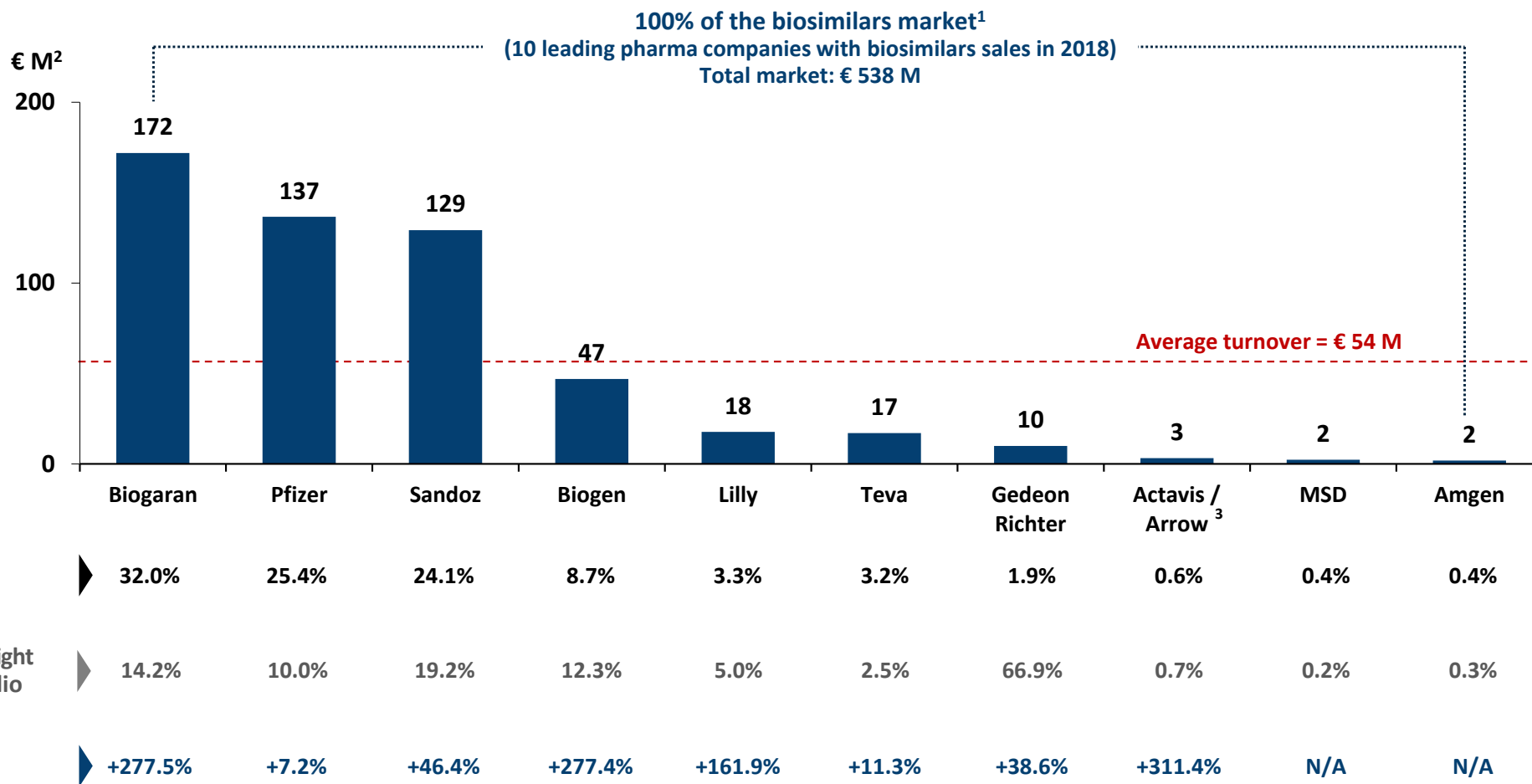
- *“To offer competitive prices where the savings made by the healthcare facility are substantial” (4)*
- *“To perform clinical bioequivalence trials for biosimilar products with follow-up over time, and injection site tolerance tests” (2)*
- *“To provide field monitoring services to ensure proper use of products” (2)*
- *“To develop long-acting forms and to target product conservation issues” (2)*
- *“To stop focusing on medico-economics only and to invest in clinical studies too” (1)*

Number of respondents: 10

(X): Number of quotes

In 2018, Biogaran, Pfizer and Sandoz generated individually more than € 100 M sales and represented together ~82% of the French biosimilars market in value terms

Top 10 companies on the biosimilars market – In value¹ (2018)

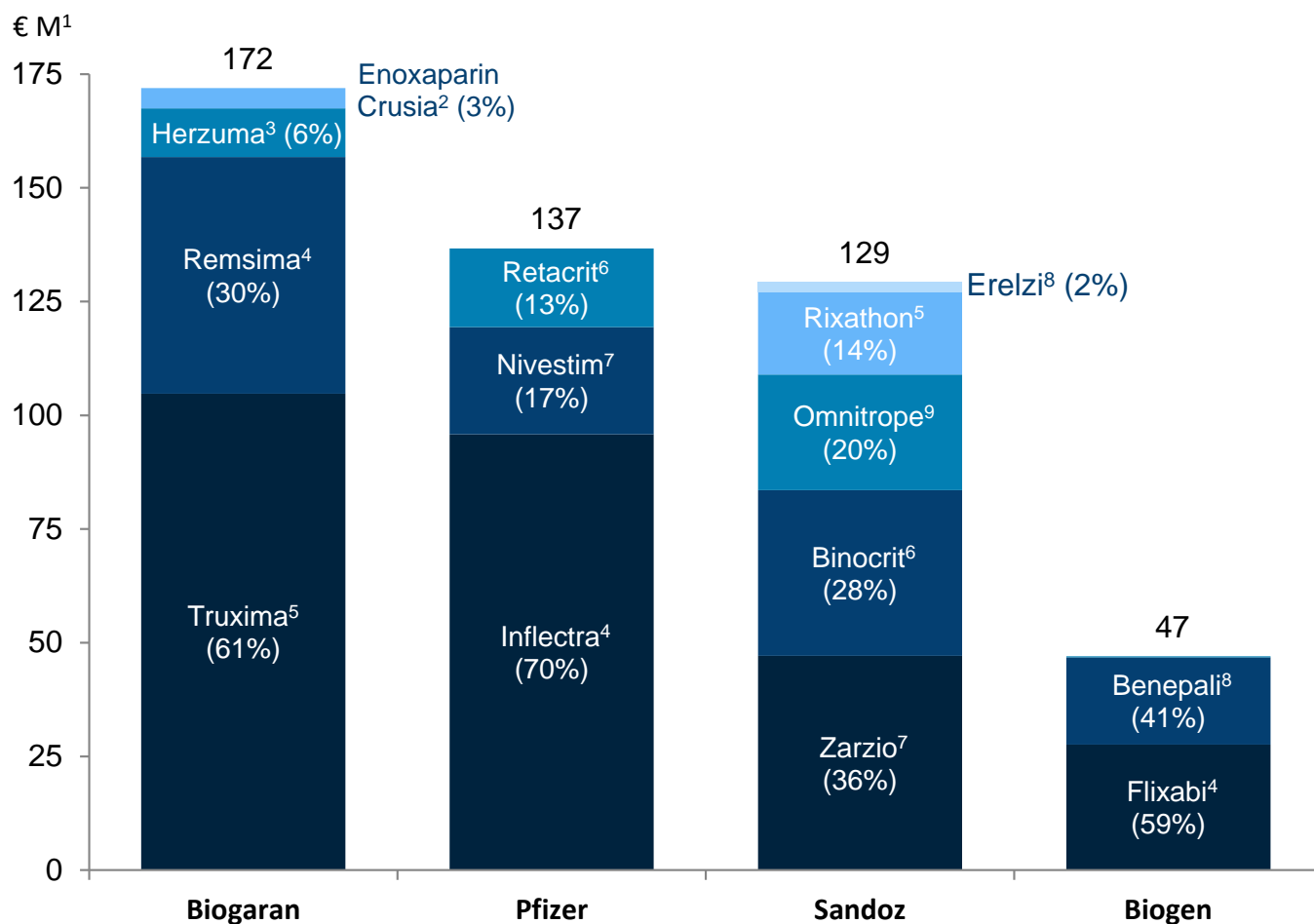


Sources: GERS – Smart Pharma Consulting analyses

¹ Both retail and hospital sales – ² Ex-factory price, excluding taxes and rebates – ³ Part of Aurobindo, since its acquisition of Actavis in 2014

In 2018, the top 4 companies operating on the French biosimilars market had from 2 to 5 brands, and sales split on the hospital and retail market segments

Top 4 companies on the biosimilars market – Portfolio structure (2018)



- **Biogaran:**
 - ~97% of prescriptions and sales come from hospital-only drugs (i.e., Truxima, Remsima and Herzuma) which are prescribed and dispensed at hospital
- **Pfizer:**
 - All biosimilars are either prescribed or initiated by hospital physicians
 - 26% of the corresponding sales are purchased at retail pharmacies
- **Sandoz:**
 - All biosimilars are either prescribed or initiated by hospital physicians
 - ~72% of Sandoz sales are generated at retail pharmacies
- **Biogen:**
 - All biosimilars are either prescribed or initiated by hospital physicians
 - ~40% of sales are bought at retail pharmacies

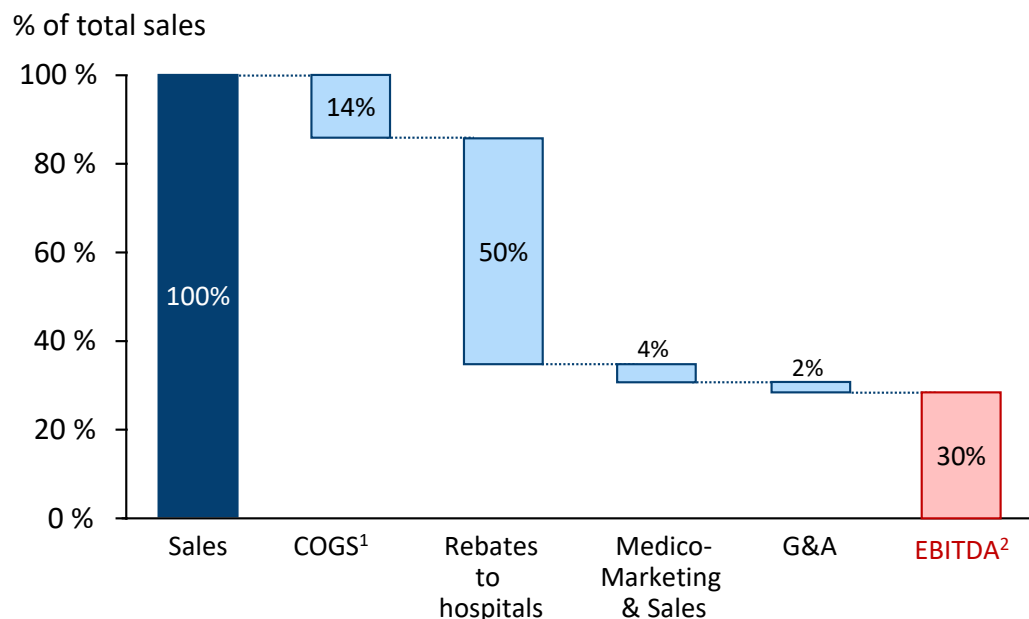
Sources: GERS – Smart Pharma Consulting analyses

¹ Both retail and hospital sales, in ex-factory price, excluding taxes and rebates – ² Enoxaparin sodium – ³ Trastuzumab – ⁴ Infliximab – ⁵ Rituximab – ⁶ Epoetin – ⁷ Filgrastim – ⁸ Etanercept – ⁹ Somatropin

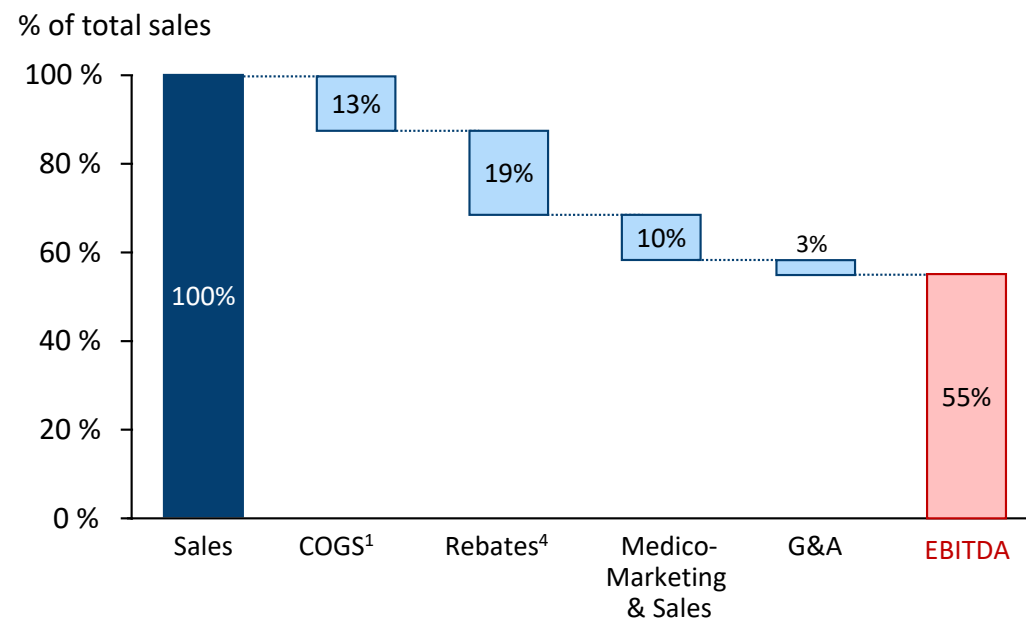
The hospital-only biosimilar model appears to be less profitable than the hybrid one due to a much higher level of rebates granted by pharma companies

Estimated profitability of leading pharma companies on the biosimilars market (2018)

Hospital-only biosimilar model



Hybrid biosimilar model



- Estimates based on annual sales of € ~150 M generated by hospital-only biosimilars, with an average price list of 30% below the price of original brands before they enter the market
- Average discounts to hospitals: -50% on price list (ex-factory price)
- Medico-marketing and sales costs, incl.: 5 KAMs and 5 MSLS
- All other costs included in G&A³

- Estimates based on total annual sales of € ~130 M of which € ~90 M (72%) sold on the retail market, with an average price list of 40% below the price of original brands before they enter the market
- Average discounts to hospitals: -50% to -90% on price list⁴
- Medico-marketing and sales costs, incl.: 3 KAMs, 40 Reps and 4 MSLS
- All other costs included in G&A

Sources: Smart Pharma Consulting interviews with 5 General Managers of companies operating in the biosimilars market – Smart Pharma Consulting estimates

¹ Cost of goods sold, including licensing fees and distribution costs – ² Earnings before interest, taxes, depreciation and amortization – ³ Registration costs, head office costs, management costs, support functions – ⁴ ~50% to hospital-only drugs, ~90% to non-hospital-only drugs. No significant rebates granted to retail pharmacies

The most important success factor on the biosimilars market is to be the 1st market entrant and remain the only biosimilar, for several months

Key success factors on the biosimilars market

#1 – Be the 1st entrant

- The historical analysis of the French market shows that the first entrants have a bigger market share than the followers
- When a biosimilar benefits from a temporary period of monopoly, the probability it wins hospital tenders vs. the originator is very high
- Once a market has been won, it is locked for two to three years and the following biosimilars must wait

#2 – Offer the best price

- The lowest the price offer, the highest the probability to win the tenders, especially for hospital-only products for which the savings for the hospital can be important, unlike for the biosimilars which are mainly bought at retail pharmacies
- Superior product attributes and/or services may help a biosimilar win a tender, in certain cases, only if its price offer is not superior to 10% to 15% than the lowest bidder

Key Success Factors

#4 – Develop services

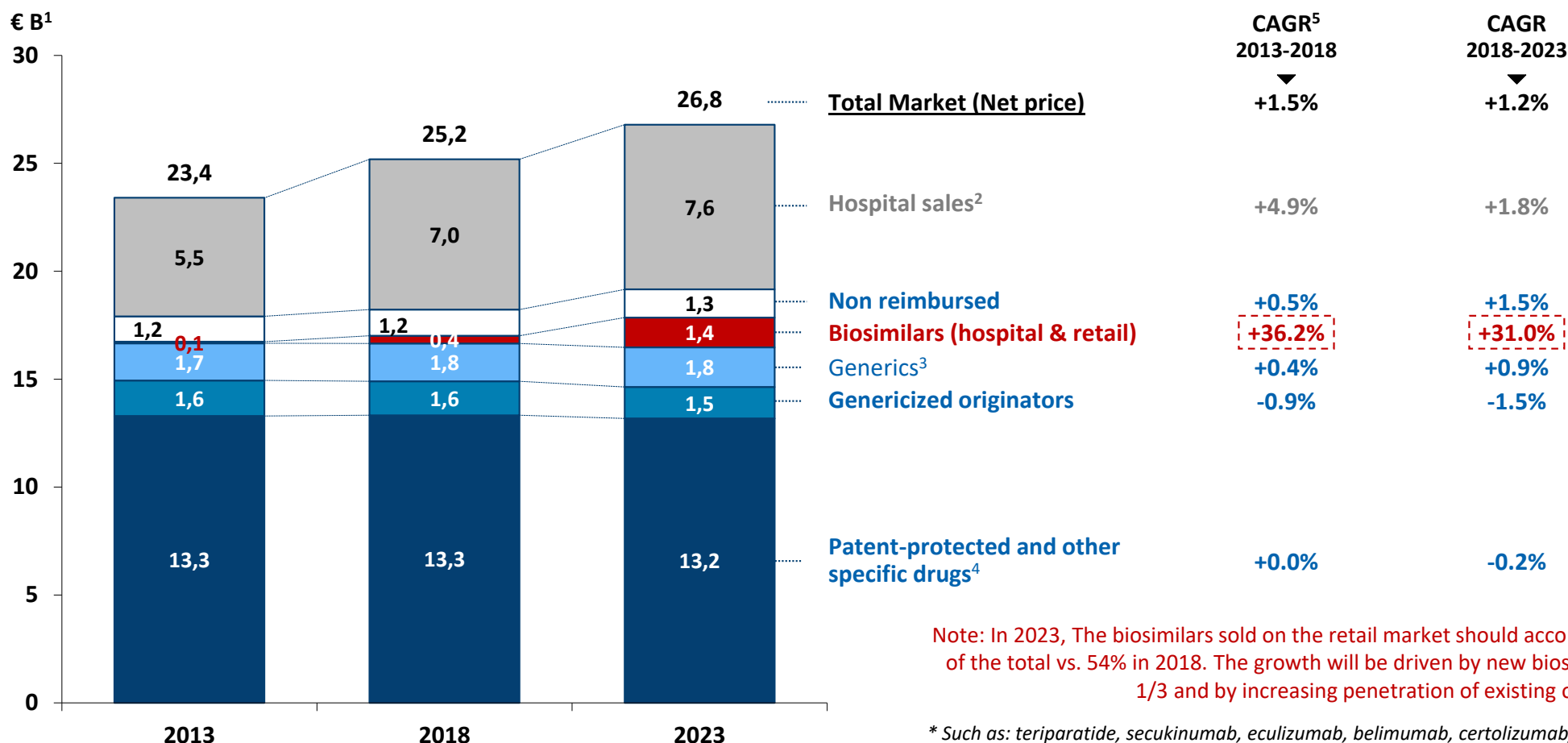
- Services proposed to hospital pharmacists, physicians, nurses and patients to facilitate the procurement, the prescription, the patient education and the drug usage may play a significant role to get preferred by hospital HCPs⁴
- Market insights (knowledge and understanding) of in-field collaborators are a prerequisite to deliver highly valued services
- The quality of services will reinforce the reputation of the biosimilars company and preference of HCPs for its products

#3 – Propose a better product

- There are possibilities to differentiate biosimilars amongst themselves and vs. the corresponding original biologic:
 - Amgevita (Amgen) and Hulio (Viatris) propose a citrate-free version of adalimumab, as Humira (AbbVie)¹ does since 2018, associated with less injection site-related pain²
 - Benepali (Biogen), a biosimilar of etanercept, has shown in a European study³ that its autoinjector was easier to operate and more intuitive to use compared with the Enbrel (Pfizer) one, according to 86% of the 149 nurses who had been interviewed

The biosimilars market should reach € 1.4 B in net value in 2023, with 1/3 of the growth driven by new biosimilars and 2/3 by increasing penetration of existing ones

Drugs sales forecast by segment (2013 – 2018 – 2023) – Net price



Note: In 2023, The biosimilars sold on the retail market should account for 68% of the total vs. 54% in 2018. The growth will be driven by new biosimilars* for 1/3 and by increasing penetration of existing ones for 2/3

* Such as: teriparatide, secukinumab, eculizumab, belimumab, certolizumab, ipilimumab, bevacizumab, ranibizumab, liraglutide, cetuximab, natalizumab, abatacept, insulin lispro

Sources: GERS dashboards – Smart Pharma Consulting estimates

¹ Constant ex-factory prices including estimated rebates to hospital and retail pharmacists – ² Excluding hospital sales of biosimilars but including all other products on the hospital budget and products invoiced in addition of the hospitalization charges (on top of T2A) and reassigned medicine sales – ³ Reimbursable generics and quasi-generics – ⁴ Sales of drugs whose patents have not expired and of other specific products (calcium, sodium, potassium, paracetamol, etc.) – ⁵ Compound annual growth rate

The future growth of biosimilars will be mainly driven by health authorities' measures introduced to boost HCPs¹ prescriptions and by LOE² of several high sales biologics

Drivers & limiters of the biosimilars market (2013 – 2018 – 2023)

	Drivers	Limiters
Health authorities & Payers	<ul style="list-style-type: none"> Biosimilars can increase access to treatments by: <ul style="list-style-type: none"> Decreasing the overall treatment costs and thus Increasing affordability (treatment of larger populations) Increasing body of evidence showing the reliability, efficacy and quality of biosimilars 	<ul style="list-style-type: none"> “Precaution principle”: high cautiousness due to major public health issues in the past (e.g., blood transfusions contaminated with HIV, growth hormone case, sudden increase of pure red cell aplasia (PRCA) with Eprex³) Substitution permitted by law since Dec. 2013 but not implemented, in the absence of the corresponding decree
Hospital HCPs	<ul style="list-style-type: none"> They contribute to improve hospitals financial balance Objective of penetration set at hospital level (CAQES) Financial incentives proposed by health authorities for prescribing biosimilars (i.e., insulin glargine, etanercept, adalimumab) through the “article 51” experiment For physicians, biosimilars are an alternative to reference products (in case of shortage for instance) 	<ul style="list-style-type: none"> No guarantee of perfect equivalence with the reference product Physicians generally have close relationships for many years with original brand companies, which may discourage some of them to use (extensively) biosimilars
Patients	<ul style="list-style-type: none"> None, except in cases where patients might have to bear (totally or partially) the cost of biological drugs 	<ul style="list-style-type: none"> Preference for originators, on principle, especially in the case of serious and/or chronic diseases
Biosimilar companies	<ul style="list-style-type: none"> Increasing number of biosimilar products per molecule accelerates market penetration and reduces hospital prices ~13 biologics with high sales levels will lose their market exclusivity and face biosimilar competition from 2018 to 2023 	<ul style="list-style-type: none"> The intensification of competition drives biosimilar prices down and jeopardizes biosimilar companies' profitability... ... rendering the market much less attractive for new players

Sources: IQVIA PharmaStat (as of February 2019) – Smart Pharma Consulting analyses based on external interviews

¹ Healthcare professionals – ² Loss of exclusivity – ³ Increase in PRCA explained by an increase in the immunogenicity of Eprex following a formulation change in 1998, in which the human serum albumin stabilizer was replaced with polysorbate 80 and glycine

The market of biosimilars will benefit from the launch of new products in existing classes and in new classes by 2023

Executive summary

1. The market structure and dynamics

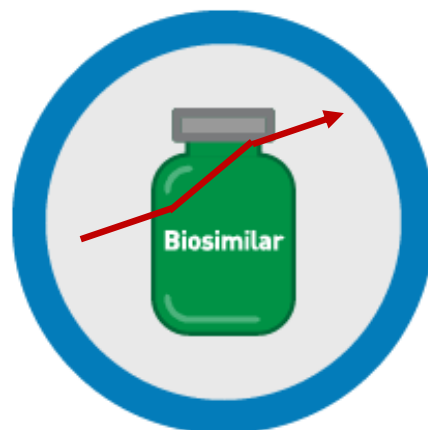
- From 2014 to 2018, the market has increased four-fold¹
- The penetration of hospital-only biosimilars is must higher than the one of biosimilars which are also delivered on the retail market

6. The 2018 – 2023 market growth

- The market should increase by € 1 B, thanks to the LOE of blockbusters (e.g., Avastin, Lucentis) and the increasing market penetration of recent biosimilars (e.g., Humira, Herceptin)

5. The key success factors

- Enter first the market
- Be the lowest-priced bidder...
- ... and/or offer superior services
- Offer a better product than competitors



2. The French regulatory environment

- Since 2017, health authorities have multiplied the initiatives to boost the biosimilars market
- They have also developed a doctrine defining the decrease of biosimilars price over time

3. The customers behaviors

- Hospital listing and prescribing depend mainly on product attributes and price
- Despite authorization for retail pharmacists to substitute filgrastim and pegfilgrastim, physicians remain the key driver

4. The competitive landscape

- The top 3 leading players³ have generated more than € 100 M gross sales in 2018, accounting for ~82% of the market in value
- They have generated EBITDA⁴ rates ranging from 30% to 60% of gross sales

Dietary Supplement & Baby Care Markets

MARKET INSIGHTS

Key Learnings based
on a French Qualitative Study

Smart Pharma Consulting has carried out a qualitative study to review the dietary supplement and baby care markets in France and to draw key learnings

Context – Objective – Methodology

Context

- The dietary supplement market is estimated at around €13 bn in Europe, with an average annual growth of 4%
- With €2 bn, France accounts for ~16% of the European market, behind Italy and Germany
- Pharmacies and drugstores account for ~60% of dietary supplement sales in France and...
- ... phytotherapy products account for 41% of the market

Objectives

- The objective of this study was to collect and analyze stakeholders' thoughts to:
 - Better understand the specificities of the dietary supplement and baby care markets in France
 - Anticipate their evolution
 - Determine the key success drivers for manufacturers

Methodology

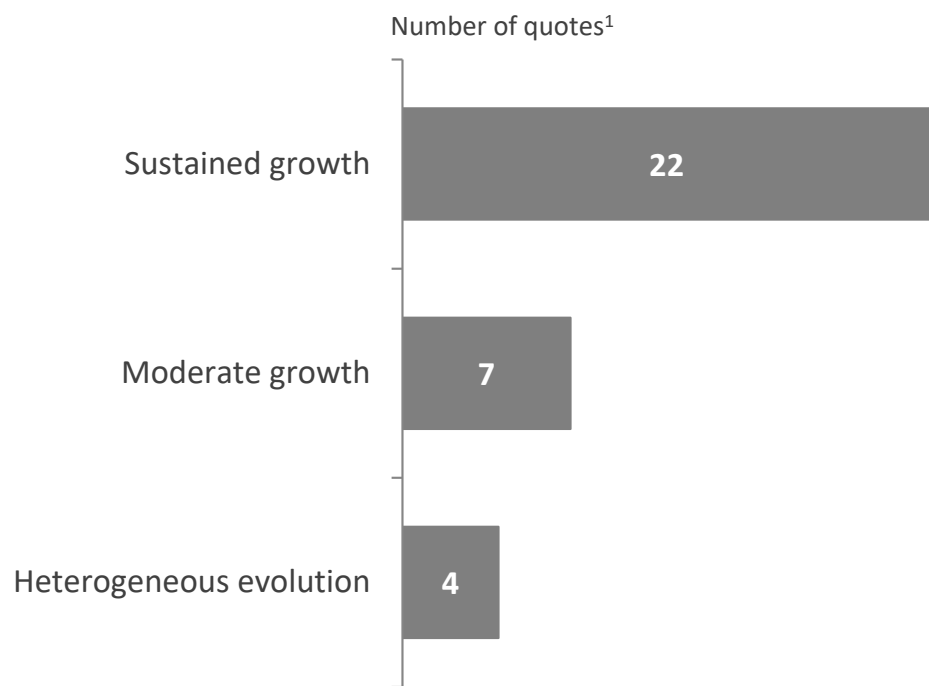
- Individual interviews have been conducted with:
 - 30 retail pharmacists
 - 20 physicians
 - 5 midwives
 - 5 manufacturers
- Self-administered questionnaires have been fulfilled by 85 consumers at retail pharmacies...
 - ... while purchasing a dietary supplement or a baby care product

According to retail pharmacists, dietary supplements and baby care markets have shown a sustained growth since 2017 and are expected to continue to grow by 2025

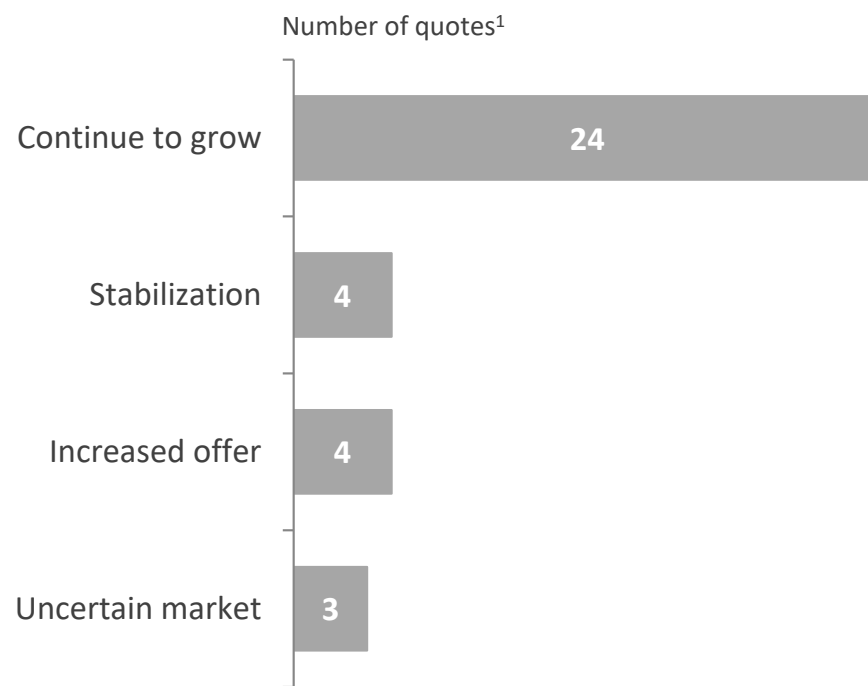
Market trends and perspectives

“How has your dietary supplement and baby care business evolved since 2017 and how do you anticipate its evolution by 2025?”

2017-2021



2021-2025



Number of respondents: 30

Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

Major prescribers of dietary supplements and baby care products are GPs and specialist physicians who mostly increased their prescription or did not change their practice

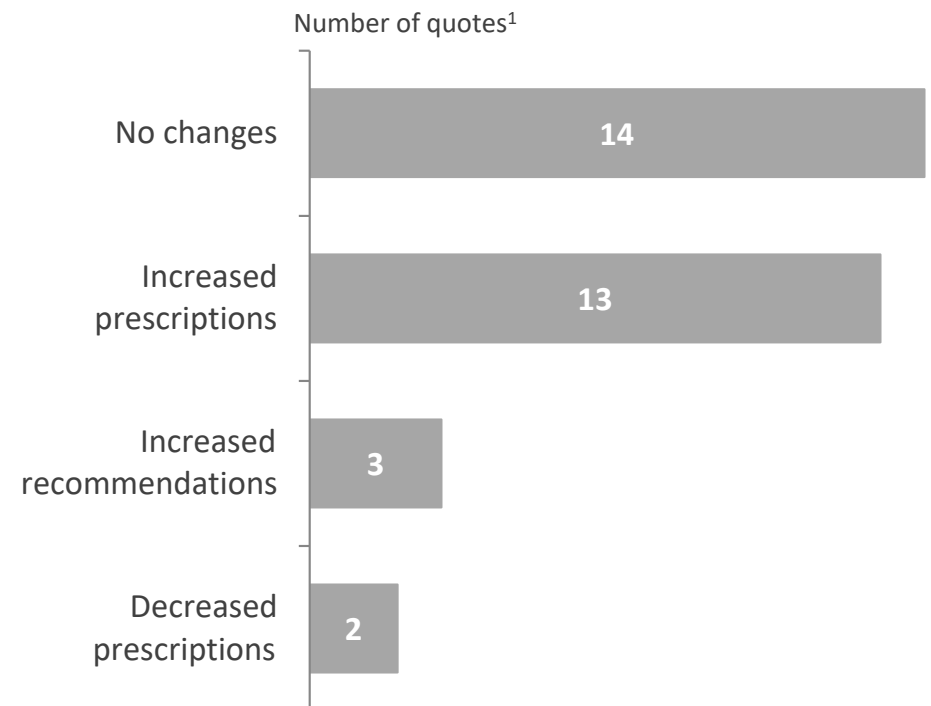
Prescribers

“What is the profile of “major prescribers” and their likely behavioral trends re. dietary supplements and baby care products?”

Prescribers’ main profiles



Prescribers’ behavioral trends



Number of respondents: 30

Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

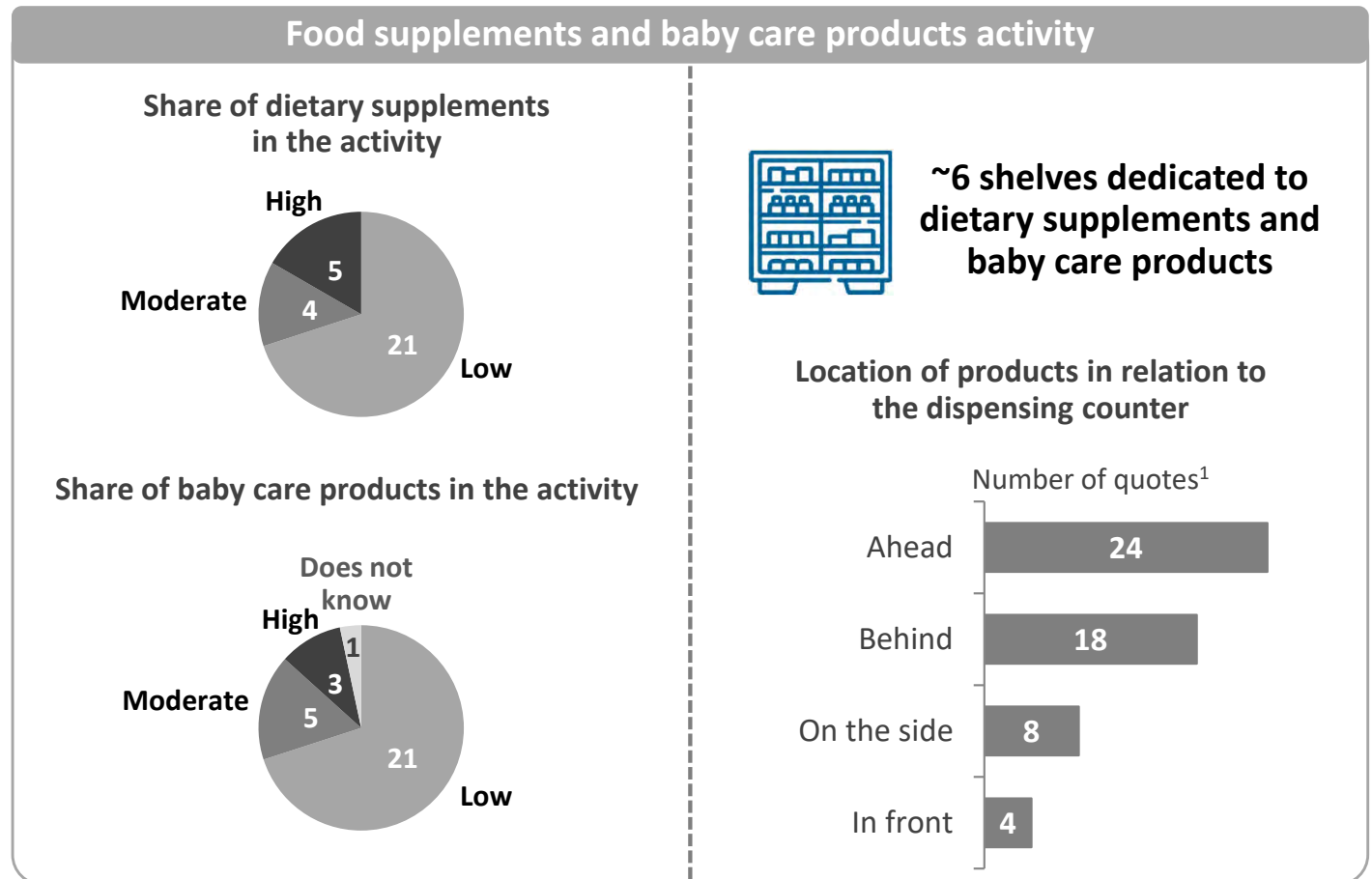
¹ Several answers possible

The interviewed pharmacists mostly consider that dietary supplements and baby care products represent a small part of their activity and for these products, they dedicate ~6 shelves

Pharmacists – Profile of pharmacies



Number of respondents: 30



Number of respondents: 30

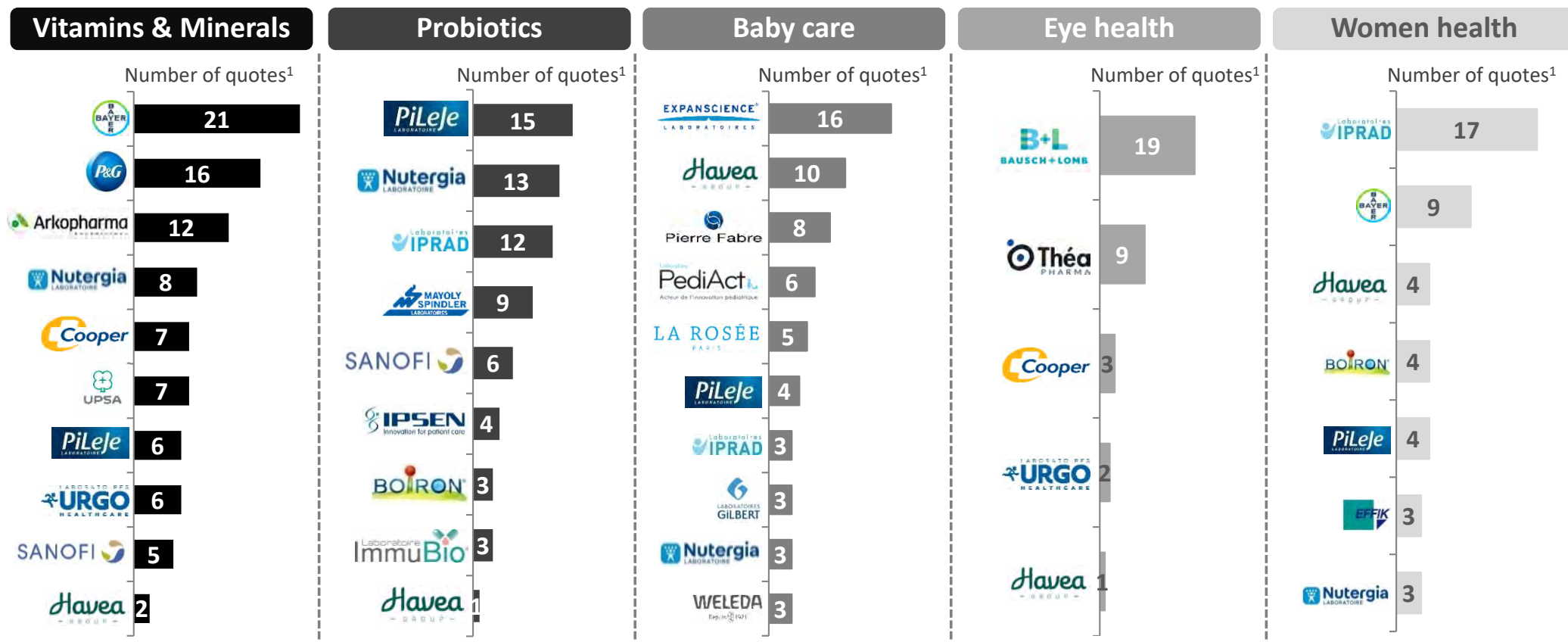
Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

In terms of proposed brands, retail pharmacists' preference varies significantly by selected category, leading to heterogeneous competitive positions

Pharmacists – Top proposed brands

“What are the top brands you propose in the following segments?”



Number of respondents: 30

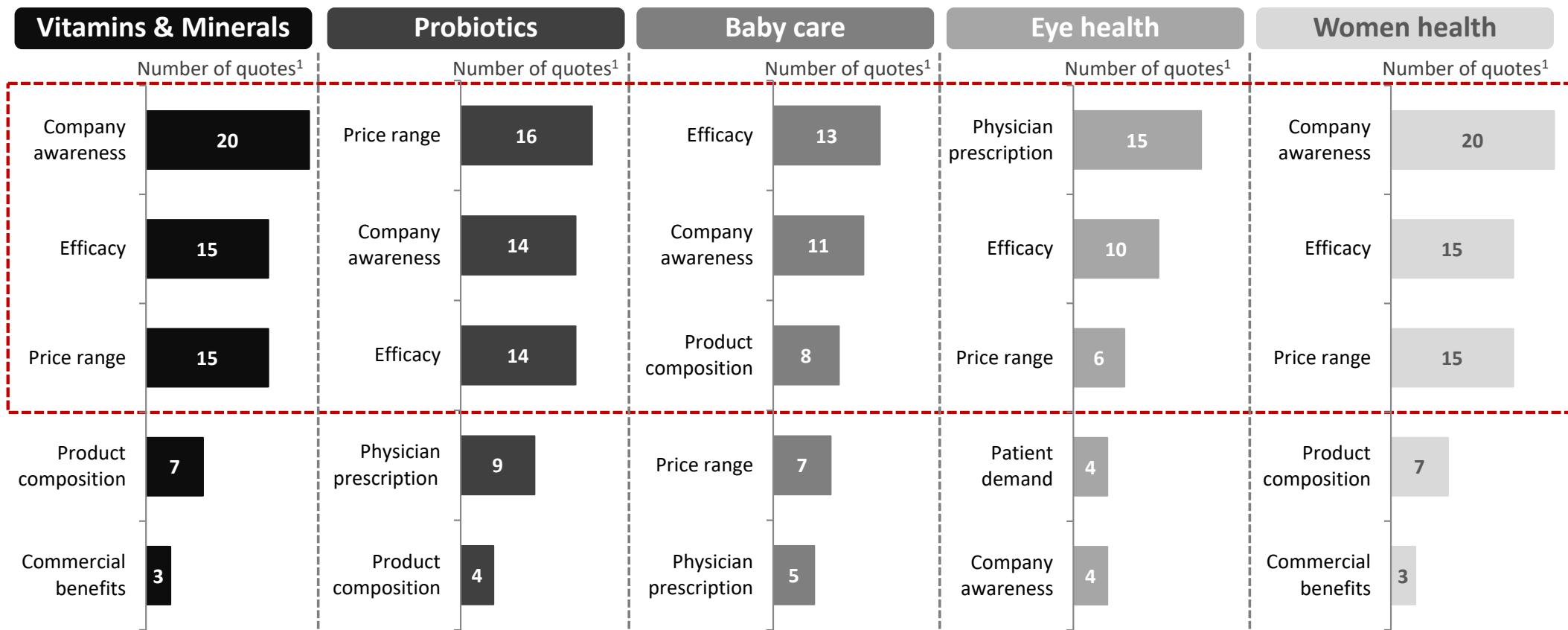
Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

Awareness of the company, efficacy of its products and price range are the main criteria that encourage pharmacists to recommend dietary supplements and baby care products

Pharmacists – Criteria determining proposition

“What are the criteria that encourage you to propose a dietary supplement or a baby care product rather than another one?”



Number of respondents: 30

Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

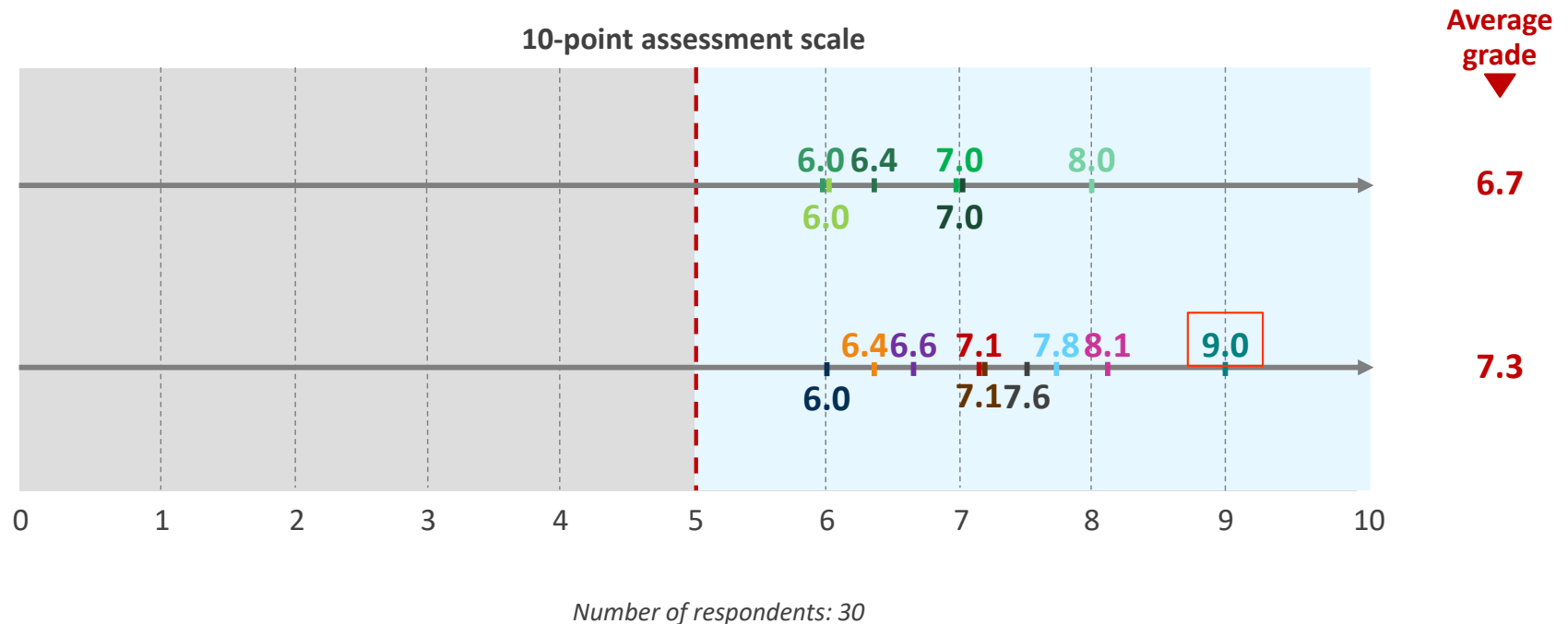
¹ Several answers possible

The opinion of pharmacists re. the following selection of companies operating on the dietary supplements and baby care markets is globally positive, with a special mention for NHCO

Pharmacists – Brands perception

“How would you evaluate the following companies on a scale from 0 (very negative opinion) to 10 (very positive opinion)?”

- | | | | | | | | | |
|-------------------------|-----------------------|--------------------------|----------------|--------------|-----------|--------|--------|-------------|
| Densmore (women health) | Densmore (eye health) | Vitavea-Vitarmony-Manhaé | Aragan | Calmosine | Synactifs | | | |
| Solgar | Expanscience | Arkopharma | Iprad-Biocodex | Pierre Fabre | Nutergia | Cooper | Pileje | NHCO |



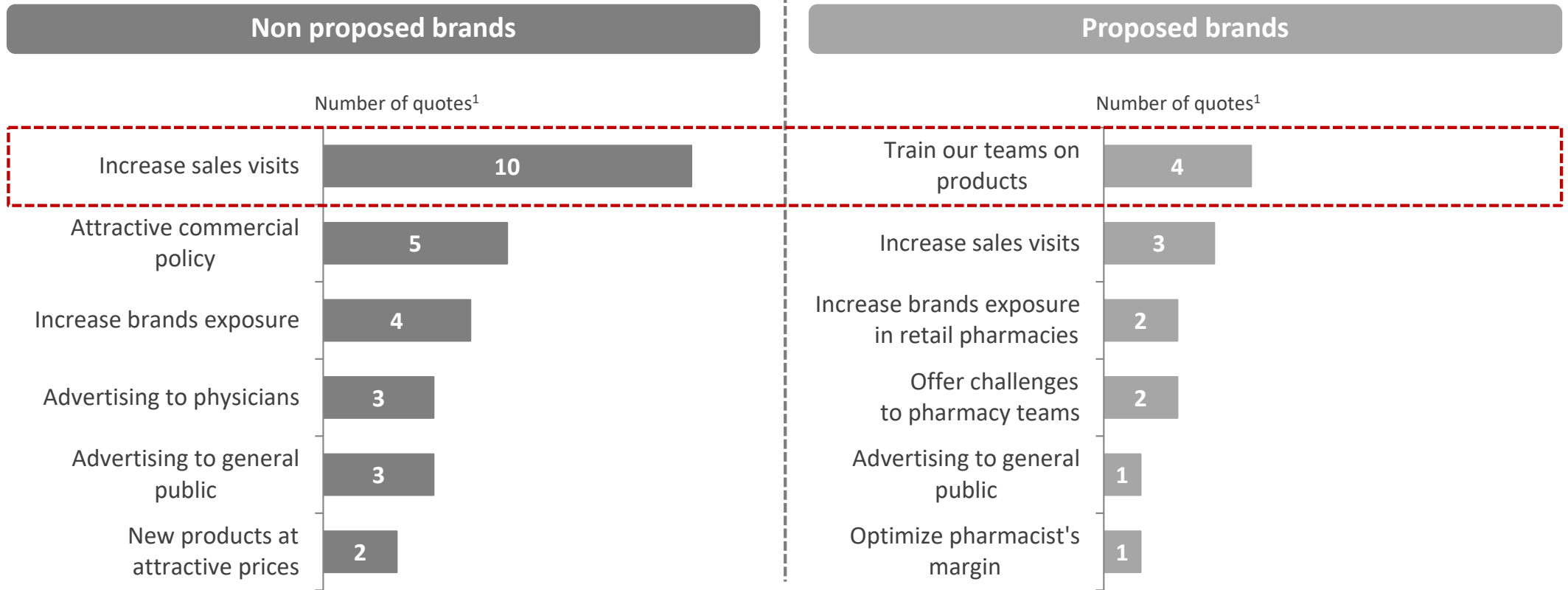
Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

Pharmacists recommend companies to increase sales calls to encourage them to propose their brands and trainings to help them drive sales

Pharmacists – Recommendations to make them propose / sell more brands

“For brands you don’t propose, what would it take to propose them?”

“For brands you propose, what would you need to drive their sales?”



Number of respondents: 30

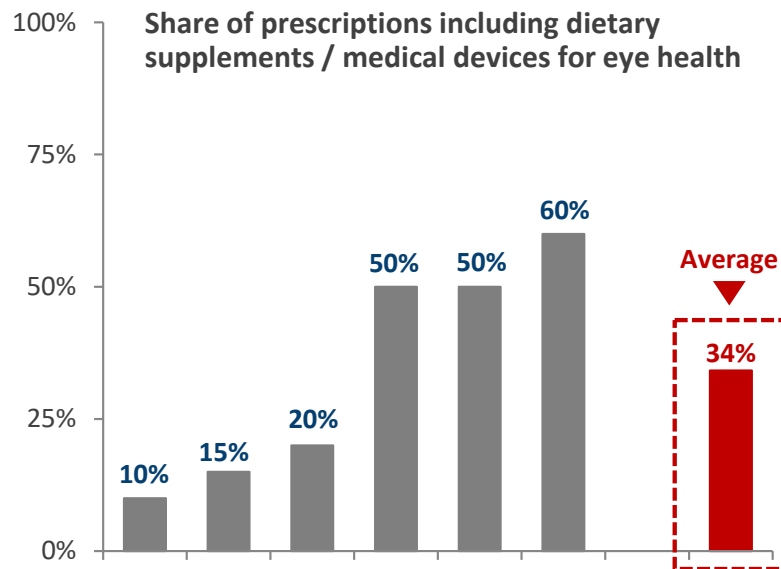
Sources: Interviews conducted with 30 retail pharmacists (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

Ophthalmologists add dietary supplements / medical devices to 34% of their prescriptions and they always prescribe them by brand name

Ophthalmologists – Prescription behavior

“What percentage of your prescriptions includes medical dietary supplements / medical devices for eye health?”



2017–2020 market trend	▶	↗	=	↗	↗	=	=
2021–2025 perspectives	▶	↗	↗	↗	↗	↗	=

“Do you prescribe dietary supplements / medical devices as single treatments or combined with other treatments?”



“When prescribing dietary supplements / medical devices, do you indicate a specific brand name, or let the pharmacist and/or the patient choose it?”



Number of respondents: 6

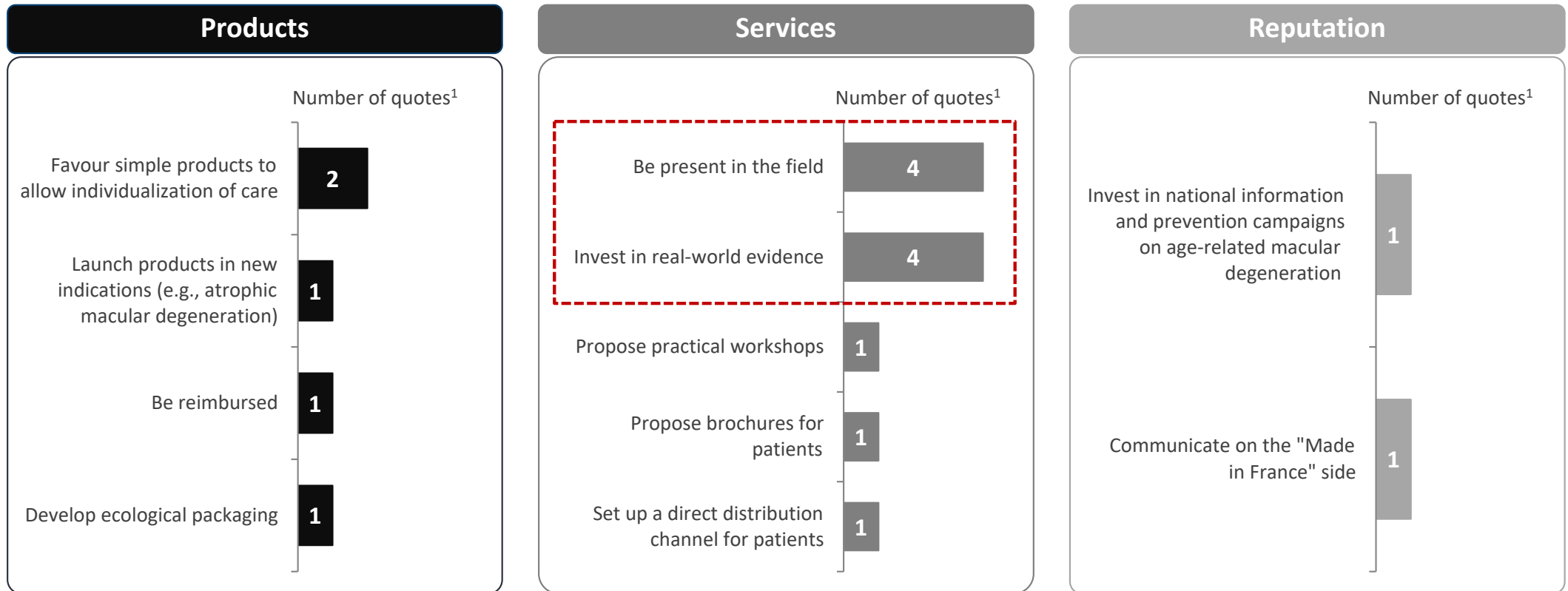
(X): Number of quotes

Sources: Interviews conducted with 6 ophthalmologists (September – October 2021) – Smart Pharma Consulting analysis

Ophthalmologists recommend companies operating in the eye health market to be present in the field and to invest in real-world evidence

Ophthalmologists – Recommendations

“What would you recommend to companies marketing dietary supplements / medical devices for eye health to strengthen your preference for their brands (in terms of products – services – reputation)?”



Number of respondents: 6

Sources: Interviews conducted with 6 ophthalmologists (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

Most of pediatricians and midwives prescribe baby dietary supplements by brand name, but to a lesser extent hygiene and care products for which only two-thirds are prescribed in brand name

Pediatricians / Midwives – Prescription behavior

“When prescribing dietary supplements and/or hygiene and care products for babies, do you indicate a brand name, or let the pharmacist and/or the patient choose it?”

“Did your practice in terms of prescribing/recommending dietary supplements or hygiene and care products change?”

Dietary supplements

Hygiene and care

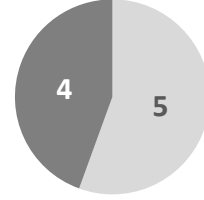
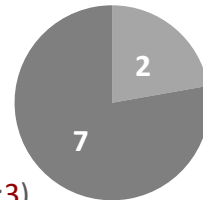
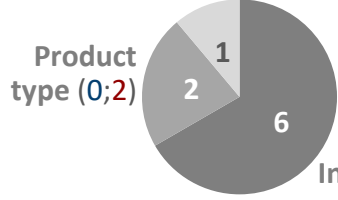
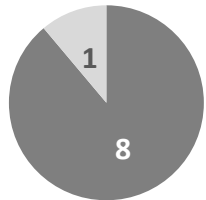
Dietary supplements

Hygiene and care

It depends (0;1)

It depends (0;1)

Yes (0;2)



In brand name (4;4)

In brand name (4;2)

No (4;3)

Yes (2;3)

(Pediatricians ; Midwives)

Number of respondents: 9

(Pediatricians ; Midwives)

Number of respondents: 9

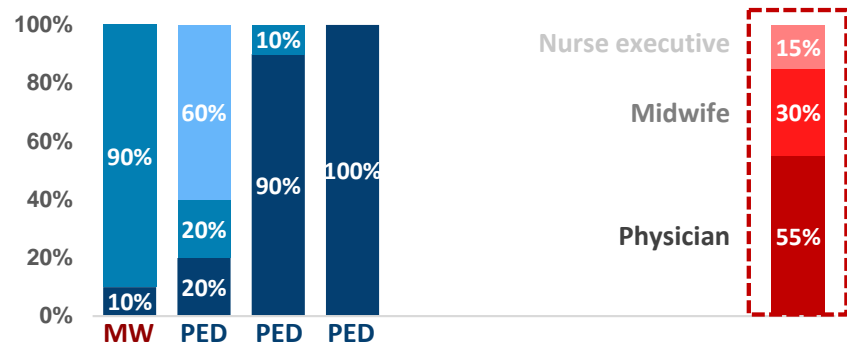
Sources: Interviews conducted with 4 pediatricians and 5 midwives (September – October 2021) – Smart Pharma Consulting analysis

On average, it is mainly physicians who prescribe or recommend dietary supplements and baby care products in maternity wards, followed by midwives

Pediatricians / Midwives – Prescription behavior

“In maternity wards who decide to prescribe/recommend baby dietary supplements (probiotics) or baby care products?”

Distribution of the origin of dietary supplement or baby care product prescriptions/recommendations



Number of respondents: 4¹

Comments

- “For products prescribed at the **end of the stay in the maternity ward**, it is **systematically the physician who makes the decision to prescribe**” (1;0)
- “For products used **during the stay in the maternity ward**, it is a **joint decision between the pediatrician in charge, the hospital pharmacist and the nurse executive**” (1;0)
- “**Nurse executives have a strong hold on babies' first weeks of life**” (1;0)

(Pediatricians ; Midwives)

Market trends and perspectives

	Pediatricians				Midwives				
2017-2020 dietary supplements market trend	=	=	=	=	=	↗	↗	=	↘
2017-2020 hygiene and care products market trend	=	↗	=	=	=	=	↗	↗	↘
2021-2025 perspectives	=	=	Does not know	Does not know	Does not know	↗	Does not know	↗	↗

Number of respondents: 9

(X): Number of quotes

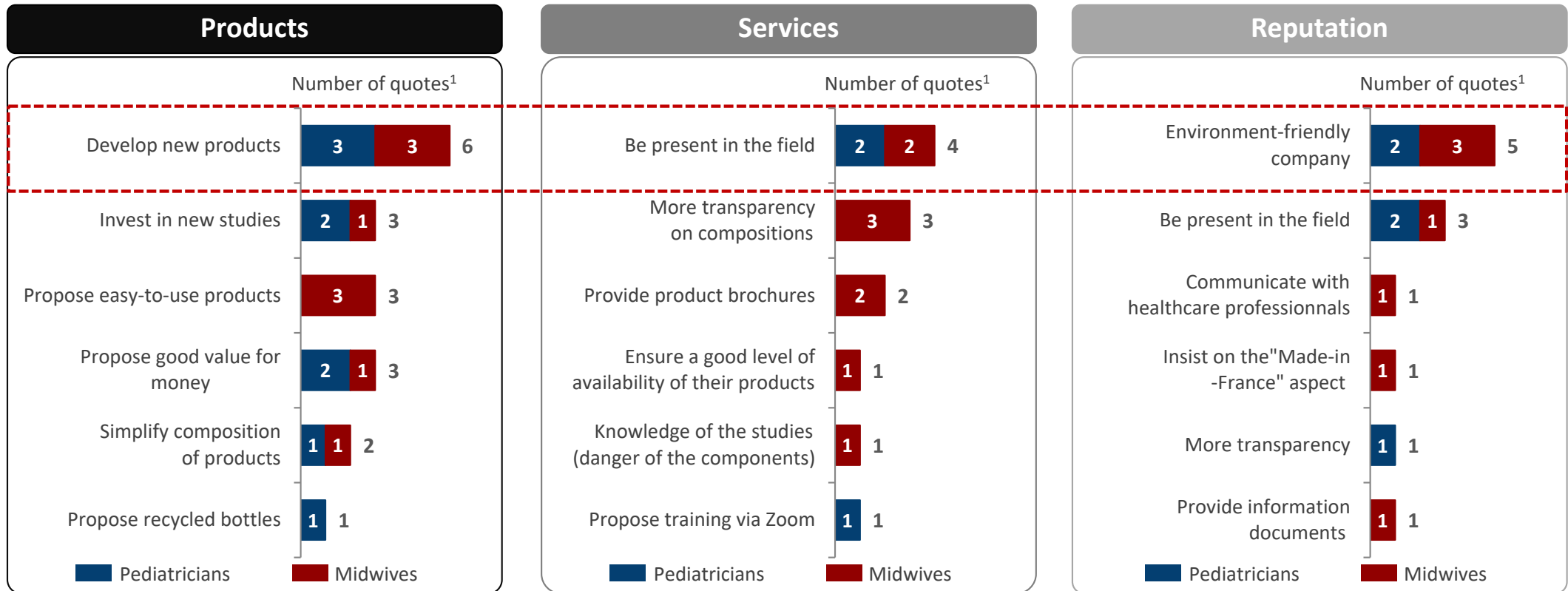
Sources: Interviews conducted with 4 pediatricians and 5 midwives (September – October 2021) – Smart Pharma Consulting analysis

¹ Only 4 respondents practice in maternity wards

To strengthen pediatricians and midwives' preference for their brands, companies should develop new products, be present in the field, and be more environment-friendly

Pediatricians / Midwives – Recommendations

“What would you recommend to companies operating in the dietary supplement and/or hygiene and care product markets for babies’ health to strengthen your preference for their brands (in terms of products – services – reputation)?”



Number of respondents: 9

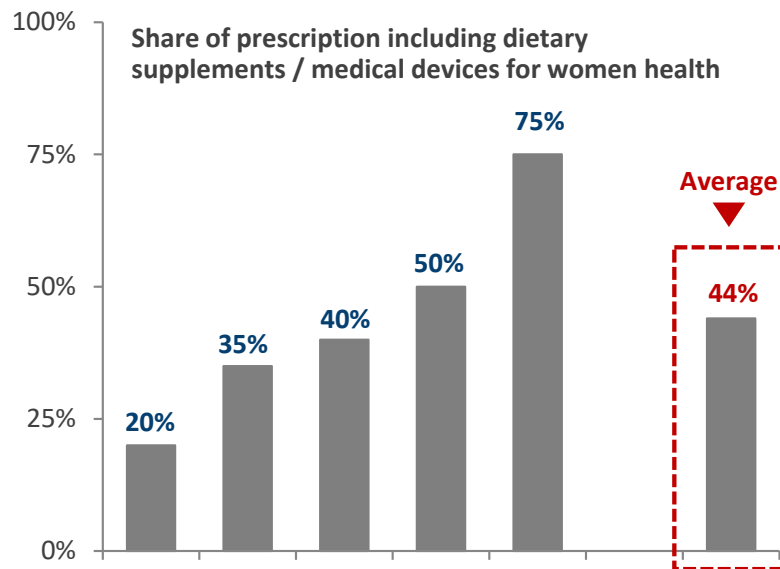
Sources: Interviews conducted with 4 pediatricians and 5 midwives (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

Gynecologists add dietary supplements / medical devices to 44% of their prescriptions and they always prescribe them by brand name

Gynecologists – Prescription behavior

“What percentage of your prescriptions includes dietary supplements / medical devices for women health?”



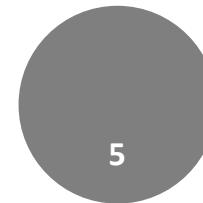
2017–2020 market trend ▶ = ↗ ↗ ↗ ↗

2021–2025 perspectives ▶ = ↗ ↗ ↗ ↗

“Do you prescribe dietary supplements / medical devices for women health as single or combined treatments?”

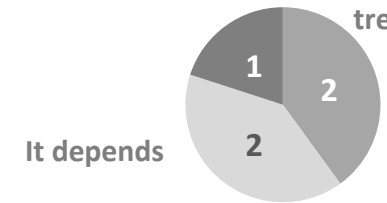
Medical devices

As a single treatment



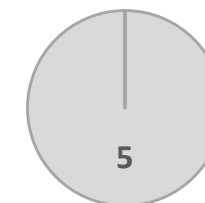
Dietary supplements

Combined As a single treatment



It depends

“When prescribing dietary supplements / medical devices, do you indicate a specific brand name, or let the pharmacist and/or the patient choose it?”



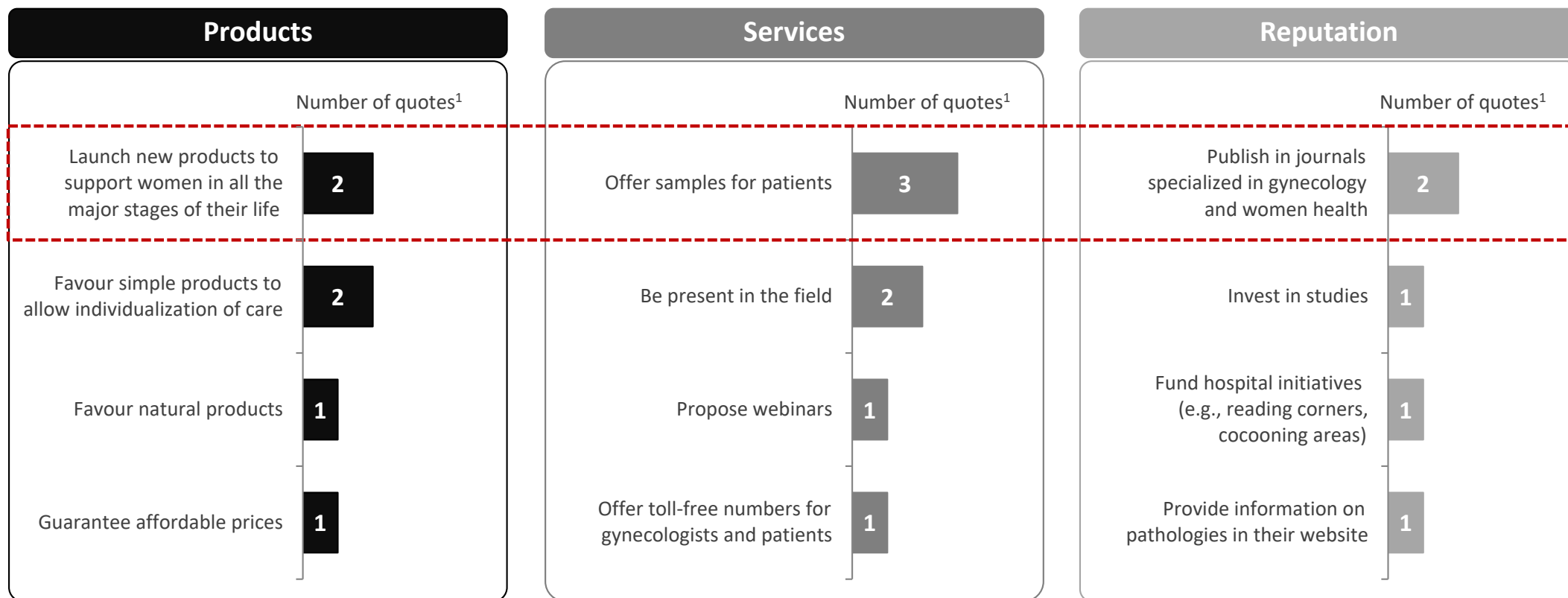
Prescription by brand name

Number of respondents: 5

Gynecologists recommend to launch new products as simple as possible for new indications, offer samples for patients and publish in gynecology and women health medical journals

Gynecologists – Recommendations

“What would you recommend to companies operating in the dietary supplements / medical devices markets for women's health to strengthen your preference for their brands (in terms of products – services – reputation)?”



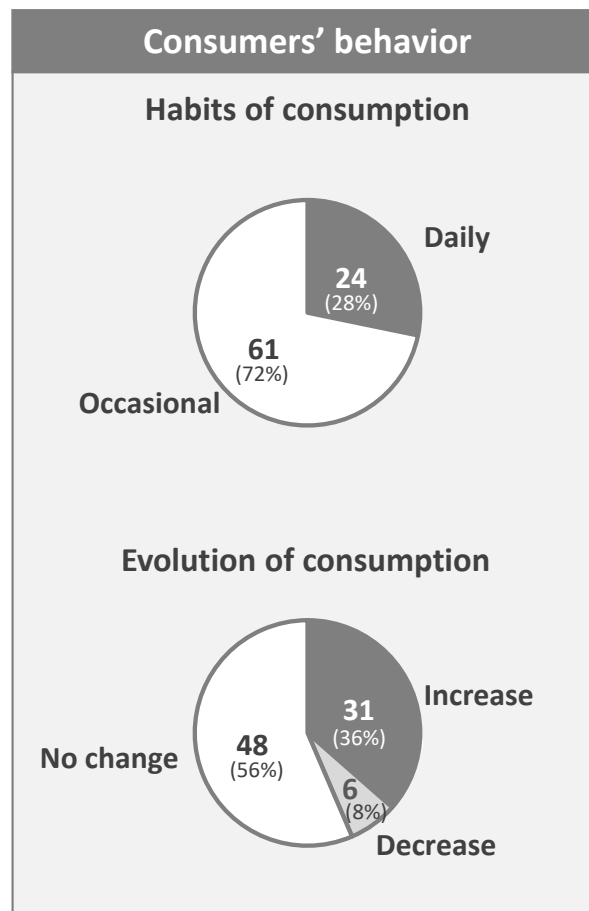
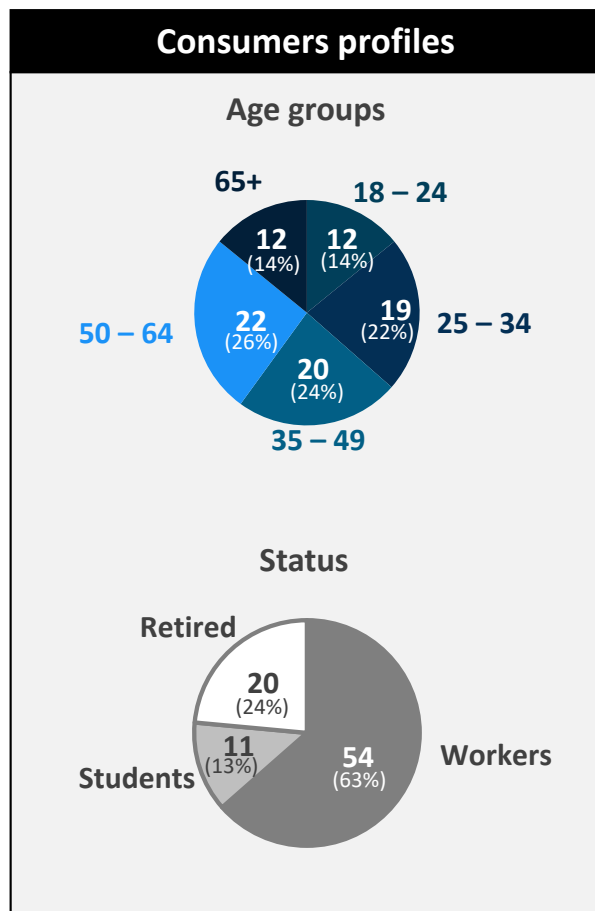
Number of respondents: 5

Sources: Interviews conducted with 5 gynecologists (September – October 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

72% of patients surveyed use dietary supplements occasionally, with an average annual budget of €202, and most see this consumption increasing or not changing in the future

Consumers – Introduction (1/2)



Number of respondents: 85

Yearly budget (€)

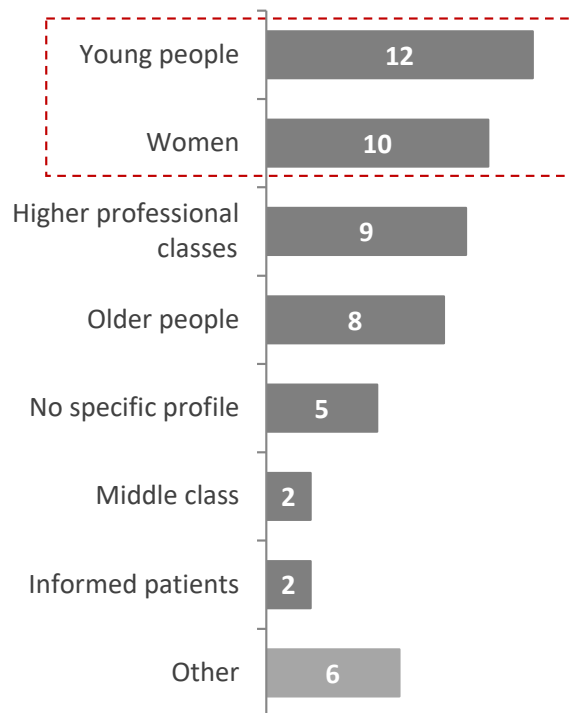
Minimum	€10
1st quartile	€70
Median	€180
Mean	€202
3rd quartile	€240
Maximum	€1,200

Young people and women are the main consumers of dietary supplements, and they rely mainly on pharmacist's advice to choose products

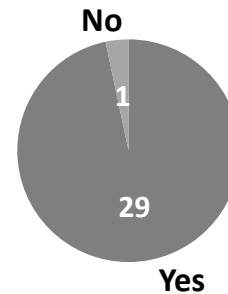
Consumers – Introduction (2/2)

“What is the profile of consumers of dietary supplements?”

Number of quotes¹



“Do you observe a change in consumers' behavior towards these products?”

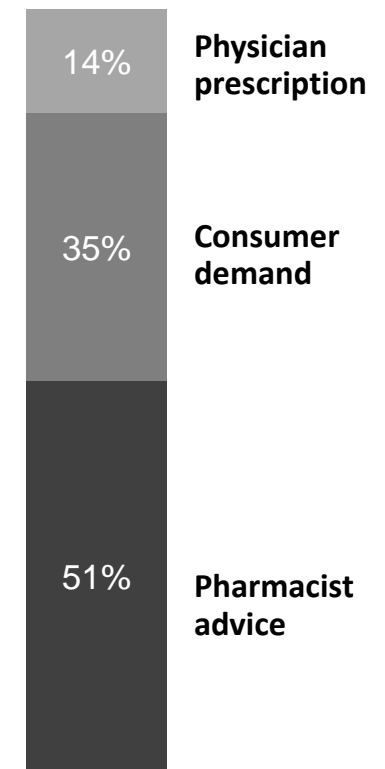


“If so, which one?”

- “Back to **nature**, to **fewer chemical products**, which do not create addiction, **respect the body** and bring **comfort / well-being**” (15)
- “**Positive impact of Covid-19** pandemics on the dietary supplements market (**immune boosters, sleep and/or stress products**)” (10)
- “**Better informed patients** (Yuka-type applications, internet searches, advertising, etc.)” (6)
- “The **population** is more **aware**” (7)

Number of respondents: 30

“What is the origin of consumers' demand for dietary supplements?”

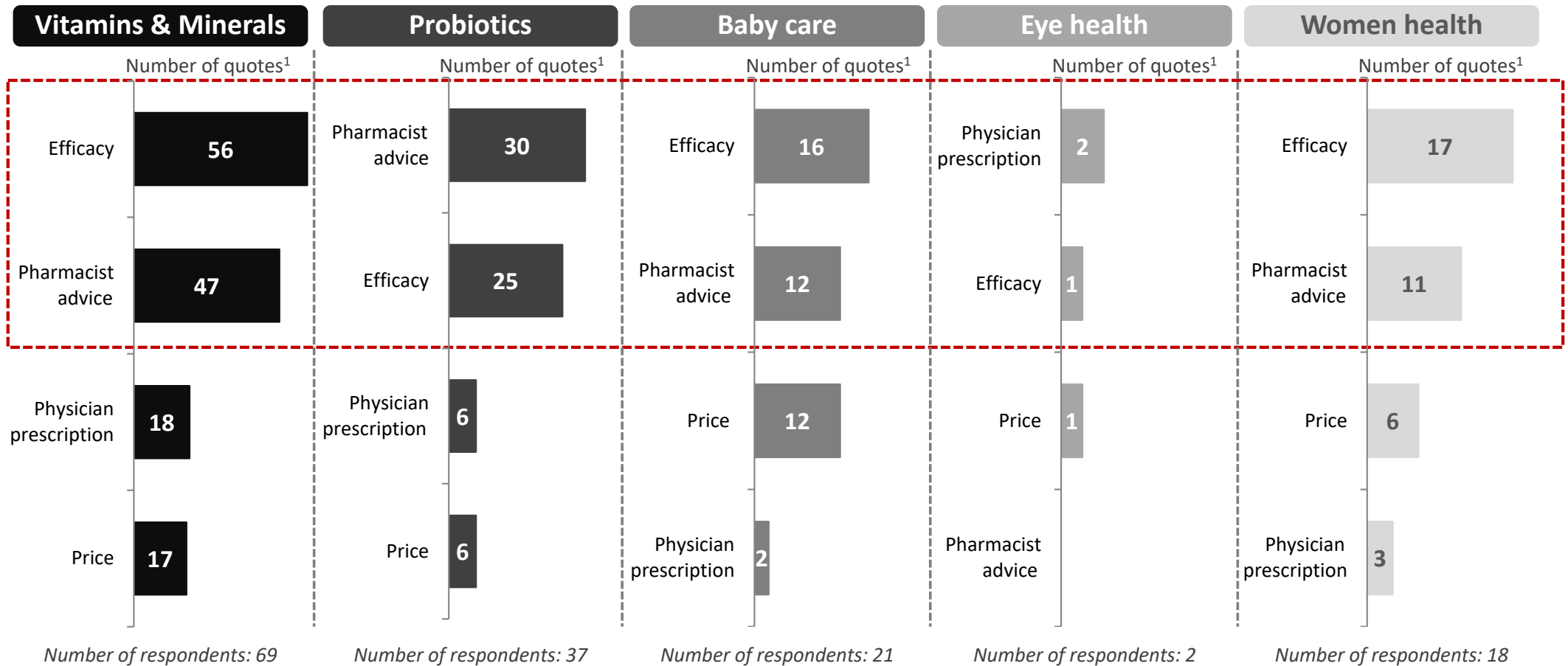


(X): Number of quotes

The efficacy of the product and the advice of the pharmacist are the main criteria that encourage patients to use dietary supplements and baby care products

Consumers – Criteria determining the use of dietary supplements

“What are the criteria that encourage you to use dietary supplements and baby care products?”



Sources: Interviews conducted with 85 patients (September – November 2021) – Smart Pharma Consulting analysis

¹ Several answers possible

The dietary supplement and baby care markets are expected to continue to grow by 2025, driven by a progressive change in consumers' demand for naturality and wellness

Key learnings – Overall landscape

- 
- The dietary supplement and baby care **markets have grown since 2017** responding to **consumers' demand** and the **willingness of retail pharmacists to develop this activity**
 - The **market is expected** to continue to **grow** by 2025 due to **increasing demands** and **prescriptions**
 - **No reimbursement** is expected for these products, even more, **tighter market access constraints** and **regulations** should **occur**
 - **Stricter quality standards** and **norms** are getting **imposed** by **health authorities** in the European Union for medical devices, phytotherapy products and dietary supplements, without being always harmonized
 - Their **efficacy** is the **main criterion** considered when deciding to use dietary supplements or baby care products, but all **HCPs regret a lack of scientific evidence**
 - No major but **incremental innovations** in terms of **combined ingredients** are expected ; efficacy should be supported by **more robust evidence**, while **ecology** will play a **greater role**
 - On average, **51%** of dietary supplements and baby care products **purchases come from pharmacist's advice**

To strengthen their market share and to drive their brands' sales, manufacturers should boost stakeholders' awareness and focus on offering high standard quality products that are effective

Key learnings – Key stakeholders



- **Retail pharmacists** play a major role in **product selection** through their **advice to consumers**
- The number of **prescribers** and **prescriptions per prescriber** tend to **increase**, due to a more holistic approach of healthcare and a greater importance given to prevention
- **Physicians** mostly consider that dietary supplements and baby care products have a **moderate efficacy**, and they **always prescribe** them **by brand name**
- **Physicians' prescription** is the most important criterion for **eye health**
- For **probiotics**, patients mainly rely on **pharmacist's advice** to decide what product to use
- Patients are **better informed** about these products and **more sensitive** to their **well-being** and the **respect of their body**
- If **Arkopharma** is viewed as a **pioneer in phytotherapy** and **dietary supplements**, **Pileje** is considered as an **example of success story** based on **strong partnerships with KOLs and prescribers**

2. Strategy



Top 20 Pharma Companies

MARKET INSIGHTS

Performance & Strategies

POSITION PAPER September 2011



Pharma Strategy Crafting

BEST-IN-CLASS SERIES

A Practical Guide for Pharma Companies

POSITION PAPER March 2010



Pharma Strategy at Affiliate Level

BEST-IN-CLASS SERIES

A Practical Guide for Pharma Companies

POSITION PAPER April 2011



How to Boost Corporate Reputation?

BEST-IN-CLASS SERIES

A Practical Guide for Pharma Companies

"Strong reputation generates stakeholders' preference"

POSITION PAPER September 2011



Best-in-class Pharma BD&L

BEST-IN-CLASS SERIES

From Theory to Practice

POSITION PAPER May 2011



Digitalization of the Value Chain

BEST-IN-CLASS SERIES

Application to Pharma Companies

POSITION PAPER September 2011



Digital Therapeutics

BEST-IN-CLASS SERIES

What Opportunities for Pharma Companies?

POSITION PAPER October 2012



Hospital Value-based Procurement

MARKET INSIGHTS

Application to Pharmaceuticals in France

"Price is what you pay & value what you get"
Warren Buffett

POSITION PAPER January 2011



Patient-centric Strategy

BEST-IN-CLASS SERIES

What Patient Services Pharma Companies should propose?

POSITION PAPER September 2011



How can Creativity Boost Performance?

BEST-IN-CLASS SERIES

Application to Pharma Companies

"The true sign of intelligence is not in knowledge but imagination"
Albert Einstein

POSITION PAPER May 2011

Top 20 Pharma Companies

MARKET INSIGHTS

Performance & Strategies

**This document proposes a review of global pharma trends by 2025
and an analysis of top 20 pharma companies' performance and strategies**

Introduction

Smart Pharma Consulting proposes to address the following issues:



What is the structure of the global pharma market and how should it evolve by 2025?



What has been the recent performance of the top 20 pharma companies worldwide?



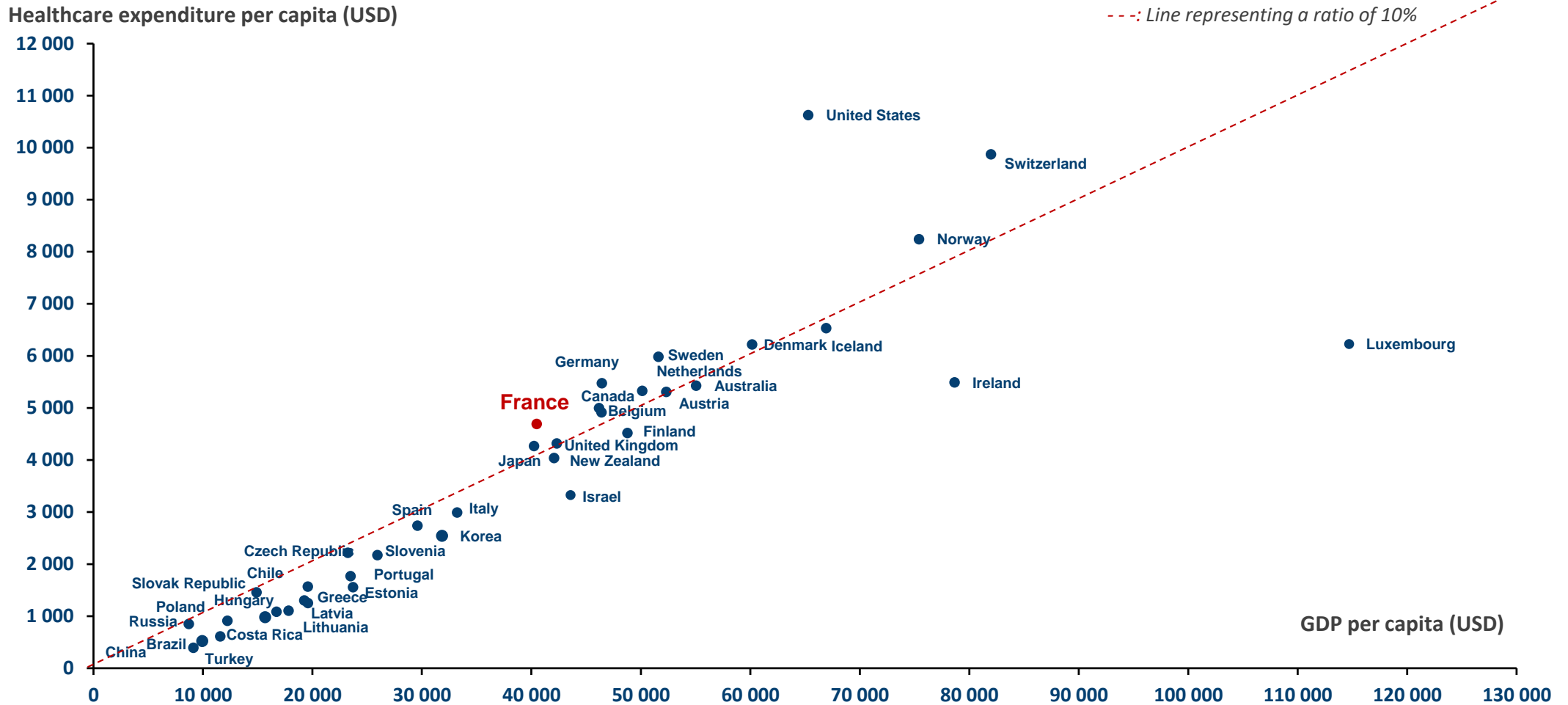
What are the current portfolio strategies of the top 20 pharma companies worldwide?



What have been the objectives pursued by the top 20 pharma companies in their recent M&A deals?

Healthcare expenditure and GDP¹ per capita are highly related and the ranking² of France (#15 and #19 respectively) shows that healthcare is a key national priority

Relation between GDP and healthcare expenditure per capita (2018*)



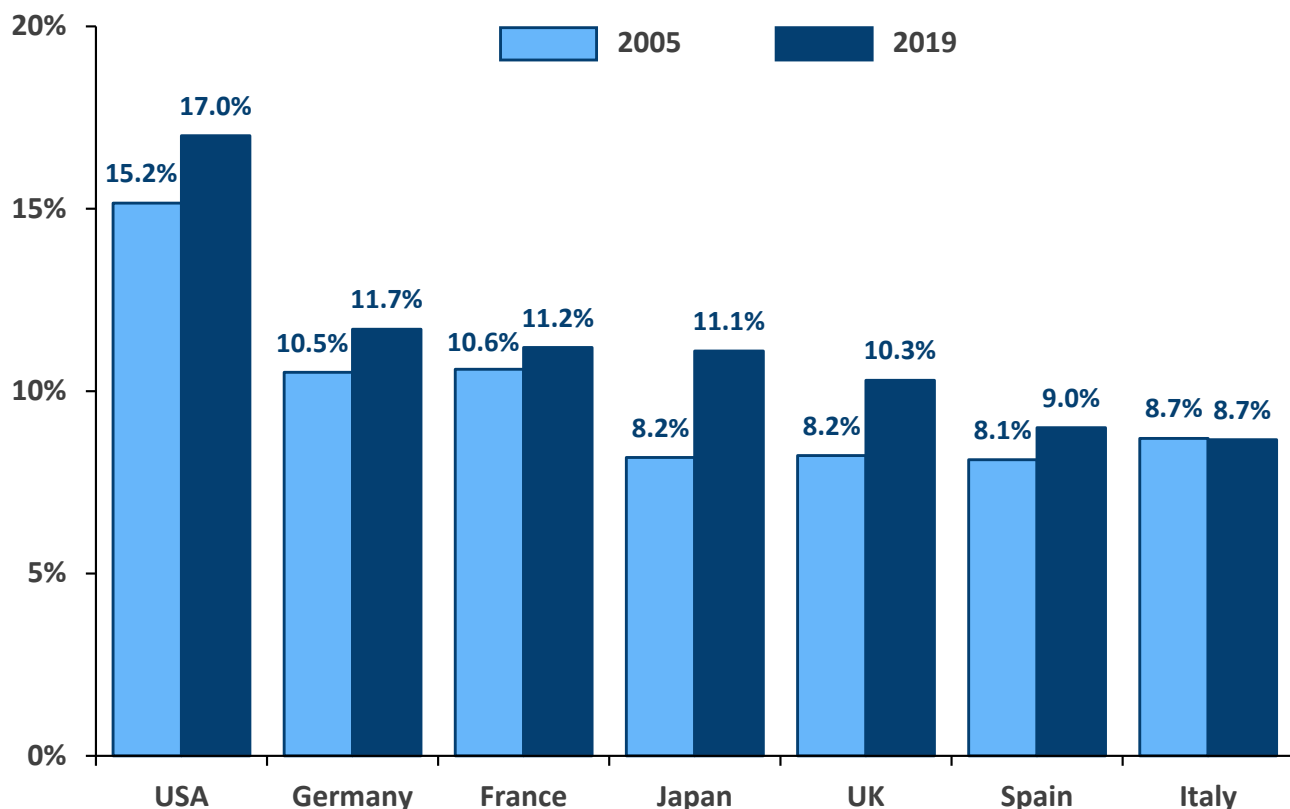
Sources: World Bank database (March 2021) – Smart Pharma Consulting analyses

¹ Gross Domestic Product – ² Amongst 44 countries in the world – * Or latest data available for all countries

Healthcare expenditure should keep on growing faster than national economies due to demographic factors and willingness of citizens to have better access to healthcare

Healthcare expenditure as a percentage of GDP (2019*)

Total healthcare expenditure as a % of GDP
(Local currency)



- Healthcare expenditure represents one of the largest public spending items in most developed economies: 1st (USA), 2nd (France, Germany, Japan and UK)¹ and 3rd (Italy and Spain)²
- At best, governments and payers will manage to slow down the rise of healthcare expenditure as a percentage of GDP but not to stop it
- There is no optimal ratio of healthcare expenditure over GDP
- This ratio primarily results from:
 - Public health conditions
 - Governments’ investment prioritization
 - Citizens’ willingness to seek for care
 - Healthcare cost

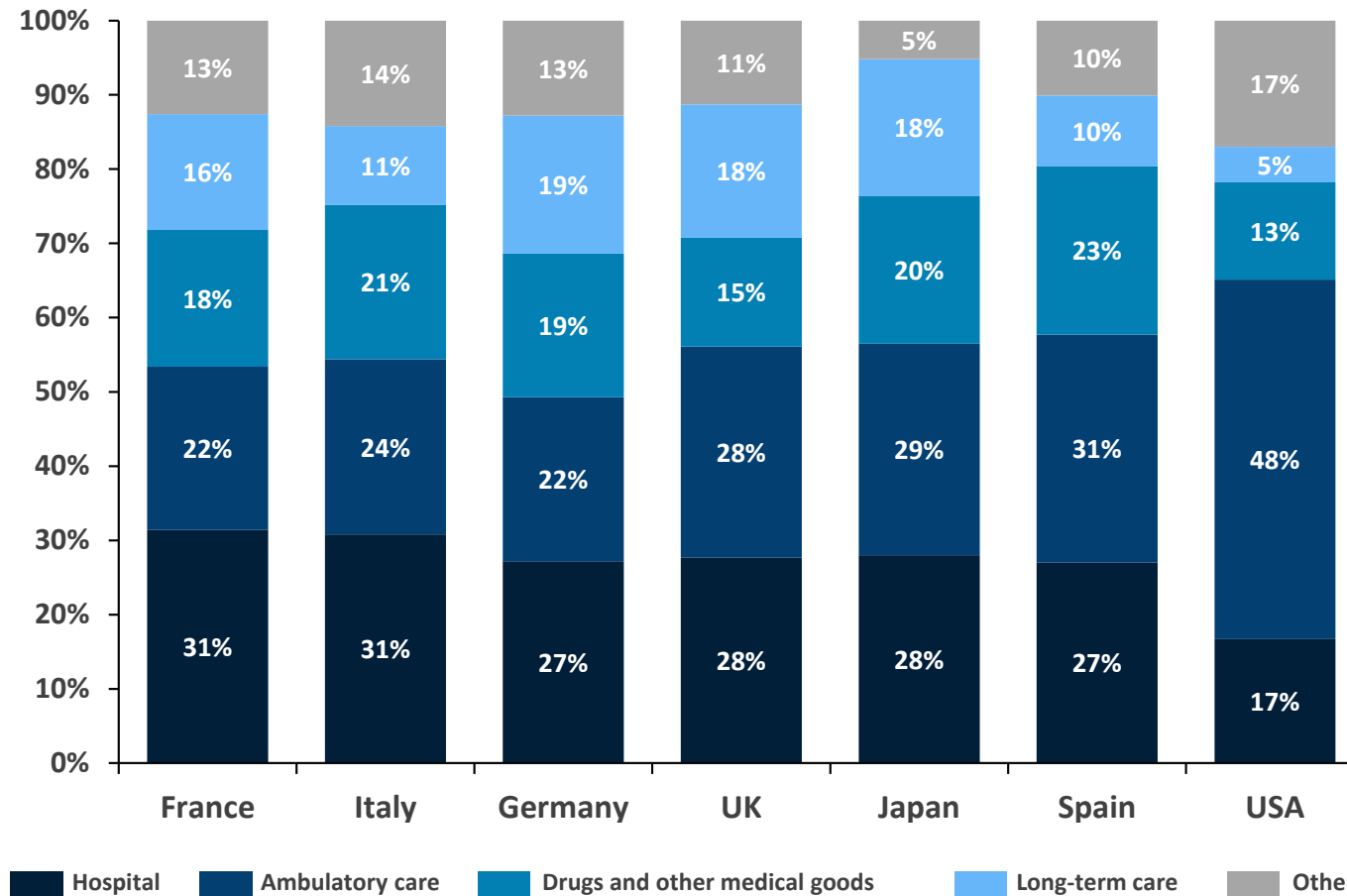
Sources: OECD database (March 2021) – Smart Pharma Consulting analyses

¹ After social protection – ² After social protection and general public service –
* Or latest data available for all countries

The cost of drugs is far behind that of hospital and ambulatory care, yet this segment is targeted by governments because it is technically and politically easier to control

Breakdown of healthcare expenditure per country (2019*)

% of total healthcare expenditure



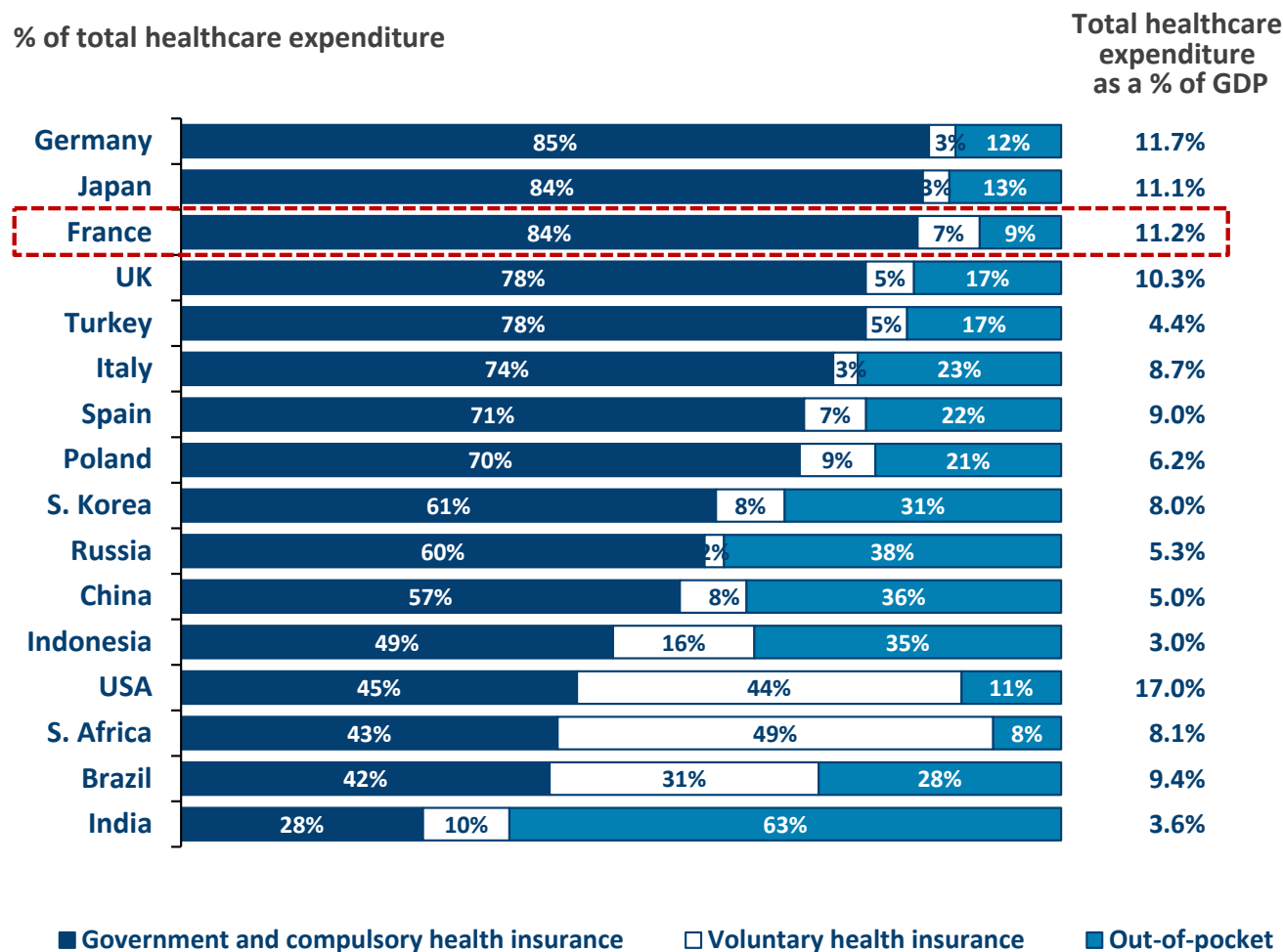
- Drugs represent the **3rd largest source** of healthcare expenditure in most major developed countries
- Drugs are typically the **easiest segment** to apply cost-containment measures on, as decisions are:
 - Made by payers (either public and/or private), with a limited bargaining power of suppliers
 - Much better accepted by citizens than restriction measures on the other segments
 - Practically easy to implement
- However, to significantly contain the raise of total healthcare costs, governments need to apply cost-optimization measures on all healthcare segments, irrespective of their relative importance

Sources: OECD database (March 2021) – Smart Pharma Consulting analyses

¹ Other expenditures include ancillary services, preventive care and governance, healthcare system and financing administration – * Or latest data available for all countries

France is one of the countries where the percentage of “out-of-pocket” spending to cover the healthcare expenditure is the lowest

Share of public spending in total healthcare expenditure (2019*)



- With 11.2% of its GDP spent in healthcare, France belongs to the countries allocating the largest share of their resources
- Its level of public spending on healthcare is amongst the highest, just behind Germany and Japan, showing a highly protective healthcare system
- All the French citizens benefit from a public health insurance and 95% of them have a complementary private healthcare insurance, which is compulsory, since the 1st of January 2016, for all employees, irrespective of the size of their company
- As a result, “out-of-pocket” spending represents only 9% of total healthcare expenditure

Sources: World Bank and OECD databases (March 2021) – Centers for Medicare & Medicaid Services (March 2021) – Smart Pharma Consulting analyses

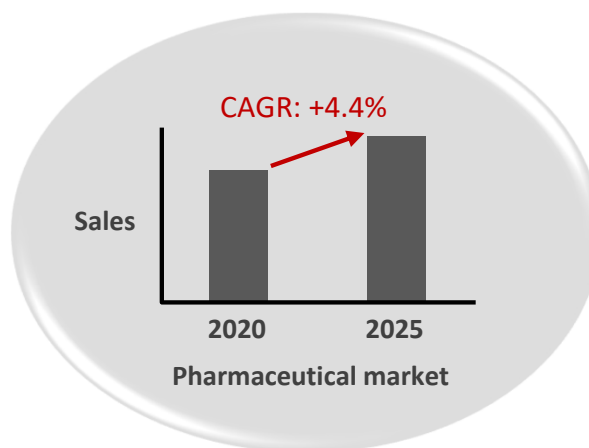
* Or latest data available for all countries

The key drivers and limiters of the global pharmaceutical market by the end of 2025, as well as their probable impact on sales trends, are well identified and should remain stable

Global pharmaceutical market drivers and limiters (2020 – 2025)



- 1 Population increase and ageing
- 2 Better access to medicines in emerging markets (e.g., BRICS¹, Mexico, Turkey, etc.) as a result of an increasing GDP per capita
- 3 Strong development of generics market (access to a larger number of people, especially in lower income countries), and to a lesser extent of biosimilars
- 4 Strong demand from patients / PAGs² for more effective and better tolerated new drugs



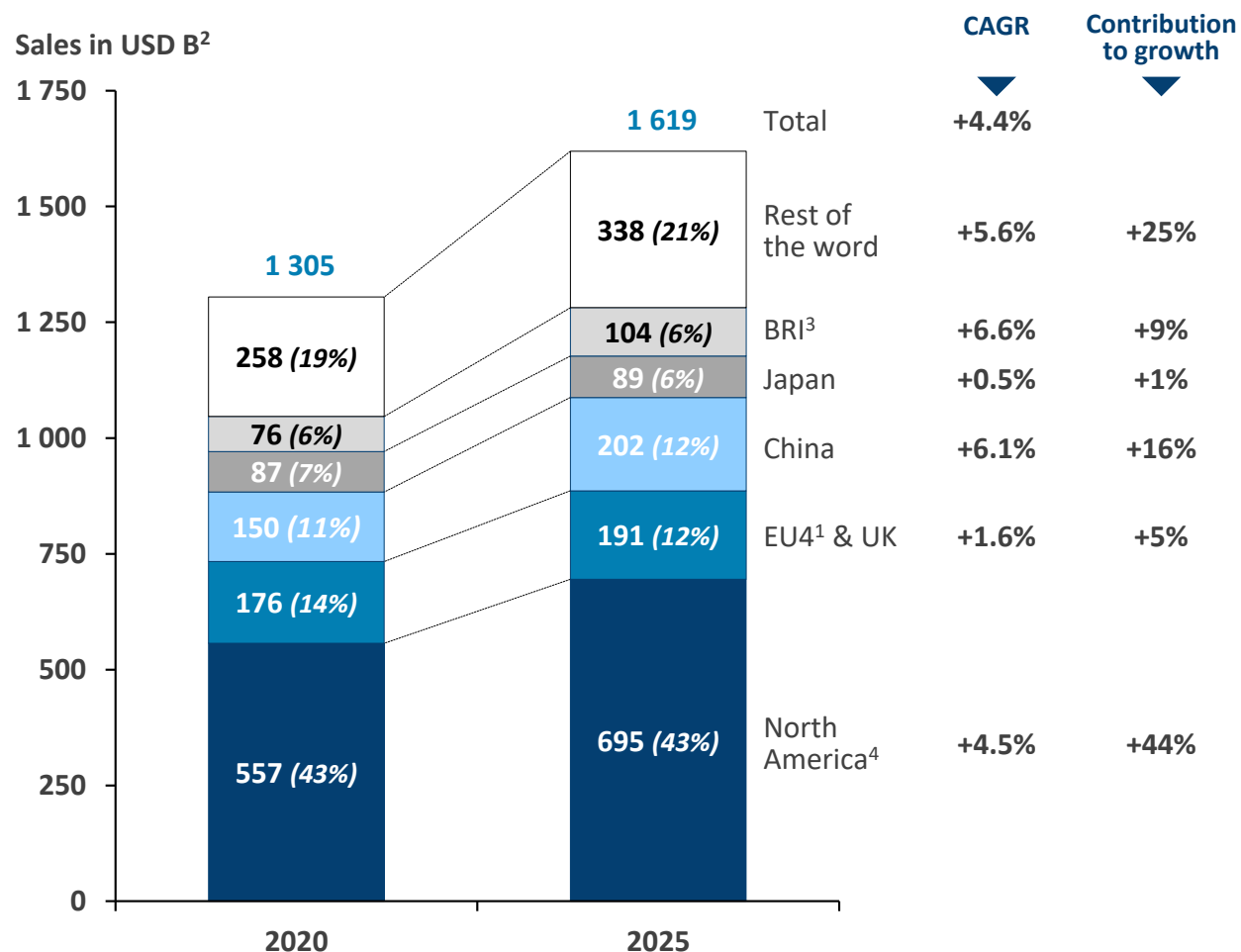
- 1 Decreasing R&D productivity of pharma companies re. breakthrough innovations
- 2 Increasing barriers to market access and stronger pressure on price from payers (governments, HMOs, patients, etc.), exacerbated by a tougher economic environment
- 3 Increasing competition of non-reimbursed drugs by medical devices and food supplements
- 4 Intensification of competition from generic and biosimilar drugs

Sources: Smart Pharma Consulting

¹ Brazil, Russia, China, South Africa – ² Patient advocacy groups

Sales of EU4¹ & UK should grow slowly by 2025 due to stringent cost containment measures leading to a two-point decrease of their weight in the global pharmaceutical market

Global pharmaceutical market size and growth by geographic area (2020 – 2025)



- The global pharma market is expected to grow with a **CAGR of +4.4%** by 2025, including the impact of Covid-19, that should lead to **higher pressure on prices** worldwide, in the next 5 years
- **EU4 & UK** 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 2025, due to higher **price pressure** than in the average of the other countries in the world
- **North America** (of which the USA accounts from 41%) should continue to weigh for 43% of the global pharma market in value and contribute to **44% to worldwide market growth** over the 2020 – 2025 period
- **~75%** of the global pharmaceutical market **profits** which have been **generated by the USA** in 2020, should **reach ~80%** in 2025

Sources: IQVIA Institute (April 2021) – Smart Pharma Consulting estimates

¹ France, Germany, Italy and Spain – ² Ex-factory price before rebates – ³ Brazil, Russia, India – ⁴ USA and Canada

By 2025, the French Pharma market is expected to step back from the 5th to the 6th place at the global level and remain at the 2nd place in Europe

Global pharmaceutical market ranking in value¹ (2015 – 2020 – 2025)

Rank	2015	2020	2025	CAGR 2020 – 2025
1	USA	USA	USA	++
2	China	China	China	+++
3	Japan	Japan	Japan	+
4	Germany	Germany	Germany	++
5	France	France	Brazil	++++
6	Italy	Italy	France	+
7	UK	UK	Italy	++
8	Spain	Brazil	UK	++
9	Canada	Spain	India	++++
10	Brazil	Canada	Russia	++++
11	India	India	Spain	++
12	South Korea	Russia	Canada	++
13	Russia	South Korea	South Korea	+++
14	Australia	Australia	Turkey	++
15	Saudi Arabia	Mexico	Mexico	++
16	Mexico	Saudi Arabia	Australia	++
17	Poland	Poland	Saudi Arabia	++
18	Switzerland	Turkey	Poland	++
19	Belgium	Belgium	Belgium	++
20	Netherlands	Taiwan	Egypt	+++

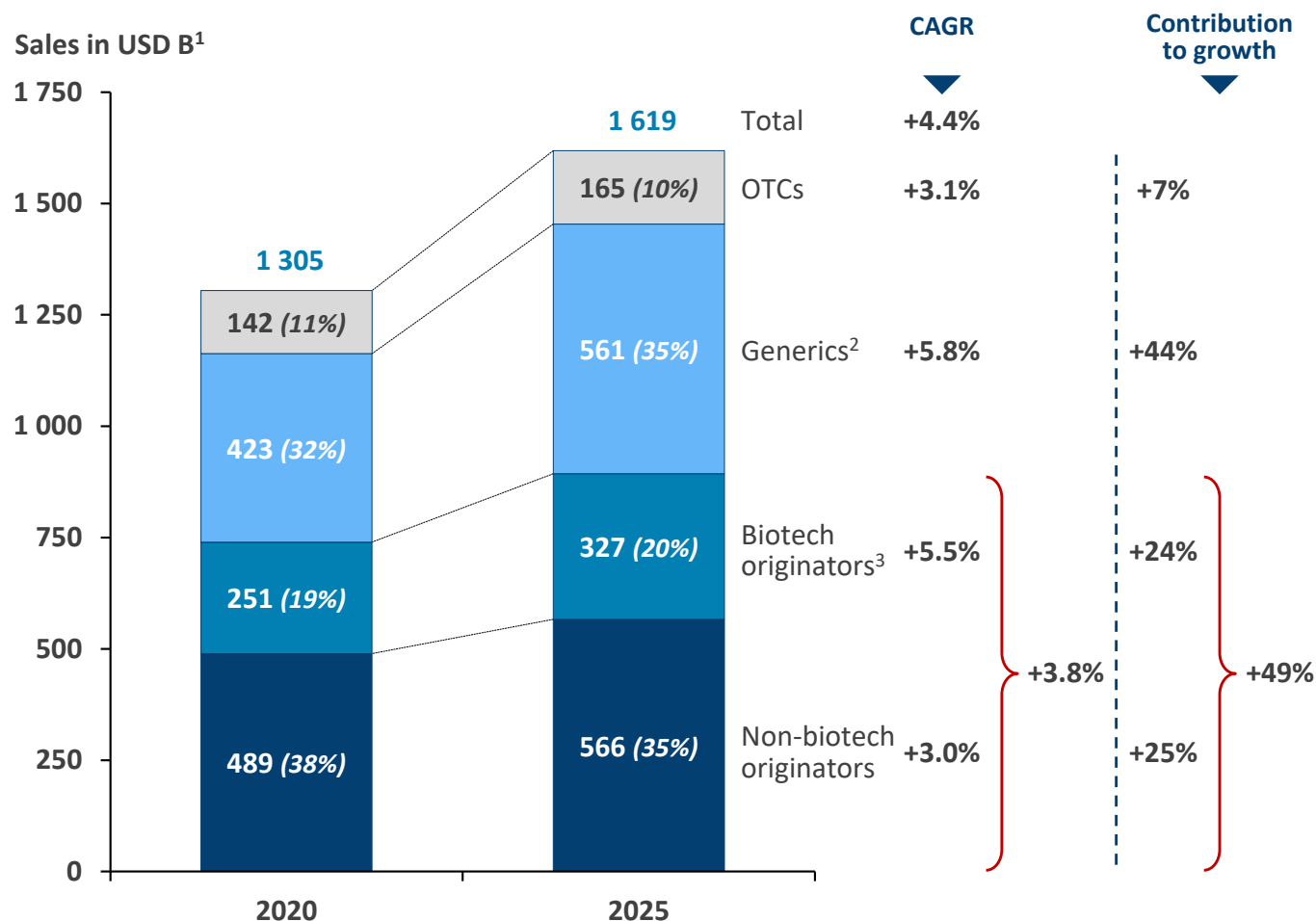
	CAGR 2020 – 2025	
++++	→ ≥8%	
+++	→ 6 – 7.9%	
++	→ 3 – 5.9%	
+	→ <0 – 2.9%	

Sources: IQVIA Institute (April 2021) – Smart Pharma Consulting estimates

¹ In 2020 USD, at constant exchange rate

All the business segments of the pharma market will be affected by the Covid-19 crisis through a strong price pressure over the 2020-2025 period

Global pharmaceutical market by strategic segment (2020 – 2025)



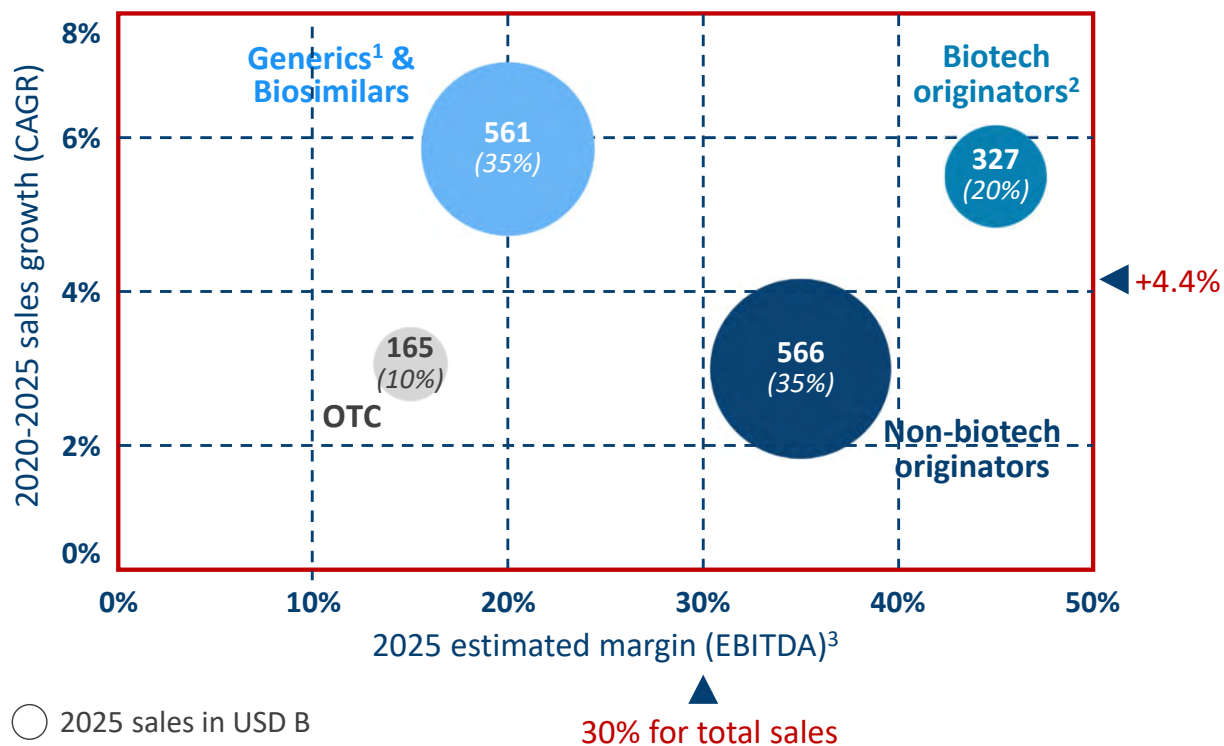
- **OTCs**, which should remain the smallest segment of the global pharma market, has been significantly **affected** by the **Covid-19** crisis in 2020, especially during **lockdown** periods. OTCs should grow at a lower pace than the other market segments, due to their stronger sensitivity to the economic environment
- **Generics** and **biosimilars** should continue to **grow** in **volume** due to patent expiries, 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, due to generics competition and the maturity of most of the brands. However, they should remain the **largest segment** of the global pharma market

Sources: IQVIA Institute (April 2021) – Smart Pharma Consulting estimates

¹ Ex-factory price before rebates – ² Including branded and unbranded generics and biosimilars, excluding OTC – ³ Excluding biosimilars, already included in the “Generics” segment

By 2025, 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

Global pharmaceutical market attractiveness by strategic segment (2020 – 2025)



- By 2025, the **global pharma market** should reach USD 1,619 B and grow at a pace of **+4.4% per year**, i.e., 1.5 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 2020 to **~30%** in 2025, mainly as a result of increasing price pressure
- In 2025, the **average net profits** of pharma companies are expected to be **more than twice 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 should be the least attractive

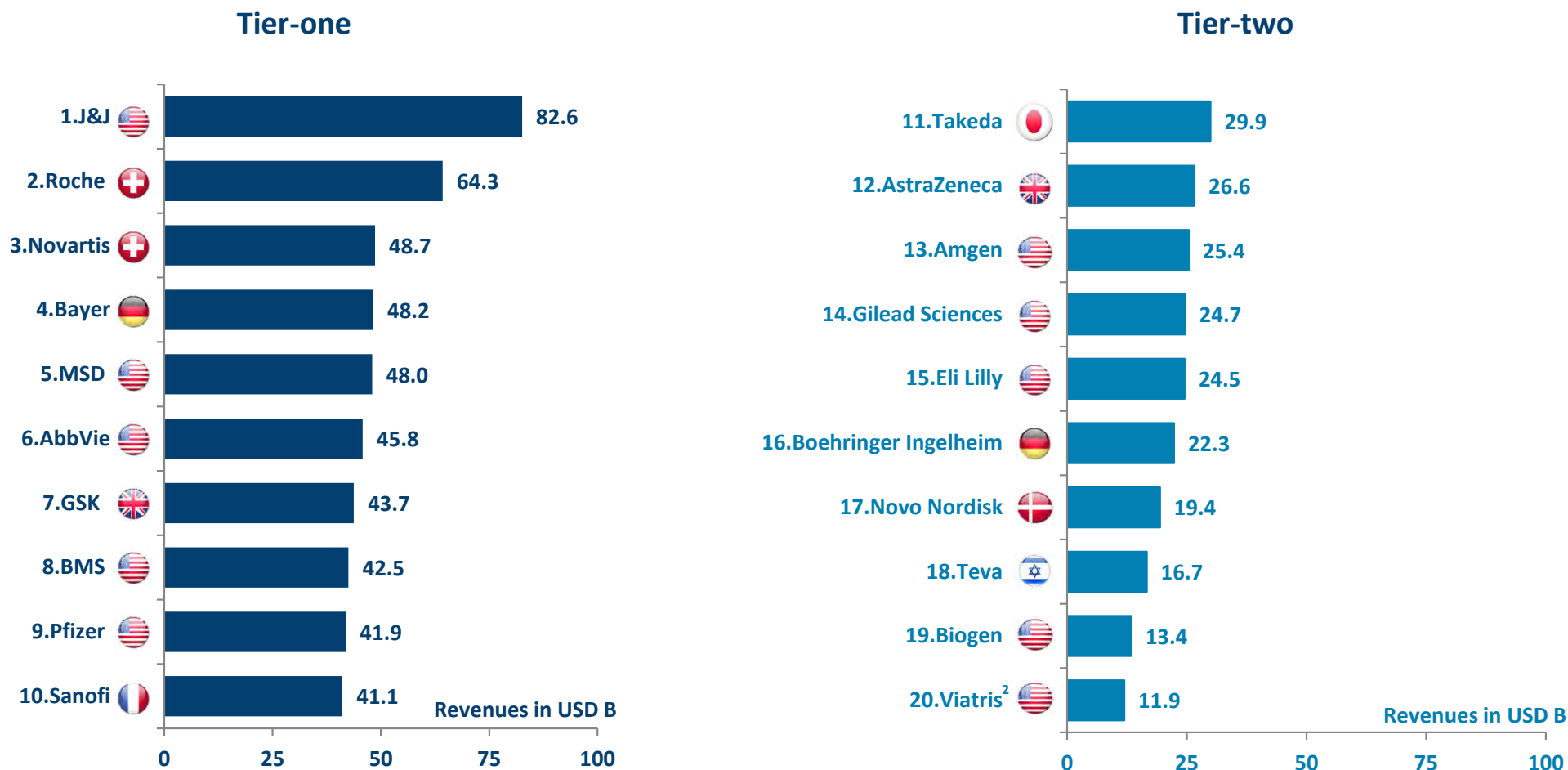
Worldwide economic growth – CAGR 2020-2025: +2.9%

Sources: IQVIA Institute (April 2021) – World economic outlook, IMF (October 2020) – Smart Pharma Consulting estimates

¹ Including branded and unbranded generics and excluding OTC – ² Excluding biosimilars, already included in the “Generics” segment – ³ Earnings before interest, taxes, amortization and depreciation

The top 20 pharma companies based on all segments of activities¹ counts
 10 companies from the USA, 8 from Europe, 1 from Japan and 1 from Israel

Top 20 pharma companies (2020) – All strategic segments



Sources: Companies annual reports (2020) – Pharmaceutiques (March 2021) – Smart Pharma Consulting analyses

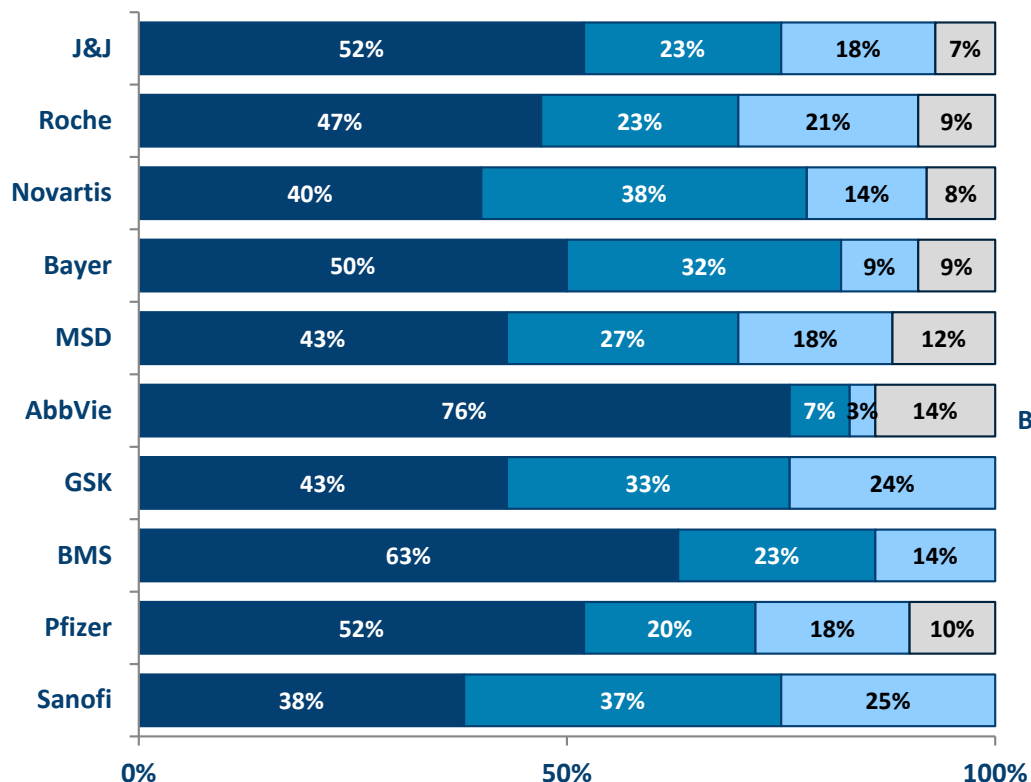
¹ Including Rx-bound drugs but also all other businesses (e.g., consumer healthcare, medical devices, food supplements, animal health) –

² Including mature brands business of Pfizer Upjohn merged with Mylan since November 16, 2020

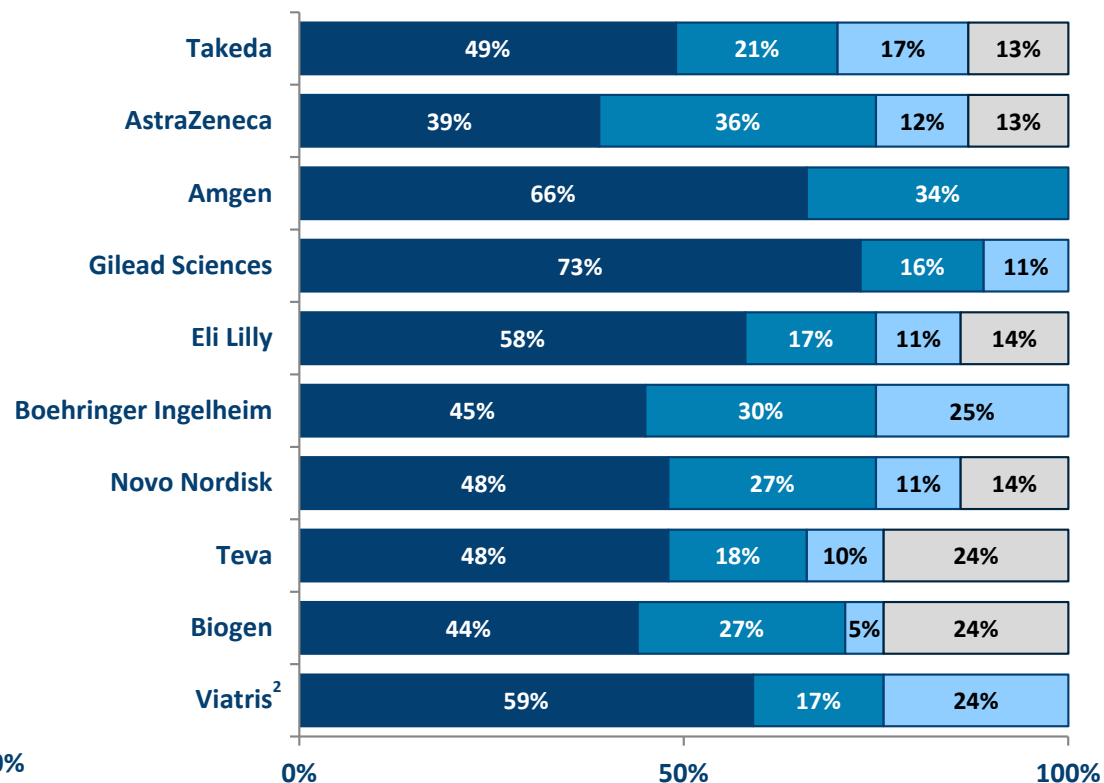
Tier-two pharma companies tend to be less geographically diversified, with most of them generating half of their revenues in a single region

Top 20 pharma companies – All strategic segments – Geographical areas (2020)

Tier-one



Tier-two



1st region 2nd region 3rd region Other regions

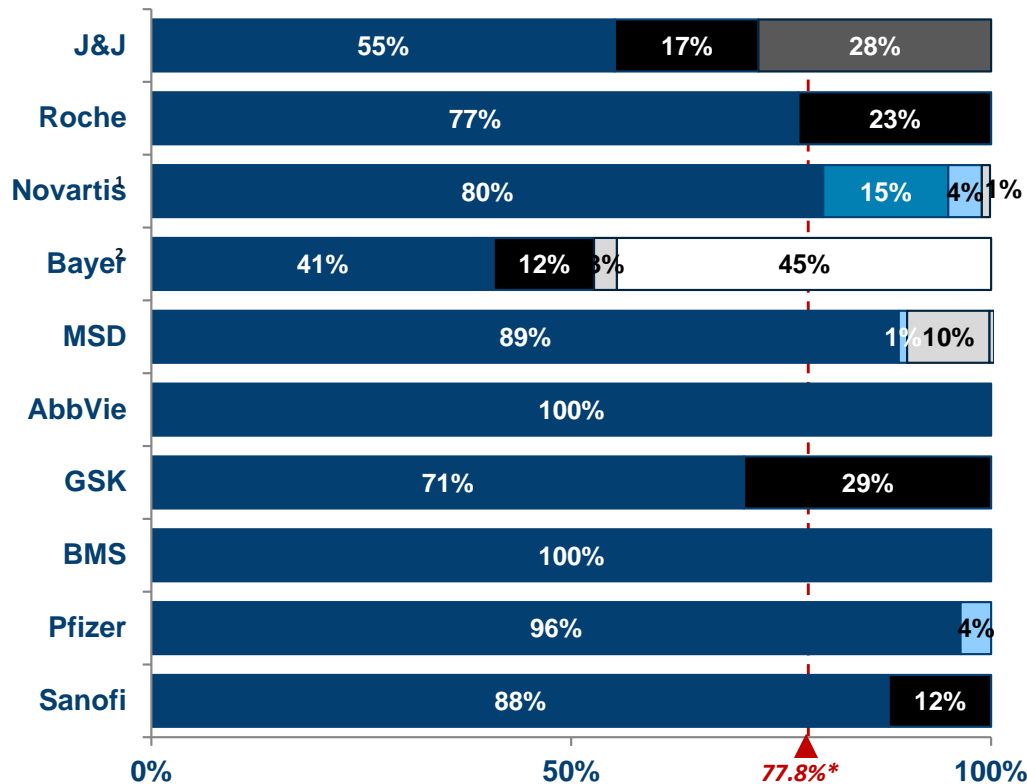
Sources: Companies annual reports (2020) – Smart Pharma Consulting analyses

¹ 1st & 2nd regions include two of the following geographical areas: North America (USA and Canada), Europe or Japan, depending on each company – ² Including mature brands business of Pfizer Upjohn merged with Mylan since November 16, 2020

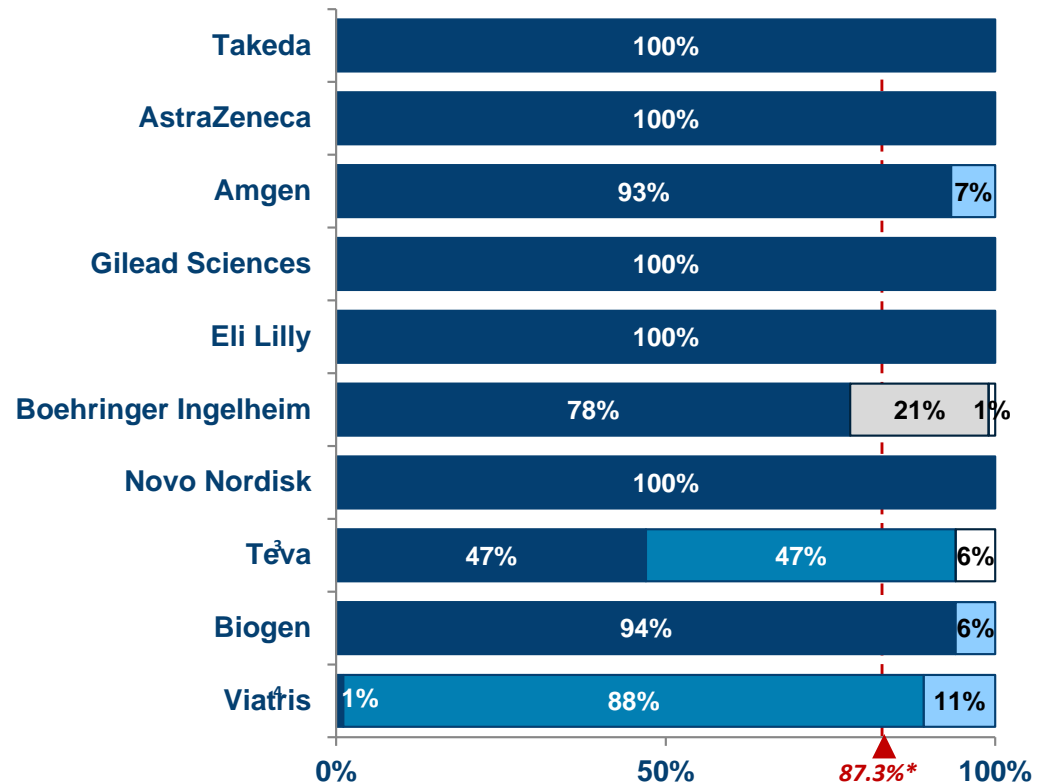
In 2020, original Rx-bound drugs and vaccines segments were the main source of revenue for most big pharma companies

Top 20 pharma companies – Strategic segments coverage (2020)

Tier-one



Tier-two



Prescribed drugs & vaccines in human health:



Other segments:



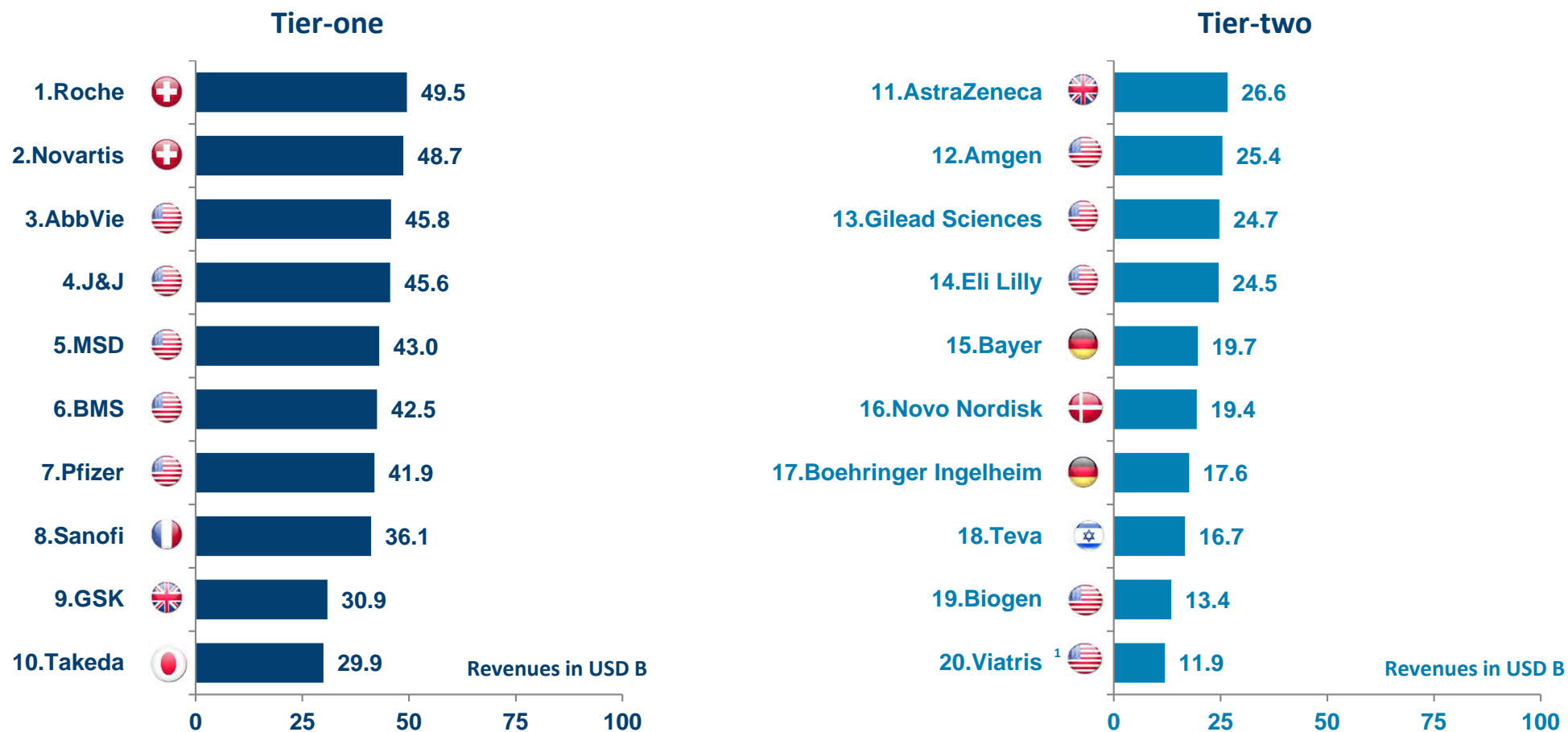
* Weighted average of the prescribed drugs and vaccines in human health

Sources: Companies annual reports (2020) – Smart Pharma Consulting analyses

¹ Including Sandoz: Novartis division of generics and biosimilars – ² Other includes Crop Science specialized in chemicals (fungicide, herbicide etc.) – ³ Generics segment including OTC products – ⁴ Including mature brands business of Pfizer Upjohn merged with Mylan since November 16, 2020

The top 20 pharma companies based on strategic drug & vaccines segments sales counts
10 companies from the USA, 8 from Europe, 1 from Japan and 1 from Israel

Top 20 pharma companies – Drugs & vaccines strategic segments (2020)



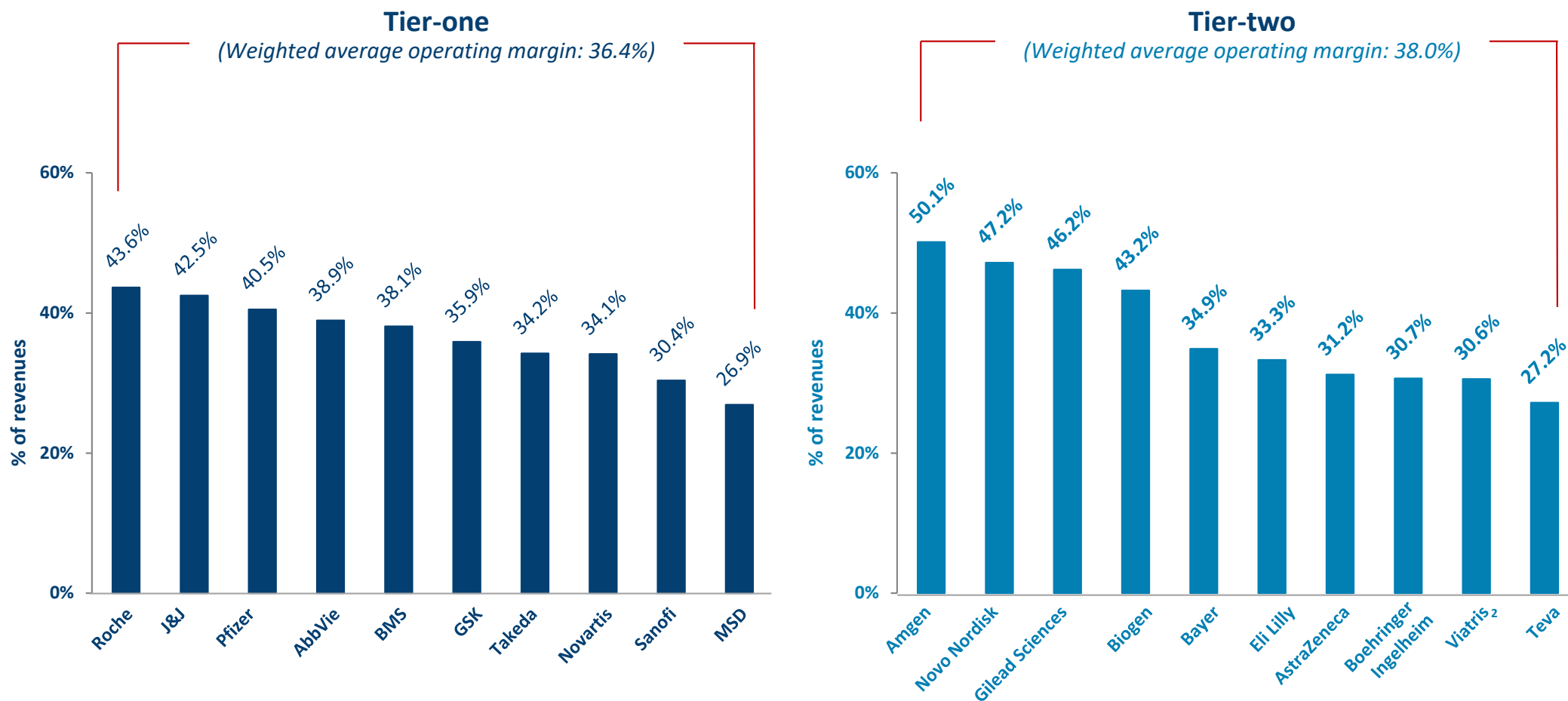
Note: panel of the 20 biggest pharma companies in terms of prescribed sales (drugs & vaccines) in human health in 2020 (excluding diagnostics, medical device, nutrition products and animal health)

Sources: Companies annual reports (2020) – Smart Pharma Consulting analyses

¹ Including mature brands business of Pfizer Upjohn merged with Mylan since November 16, 2020

The 2020 average operating margin was higher for tier-two companies in comparison to tier-one companies, with a similar dispersion profile

Top 20 pharma companies – EBITDA¹ (2020)



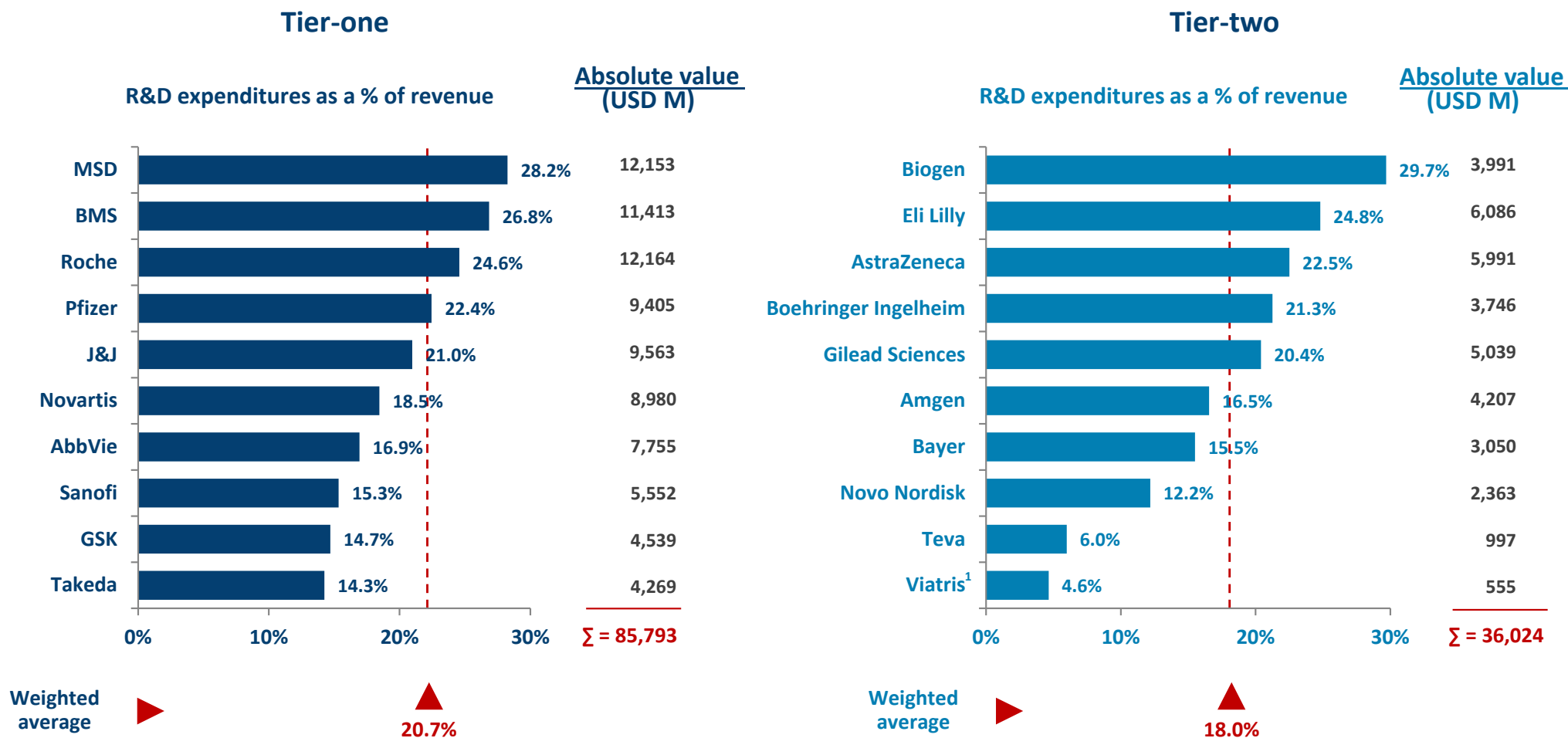
Note: panel of the 20 biggest pharma companies in terms of prescribed sales (drugs & vaccines) in human health in 2020 (excluding diagnostics, medical device, nutrition products and animal health)

Sources: Companies annual reports (2020) – Smart Pharma Consulting analyses

¹ Earnings before interest, taxes, amortization and depreciation – ² Including mature brands business of Pfizer Upjohn merged with Mylan since November 16, 2020

Tier-one pharma companies have spent two times more for R&D in absolute value than tier-two pharma companies and ~2.7 points more as a percentage of their revenues

Top 20 pharma companies – R&D expenditures (2020)



Sources: Companies annual reports (2020) – Smart Pharma Consulting analyses

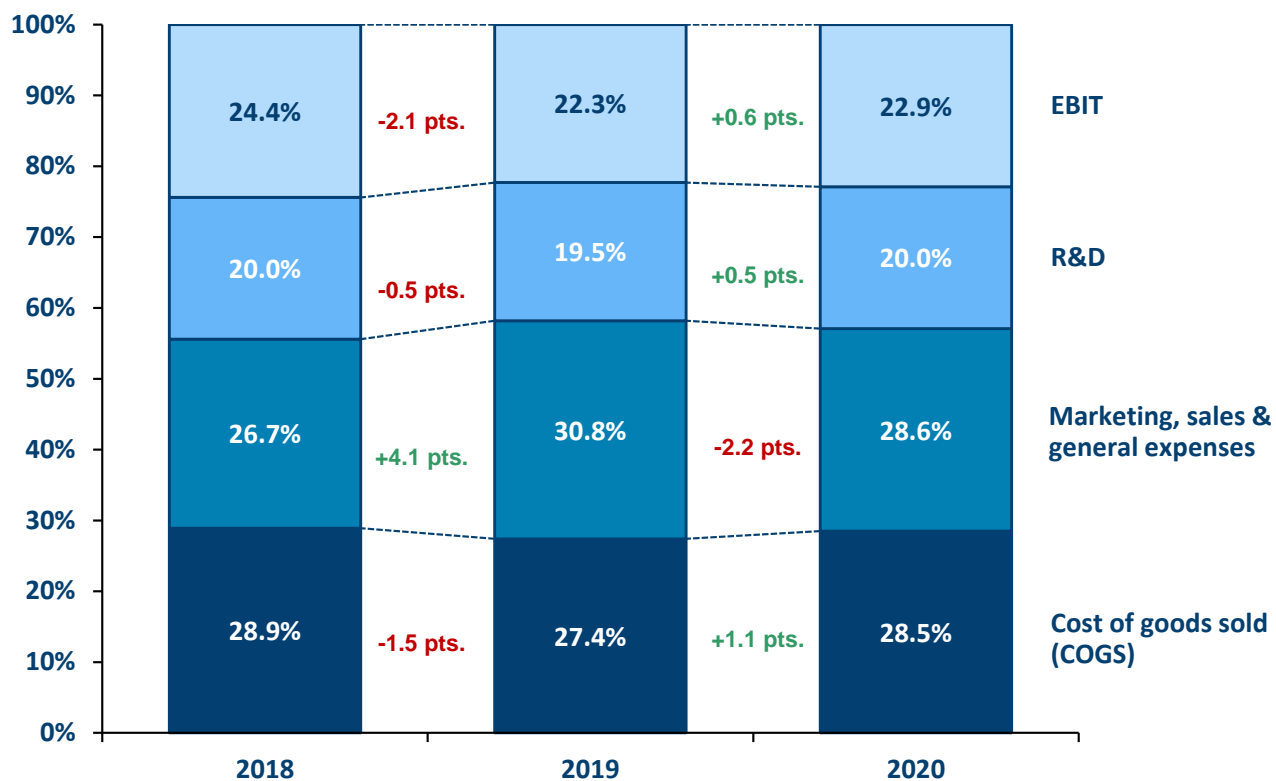
¹ Including mature brands business of Pfizer Upjohn merged with Mylan since November 16, 2020

In 2020, the weighted average operating result (EBIT) of the top 20 pharma companies reached ~23% of revenues, decreasing by 1.5 point of percentage vs. 2018

Top 20 pharma companies – Cost structure (2018 – 2020)

Cost structure as a percentage of total revenues

Weighted average of total revenues



- The analysis of the top 20 pharmaceutical companies in the world shows that their average profitability has slightly decreased by 1.5 point of percentage between 2018 and 2020
- This negative trend can be explained by:
 - The price pressure imposed by healthcare authorities
 - The loss of exclusivity of many blockbusters that has led to the intensification of generics and biosimilars competition
- With an average operating result of ~23% in 2020, the level of performance remains high, which is the Achilles heel of pharmaceutical companies when negotiating price and reimbursement of their drugs with governments and payers
- In 2020, Marketing, sales & general expenses were 43% higher than investment in R&D

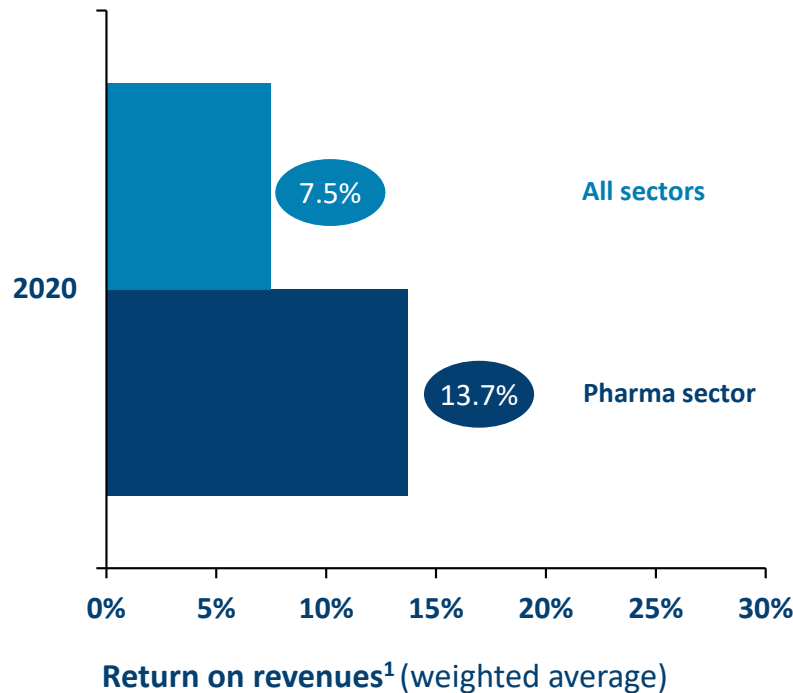
Note: panel of the 20 biggest pharma companies in terms of prescribed sales (drugs & vaccines) in human health in 2020 (excluding diagnostics, medical device, nutrition products and animal health)

In 2020, the net profitability of the pharma sector outpaces by ~6.2 points of percentage the average profitability of all sectors

Profitability and sales dynamics of the pharma sector (2018 – 2020)

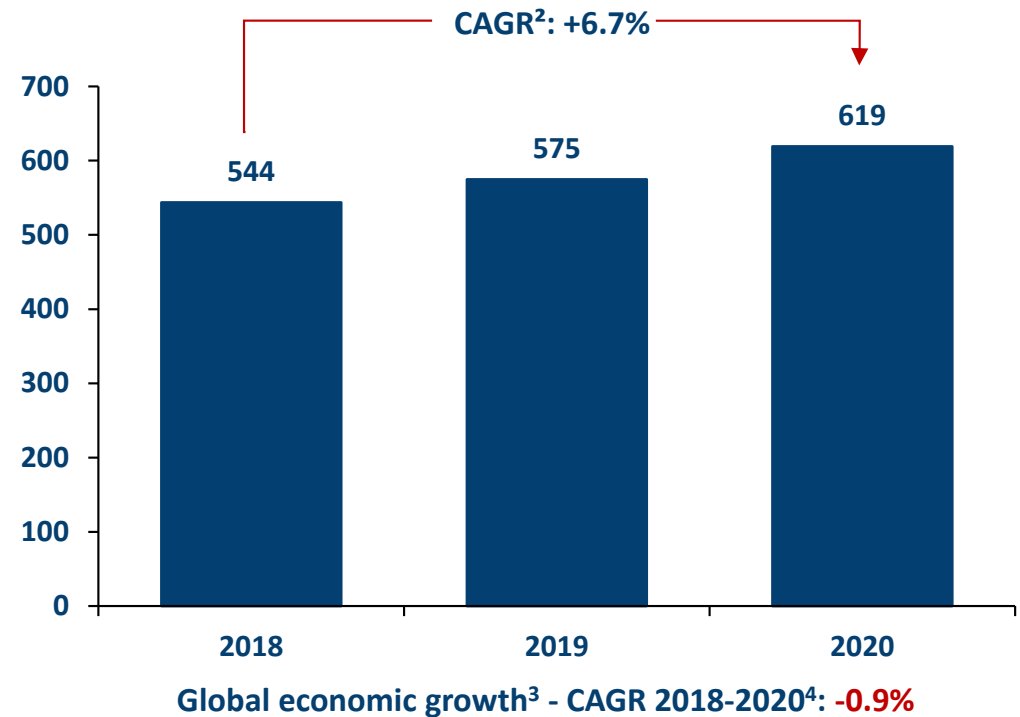
Net profitability in 2020

(Of top 20 Rx pharma companies and of the global economy)



Market sales trend

(Of top 20 Rx pharma companies)



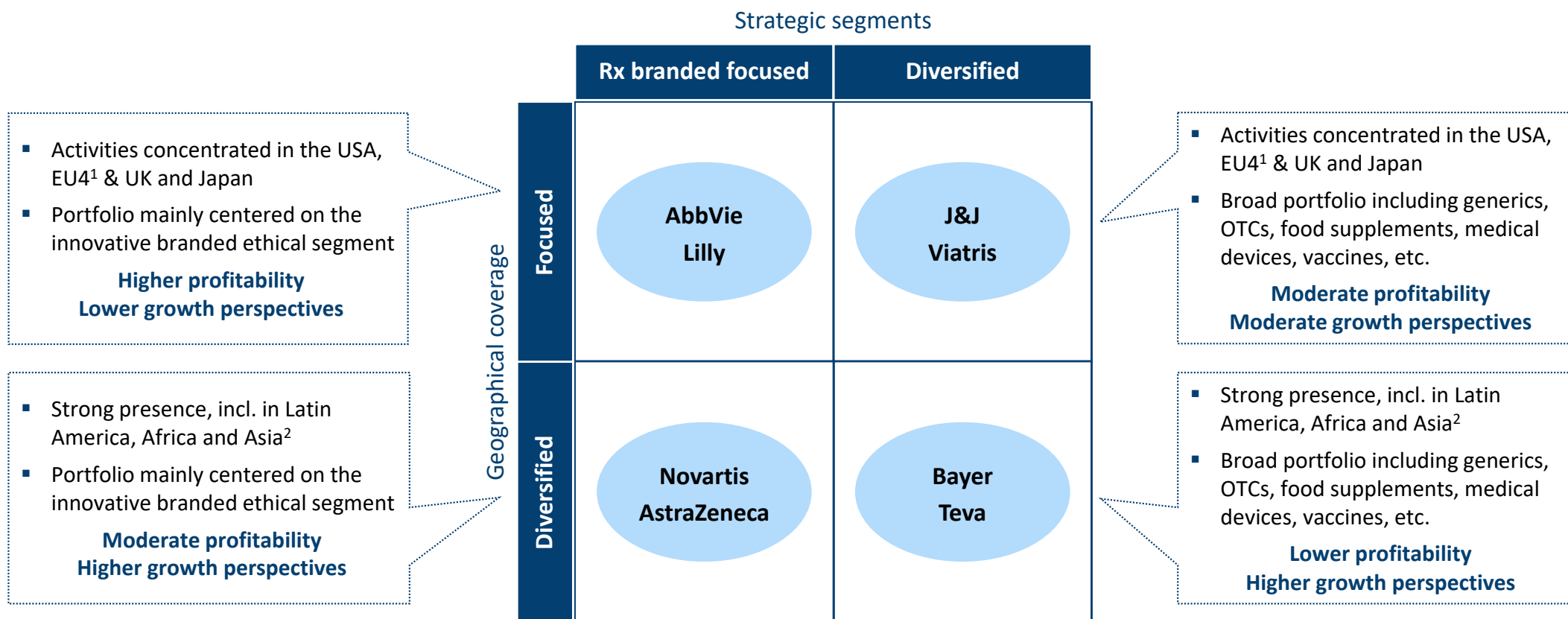
Note: panel of the 20 biggest pharma companies in terms of prescribed sales (drugs & vaccines) in human health in 2020 (excluding diagnostics, medical device, nutrition products and animal health)

Sources: Companies annual reports (2020) – Forbes: The Global 2000, 2020 – IFM – Smart Pharma Consulting analyses

¹ Return on revenues = net profit / total revenues – ² Compound annual growth rate – ³ World gross product at market exchange rates – ⁴ Economic growth percentage in 2019 before Covid-19 crisis was +3.2%

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

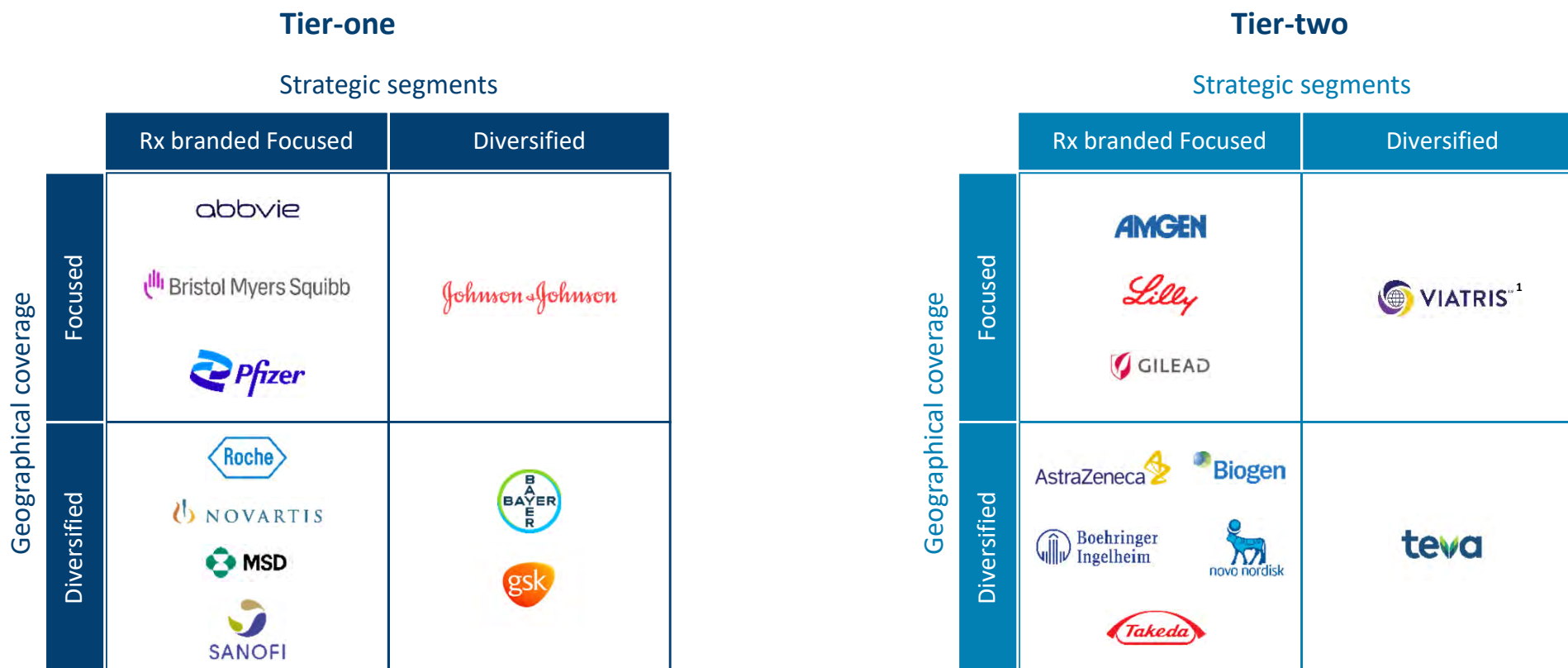
Development strategy matrix – Principles



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

Tier-one and tier-two companies are mainly focused on Rx branded segment, but tier-one companies are more geographically diversified

Pharma companies' development strategy (2020)



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

Most of the recent M&A operations have been carried out to strengthen pharma companies position on their core strategic segments

Major M&A operations (2016 – 2020)

Acquirer	Acquired (> USD 2.0 B)	Strategic objectives		
		Diversification	Strengthening	Expansion
J&J	<ul style="list-style-type: none"> Actelion (Pulmonary arterial hypertension) Momenta pharmaceuticals (Biotechnology) Auris Health (Medical device) Abbott Medical Optics (Products for dry & irritated eyes) 		<ul style="list-style-type: none"> ✓ ✓ ✓ 	<ul style="list-style-type: none"> ✓ ✓
Roche	<ul style="list-style-type: none"> Sparks Therapeutics (Gene therapies) 	✓		
Novartis	<ul style="list-style-type: none"> Advanced Accelerator Applications (Oncology) AveXis (Gene therapies, rare diseases) Endocyte (Cancer and inflammatory diseases) The medicine company (Critical care) 		<ul style="list-style-type: none"> ✓ ✓ ✓ ✓ 	
Bayer	<ul style="list-style-type: none"> Monsanto (Chemical & agricultural biotechnology) Asklepios Biopharmaceutical (Gene therapies for genetic disorders) 	✓	✓	
MSD	<ul style="list-style-type: none"> Anteliiq (Animal health) 		✓	
Abbvie	<ul style="list-style-type: none"> Stemcentrx (Oncology) Allergan (Branded pharmaceuticals) 	✓	✓	
GSK	<ul style="list-style-type: none"> Tesaro (Oncology) Stiefel (Dermatology) 	✓	✓	
BMS	<ul style="list-style-type: none"> IFM Therapeutics (Cancer immunotherapies) Celgene (Oncology) MyoKardia (Rare cardiovascular disease) 	✓	<ul style="list-style-type: none"> ✓ ✓ ✓ 	

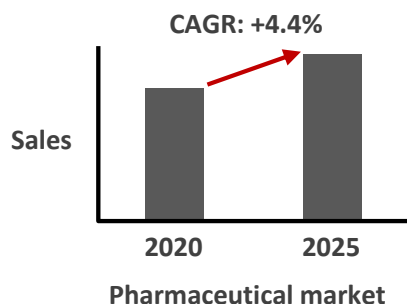
Acquirer	Acquired (> USD 2.0 B)	Strategic objectives		
		Diversification	Strengthening	Expansion
Pfizer	<ul style="list-style-type: none"> Medivation (Oncology) Anacor (Anti-inflammatory) ArrayBioPharma (Oncology) 	✓	<ul style="list-style-type: none"> ✓ ✓ 	
Sanofi	<ul style="list-style-type: none"> Boehringer Ingelheim (Consumer healthcare business of the company) Bioverativ (Rare blood disorders) Ablynx (Immunotherapies) Principia BioPharma (Oral therapies in immunology & oncology) Synthorx (Biotechnology) 	✓	<ul style="list-style-type: none"> ✓ ✓ ✓ 	
Takeda	<ul style="list-style-type: none"> Ariad Pharmaceuticals (Oncology) Shire (Rare diseases, US-based) 		<ul style="list-style-type: none"> ✓ ✓ 	✓
AstraZeneca	<ul style="list-style-type: none"> Acerta Pharma (Cancer and autoimmune diseases) Alexion Pharmaceuticals (Rare disease, US-based) 		<ul style="list-style-type: none"> ✓ ✓ 	
Amgen	<ul style="list-style-type: none"> Otezla (Dermatology) 		✓	
Gilead Sciences	<ul style="list-style-type: none"> Kite Pharma (Cancer immunotherapies) Forty Seven (Cancer immunotherapies) Immunomedics (Cancer treatment) 		<ul style="list-style-type: none"> ✓ ✓ ✓ 	
Eli Lilly	<ul style="list-style-type: none"> Loxo Oncology (Oncology) 		✓	
Boehringer Ingelheim	<ul style="list-style-type: none"> Merial (Animal health business of Sanofi) 		✓	
Teva	<ul style="list-style-type: none"> Actavis Generics (Allergan generics) Rimsa (Latin America) 		✓	✓
Viatrix	<ul style="list-style-type: none"> Meda (OTC, Emerging markets) Upjohn (Pfizer's established medicines) 	✓	✓	✓

Note: Diversification means entering new strategic segments/balancing minor segments – Strengthening means reinforcing major strategic segments – Expansion means geographical coverage

The global pharmaceutical market should keep on growing at a pace of 4.4% p.a. by 2025, but pharma companies' profitability would be impacted by strong price cuts

Conclusion (1/2)

Global pharma market 2020-2025 perspectives



The global pharma market should reach USD 1,619 B in 2025, representing a +4.4% CAGR over the 2020-2025 period

- North America should continue to weigh for 43% of the global pharma market in value and should generate ~80% of the global pharmaceutical market (vs. ~75% in 2020)
- EU4¹ & UK countries should see their weight in the global pharma market drop by 2 points from 14% to 12% due to stringent cost containment measures
- All the business segments will be affected by the pandemics-induced economic crisis, resulting into strong price pressure

Top 20 pharma companies Performance & Strategies

EBITDA ²	37% of sales	EBIT ³	~23% of sales	R&D	~20% of sales
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Strategic segments

		Rx branded focused	Diversified
Geographical coverage	Focused	abbvie Bristol Myers Squibb Pfizer AMGEN Lilly GILEAD	Johnson & Johnson VIATRIS™
	Diversified	AstraZeneca Boehringer Ingelheim NOVARTIS SANOFI Biogen novo nordisk Roche MSD Takeda	BAYER teva gsk

Sources: Smart Pharma Consulting

¹ France, Germany, Italy and Spain – ² Earnings before interest, taxes, amortization and depreciation – ³ Earnings before interest and taxes

To improve their performance, pharma companies tend to refocus on therapeutic areas with high potential for growth (e.g., rare diseases, oncology, gene and cellular therapies)

Conclusion (2/2)

- In recent years, mega-deals aiming at increasing pharma companies' size and/or strengthening their economies of scale have come to an end
- Pharma companies rather seek to refocus their assets on secondary-care therapeutic areas with high potential for growth:
 - Rare diseases (e.g., acquisition of Shire by Takeda or of Alexion by AstraZeneca, etc.)
 - Oncology (e.g., merger of Celgene and BMS, acquisition of Stemcentrx by AbbVie and partnership of the latter with Genmab, etc.)
 - Gene and cellular therapies (e.g., partnership of Biogen with Sangamo, etc.)
- Top-pharma companies increasingly seek to acquire promising early-stage development biotechs with the aim to add complementary platforms and technologies...
- ... and tend to foster their collaborations with other pharma companies, notably in the Covid-19 context (e.g., Pfizer / BioNTech, GSK / Sanofi, AstraZeneca / Oxford University, etc.)
- Conversely, divestments are made in other areas (e.g., separation by Pfizer of its Upjohn mature brands division merged with Mylan into the new Viatris, rethinking by Sanofi of its core activities, sale by GSK of its Consumer Healthcare division¹)



Smart Pharma
CONSULTING

Pharma Strategy Crafting

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A Practical Guide for
Pharma Companies

POSITION PAPER

March 2018

Strategy sets long term direction and scope of a company to achieve a competitive advantage through proper capability building and resources allocation

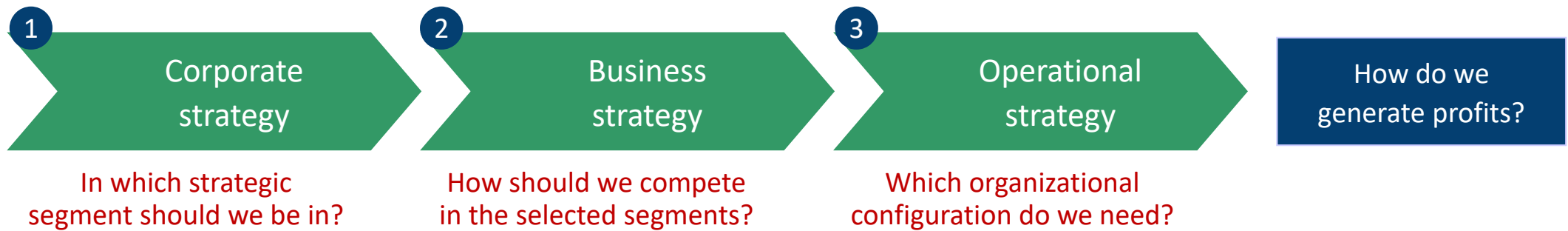
Strategy definition

- Strategy is a consistent, unifying and integrative assembly of decisions defined to achieve the ambition and the corresponding objectives set by a company, in the most effective, efficient and less risky manner
- It attempts to achieve the long-term sustainable advantages the company can maintain in its businesses, by responding to the present and future opportunities and threats in the market segments it covers, through the optimal management of its strengths and weaknesses
- It is concerned with the definition of optimal capabilities and resources configuration to take advantage, better than competition, of the evolving customers needs and wants
- It covers the responsibilities and actions required from all hierarchical levels (corporate, business, operational) in the firm
- It defines the nature of the economic and non-economic contributions the company intends to make to its stakeholders

“A successful strategy meets or, better, exceeds customers, employees and shareholders expectations to raise their respective preference for the company, its products and associated services”

Corporate strategy selects the strategic segments, business strategy creates a competitive advantage and operational strategy defines the appropriate organization

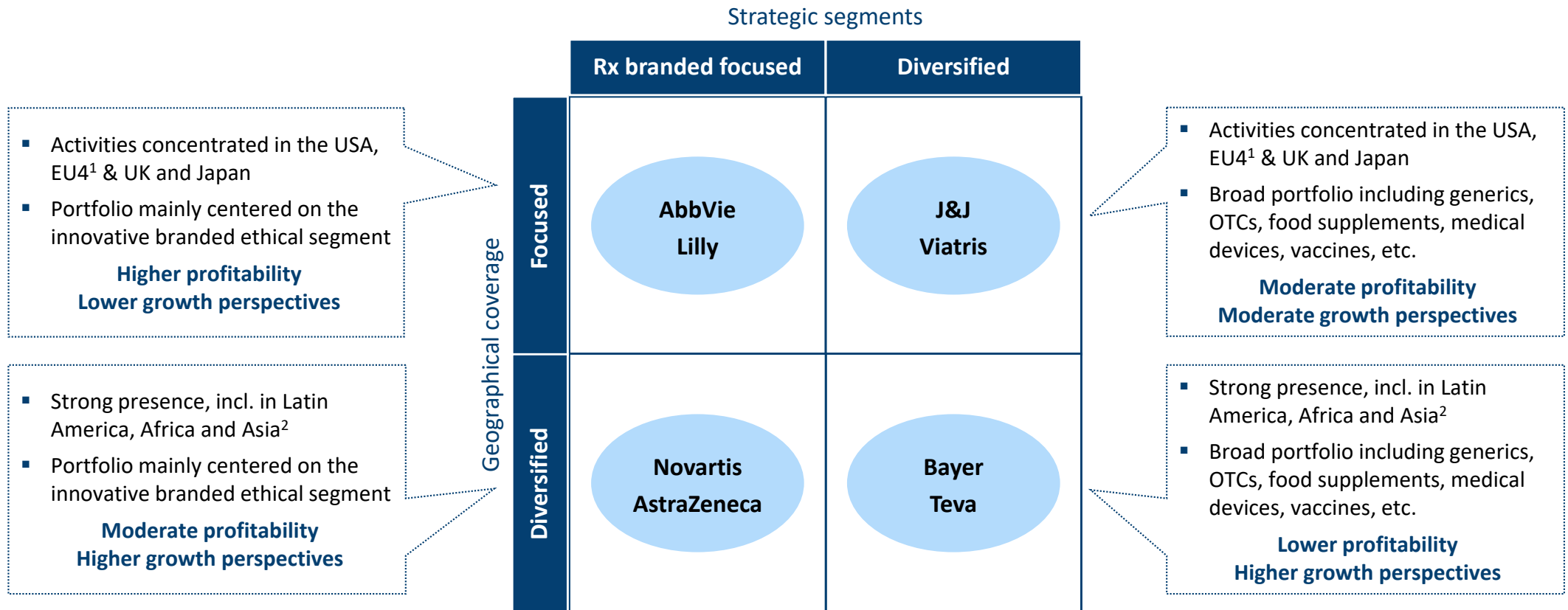
Multi-level Strategies



- **Corporate strategy** defines the purpose and the scope in which a company competes or should compete and how value will be added to its different businesses
- **Business or competitive strategy** is concerned with how to compete successfully within particular strategic segments (e.g., original brands, generics, OTCs, medical device, etc.)
- **Strategic segments** correspond to companies within an industry which are subject to the same critical success factors which are addressed by a given business unit of the company
- **Operational strategy** determines the activities, capabilities, processes, structure¹, culture and resources needed to effectively support the corporate- and business-level strategies

Concentration strategies use to generate higher profitability ratios, whereas diversification and geographical expansion strategies provide higher profit growth

Development strategy matrix: Principles

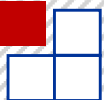
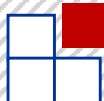

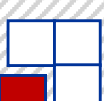


Sources: Smart Pharma Consulting

¹ France, Germany, Italy and Spain – ² Including segments of the population with lower income and/or from rural areas

Even if there is no one-size-fits-all winning strategy, a “global healthcare” strategy seems to be a reasonable long-term default option for Big Pharma companies

Development strategy matrix: Features





















Strategic development directions	Sales evolution*	Profitability evolution*	Profit evolution*	Recommendations
 Local ethicals	+	--	++	<ul style="list-style-type: none"> Strategy showing the highest return on investment Moderately risky if portfolio of breakthrough innovations Reservoir of sales growth on the lower priced me-too markets (e.g., Amgen entering the biosimilars market)
 Local healthcare	++	--	++	<ul style="list-style-type: none"> Diversification in new strategic segments should be carried out preferably through acquisitions to save time, take advantage of brand equity (especially in the OTC market), know-how, and access to clients
 Global healthcare	+++	---	+++	<ul style="list-style-type: none"> Portfolio diversification is best implemented through the acquisition of global players (e.g., Pfizer and Hospira) Geographical expansion is preferable through the acquisition of local leaders (e.g., Teva and Rimsa)
 Global ethicals	++	---	++	<ul style="list-style-type: none"> Geographical expansion implies an “aggressive” direct or indirect presence (through licensing-out deals) Social “expansion” requires a tiered pricing policy or low-priced products to access low-income patients

* +++ Highly positive ++ Moderately positive + Slightly positive --- Highly negative -- Moderately negative - Slightly negative

Sources: Smart Pharma Consulting

Tier-one and tier-two companies are mainly focused on Rx branded segment, but tier-one companies are more geographically diversified

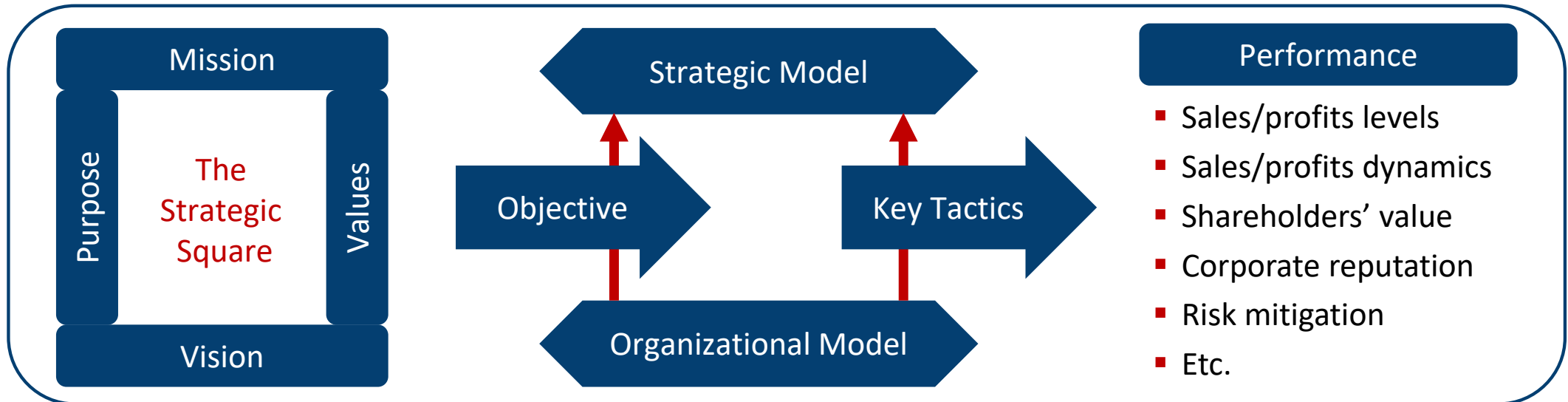
Pharma companies' development strategy (2020)

		Tier-one		Tier-two	
		Strategic segments		Strategic segments	
		Rx branded Focused	Diversified	Rx branded Focused	Diversified
Geographical coverage	Focused	  		  	
	Diversified	   	 	    	

Note: **Rx branded focused:** Prescribed drugs and vaccines $\geq 75\%$ of total product sales – **Geographically focused:** $>50\%$ of sales in a single geographical region (e.g., USA, Europe, Japan, etc.)

This strategic process should help pharma companies translate their “Strategic Square” into the right strategy and tactics supported by the right organization

Methodology: Smart strategic process

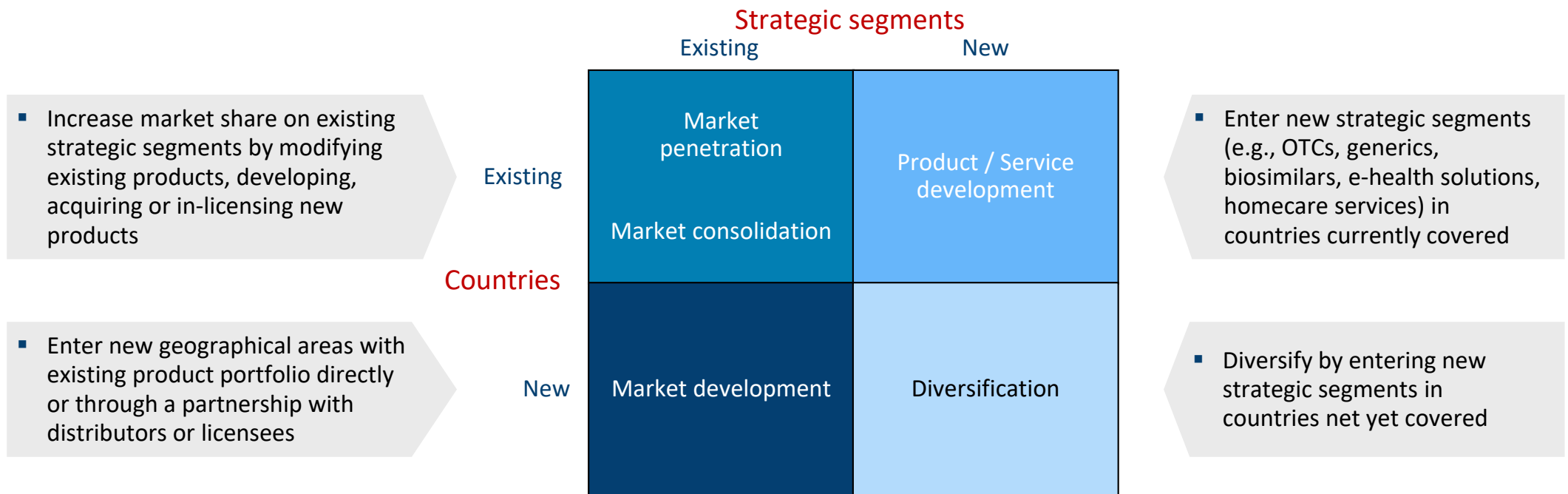


- **Purpose:** Why do we exist?
- **Vision:** What do we aspire to become?
- **Mission:** What do we do and for whom?
- **Values:** What do we believe in and how do we behave?
- **Objective:** What do we want to achieve?
- **Strategic model:** Where do we want to play and how are we going to play to win?
- **Organizational model:** What are the activities/capabilities, the processes, the structure¹ and culture we need to put in place to execute the strategy?
- **Key tactics:** How are we going to execute the strategy?
- **Performance:** What have we quantitatively and qualitatively² achieved and what are the gaps and why, if any?

Four basic corporate strategies can be adopted by pharma companies to secure a long-term and profitable growth, in line with their shareholders expectations

Corporate strategy crafting (1/2)

- The Development strategy matrix is a practical tool to select the most attractive sources of growth
- Diversification is in general the riskiest option because the farthest from the company core competencies
- However, playing in diverse strategic segments with different characteristics can enable to mitigate business risks



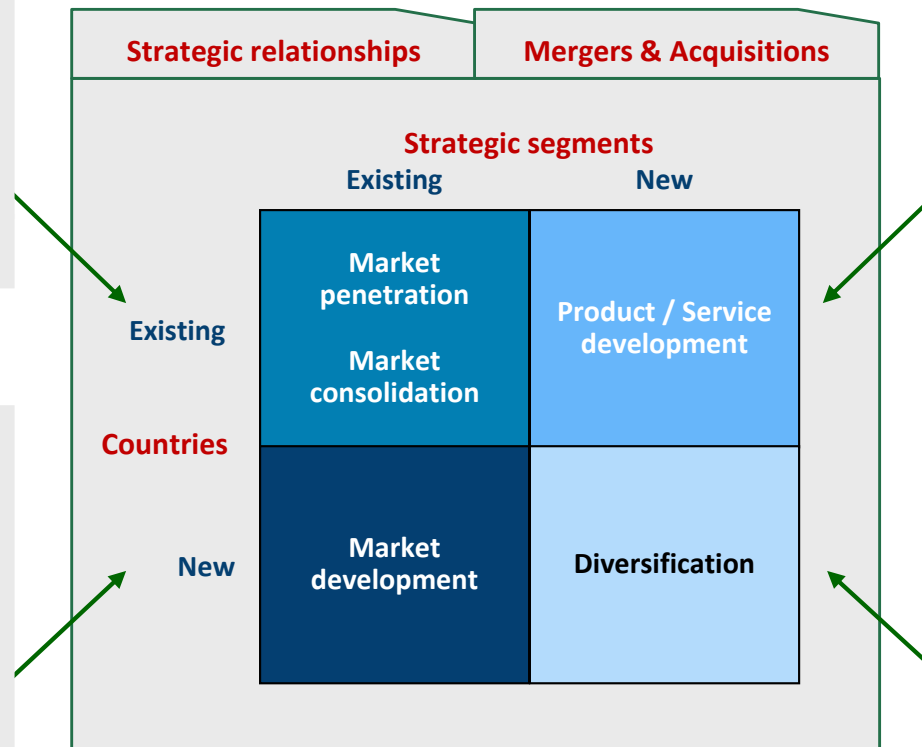
“The purpose of corporate strategy is to decide where to play and how to play to succeed”

The corporate strategy can be implemented by pharma companies organically or inorganically, through strategic partnerships, mergers or acquisitions¹

Corporate strategy crafting (2/2)

- Collaboration with a third party (e.g., pharma company and/or CSO²) to increase share of contacts and/or share of voice
- Co-marketing or co-promotion agreements to increase resources to market a product
- Acquisition of competitors to reduce or better manage competitive intensity

- Direct market entry by setting up its own subsidiary
- Indirect market entry by licensing-out its product portfolio to a third party or with a CSO
- Indirect market entry by acquiring a local player to take advantage of its resources and capabilities



- Entry on new strategic segments can be carried out through in-house R&D and/or through:
 - Horizontal integration (e.g., OTC, generics, homecare services)
 - Downward integration (e.g., distribution business)
 - Upward integration (e.g., toll manufacturing business)
 - Outsourcing to a CRO³
 - Etc.

- New strategic segments entry and new geographical coverage can be carried out organically or through acquisition, merger, joint-venture, in-licensing (e.g., with a pharma company) or subcontracting (e.g., with a pharma company, a CSO, a CRO) agreements

Source: Adapted by Smart Pharma Consulting from H. Ansoff

¹ See our position paper "Best-in-Class Pharma BD&L" available on our website –
² Contract sales organization – ³ Contract research organization

To craft a successful strategy, pharma companies must evaluate their business environment to identify where their competitive advantage will be the strongest

Business strategy crafting (1/3)

- To create a successful business strategy, pharma companies should carefully evaluate the strategic segment landscape they play in by:

Customers

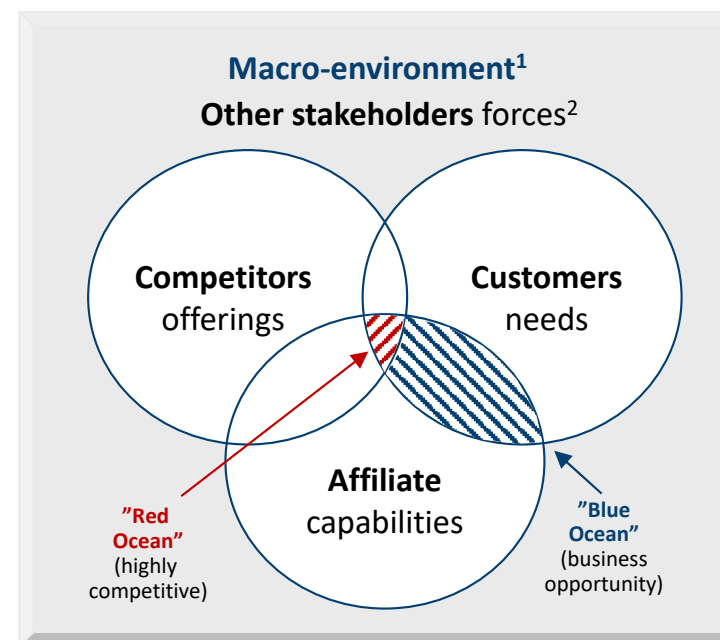
- Developing a detailed understanding of customer needs / wants
- Segmenting and targeting customers
- Identifying unique ways of creating superior value for customers

Competitors

- Analyzing competitors' current strategies, their impact, and predicting how they might change in the future

Company

- Providing products and services fulfilling better than competition, tangible and intangible customers needs / wants
- Finding strategic spaces or “blue oceans” that align the company’s capabilities with customer unmet needs and...
- ... raising barriers to prevent competitors to enter



“Don’t just give customers excellent services, make sure they realize how great is the service they get”

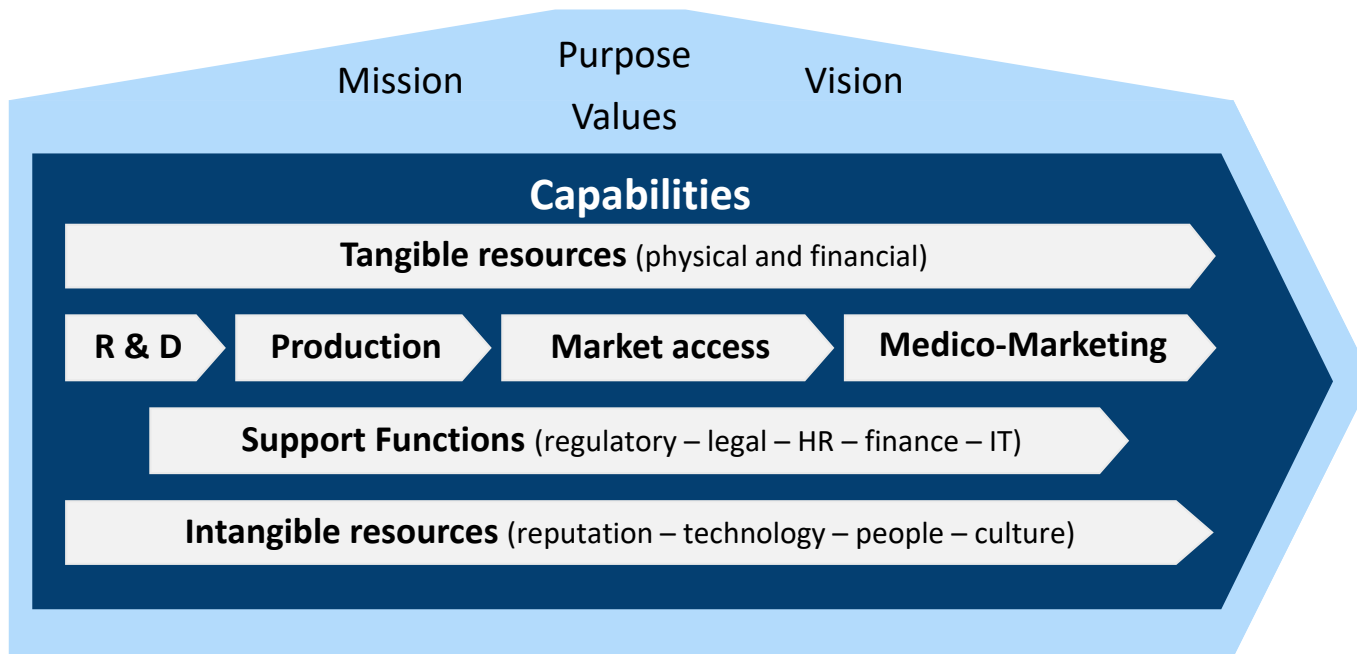
Source: Adapted after C. Kim et R. Mauborgne 2005 - D.J. Collis , HBR April 2008 - Smart Pharma Consulting

¹ Political/legal, Economic, socio-demographic and technological factors –
² Including Suppliers, new entrants, substitutes, complements

The business strategy must offer a value proposition that meets, better than competition, customers needs and wants, by mobilizing capabilities and resources

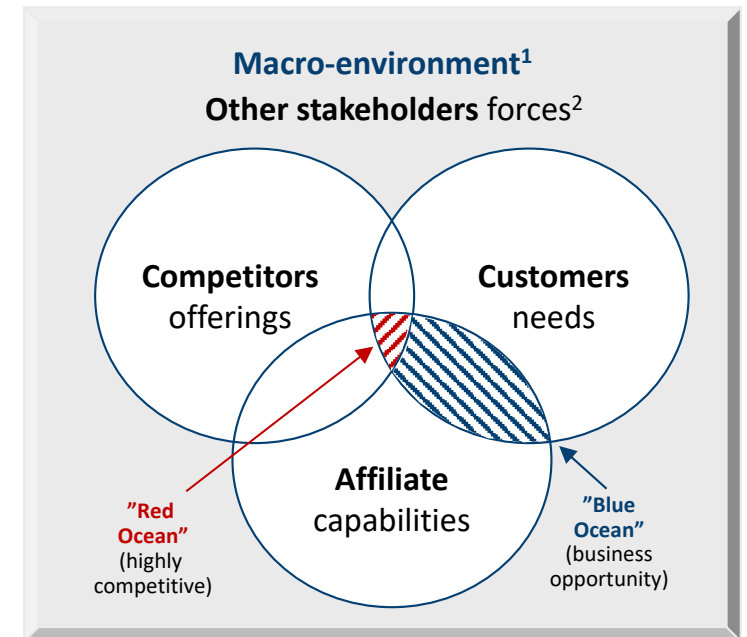
Business strategy crafting (2/3)

Business model



Strengths & Weaknesses
(Competitive advantage)

Strategic segments
(e.g., Rx-bound brands, generics, OTCs, devices, etc.)



Opportunities & Threats
(Attractiveness & Key success factors)

Objectives & Strategic priorities

Sources: Adapted by Smart Pharma Consulting from C. Kim et al. and from D.J. Collis, HBR April 2008

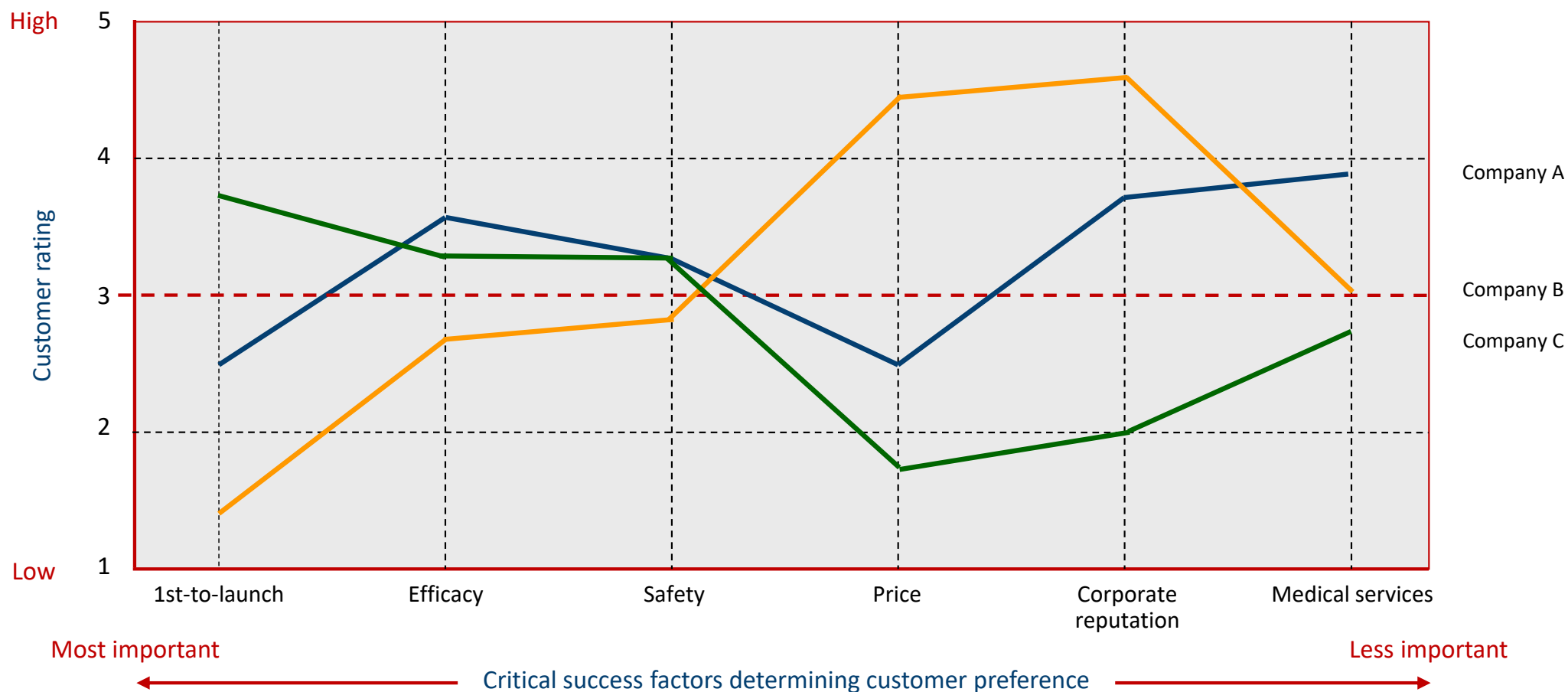
¹ Political / legal, economic, socio-demographic and technological factors –
² Including suppliers, new entrants, substitutes, complements

The strategic canvas can help identify strategic gaps which represent opportunities that are not being fully exploited by competition

Business strategy crafting (3/3)

Strategic canvas

Illustrative

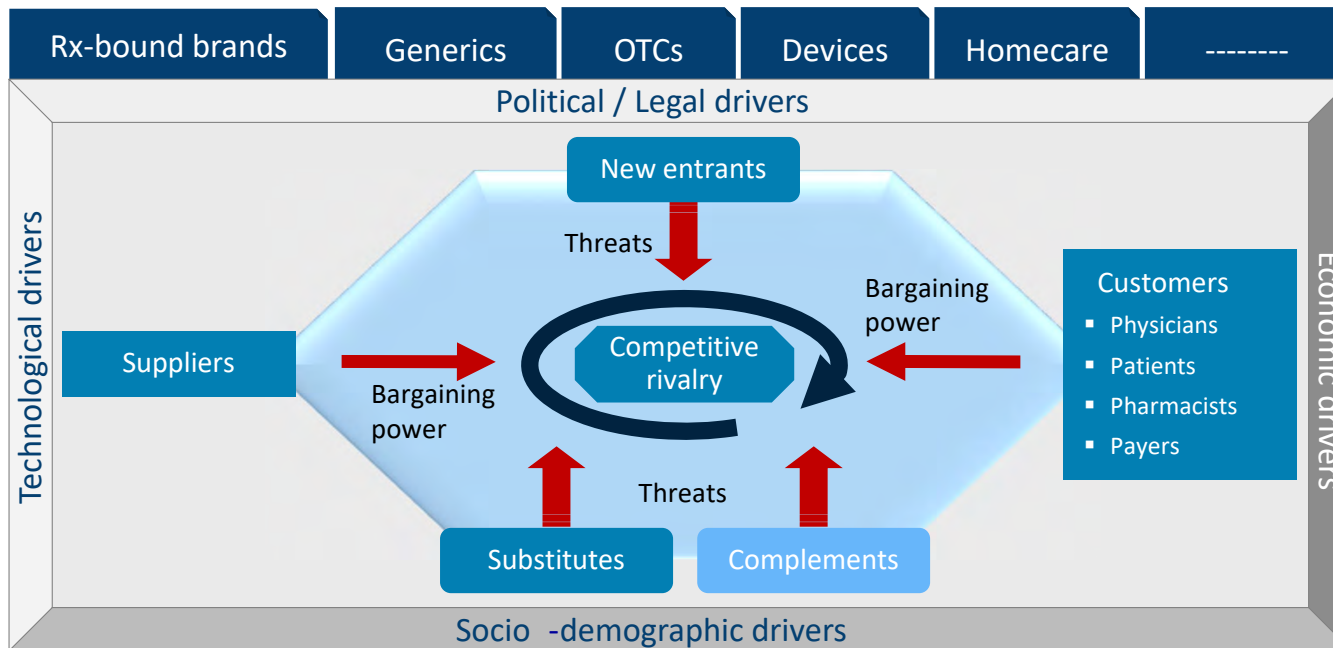


Source: Adapted after C. Kim et R. Mauborgne 2005

¹ Political / legal, economic, socio-demographic and technological factors –
² Including suppliers, new entrants, substitutes, complements

Business opportunities by strategic segment (e.g., original Rx-bound drugs, generics, OTCs, etc.) can be assessed through PEST analysis and the “5+1 forces framework”

Business strategy – Attractiveness of strategic segments (1/3)



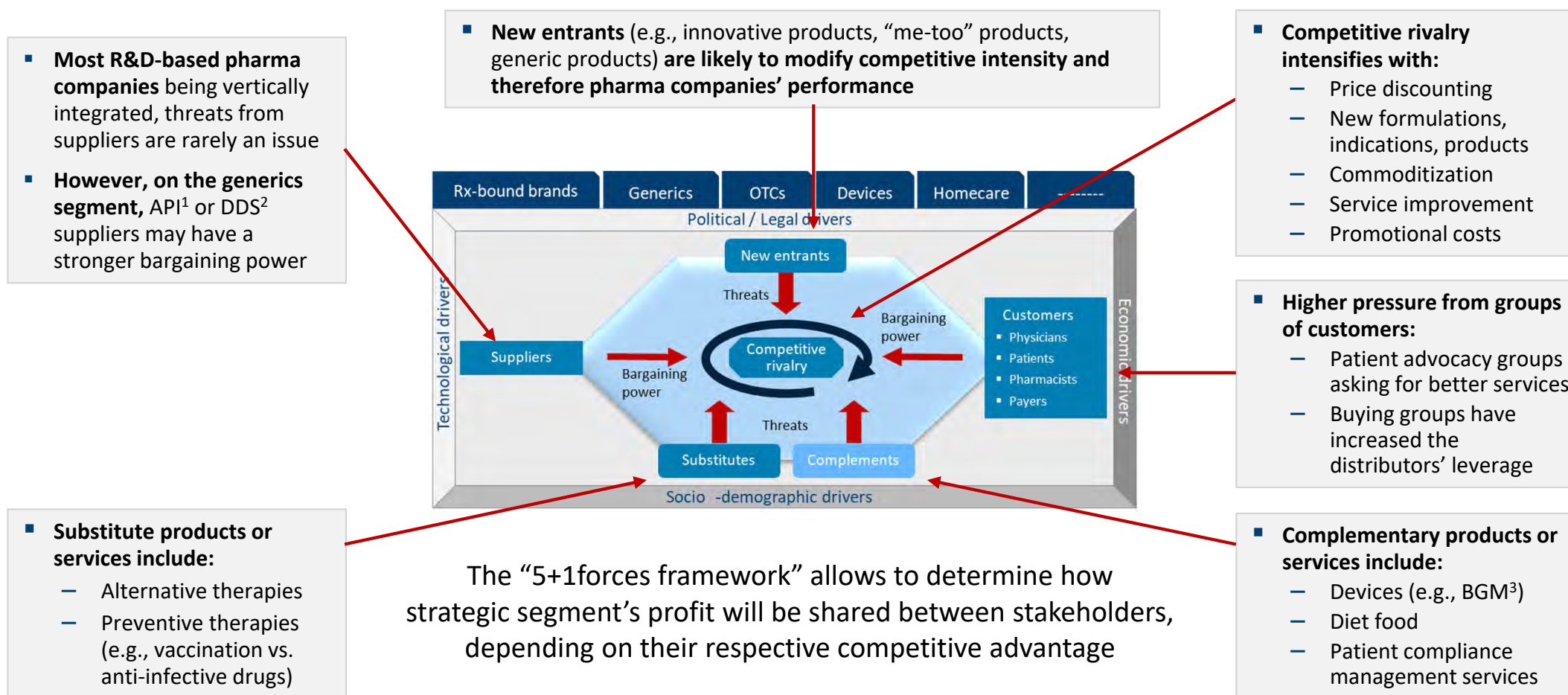
- The four key macro-environmental drivers:
 - Political / Legal
 - Economy
 - Socio-demography
 - Technology
- The five key micro-environment drivers:
 - Suppliers
 - Customers
 - New entrants
 - Substitutes
 - Competitive rivalry
- ... plus, the “Complements” influence the attractiveness of each strategic segment and impact the success or the failure of pharma companies’ strategy
- These key drivers for change can be used to build scenarios of possible futures, especially by adopting the “what if” technique

Analysis of Political / Legal – Economic – Socio-demographic – Technological drivers, called PEST analysis, and then the “5+1 forces Framework” will help pharma companies set an appropriate strategy per strategic segment

■ “Porter’s five forces” ■ “Additional force”

The “5+1 forces framework” is particularly helpful to identify the key stakeholders that will influence the long-term structure and profitability of strategic segments

Business strategy – Attractiveness of strategic segments (2/3)

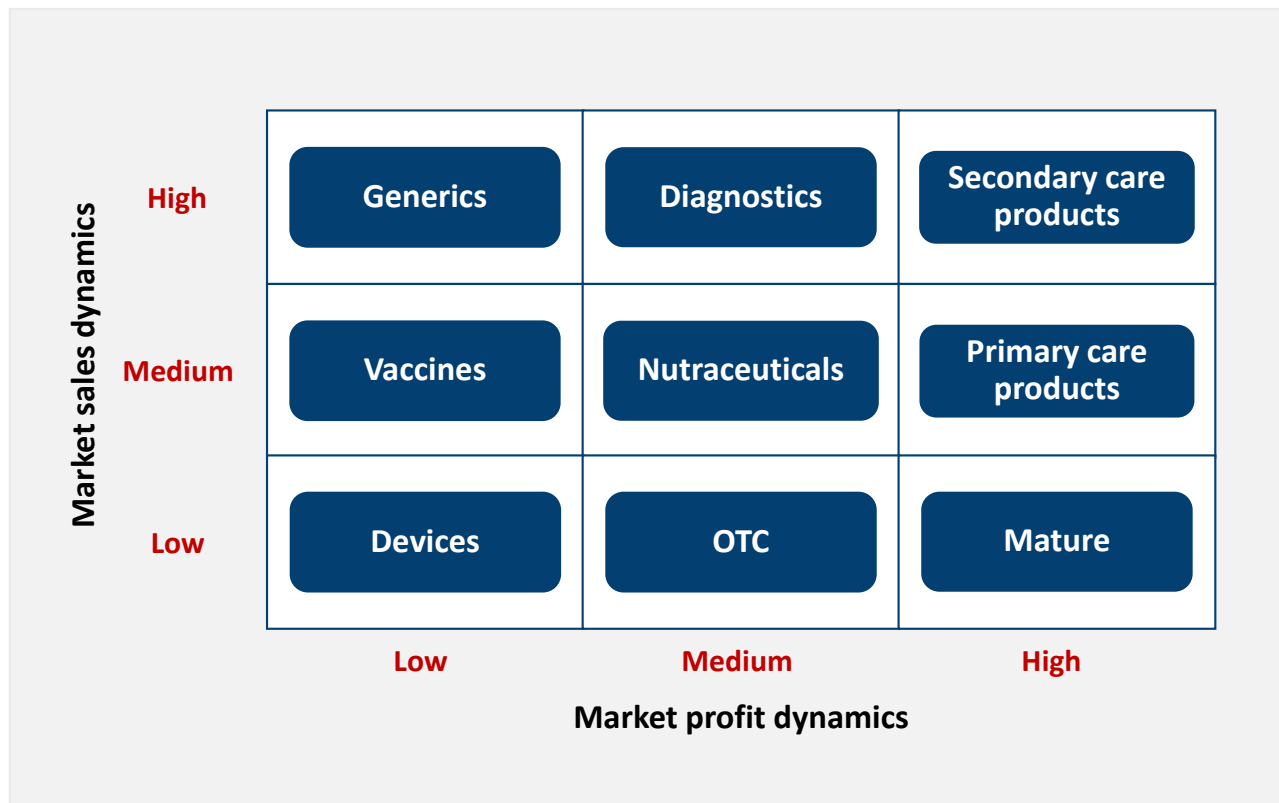


Source: Adapted by Smart Pharma Consulting from M. Porter 2008

Active pharmaceutical ingredients –² Drug delivery system –³ Blood glucose meter

Attractiveness of new strategic segments should be put into a dynamic perspective and potential synergies with existing businesses also be considered

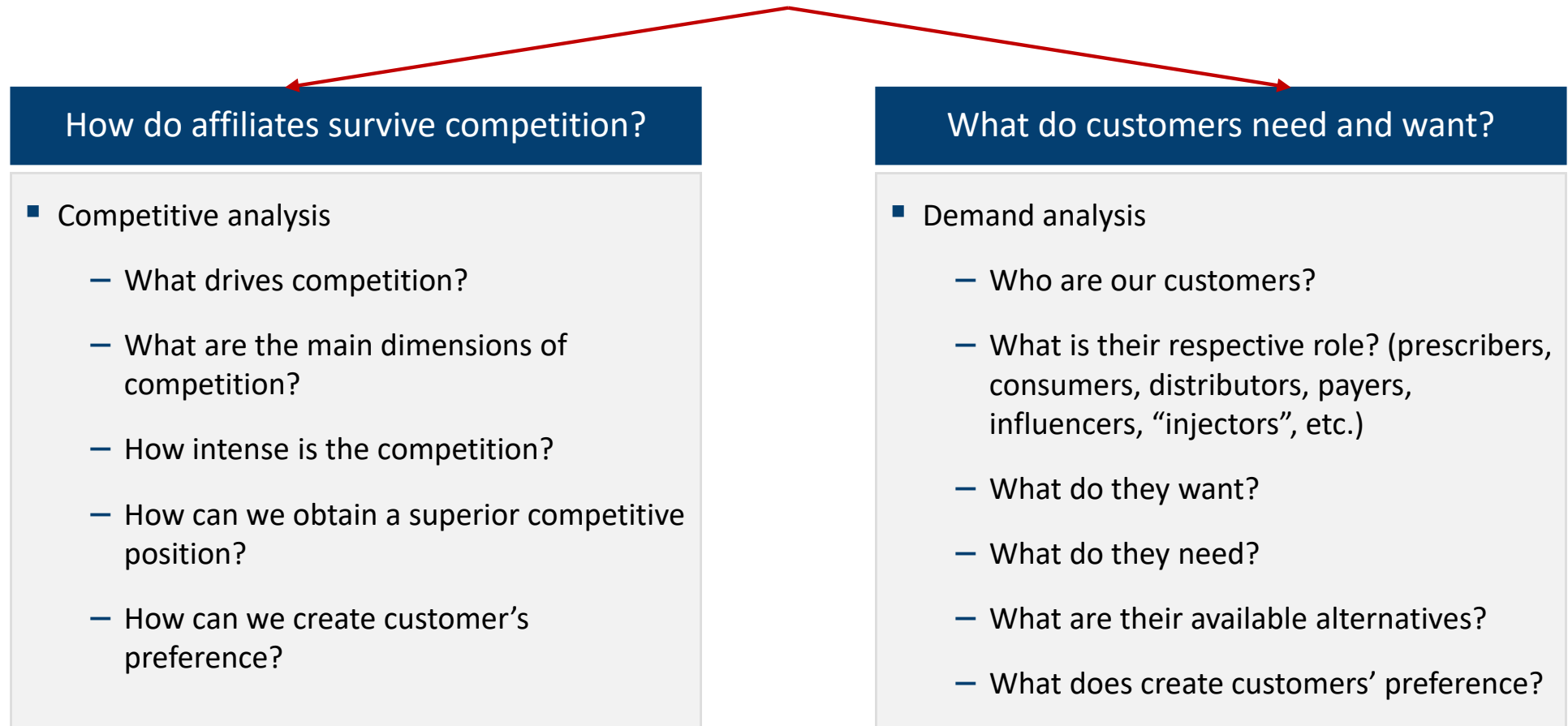
Business strategy – Attractiveness of strategic segments (3/3)



- The attractiveness of a strategic segment should be defined, based on the evolution of economic indicators such as sales and profits
- Additional parameters such as potential synergies with the existing business should also be considered, while evaluating attractiveness of new strategic segments

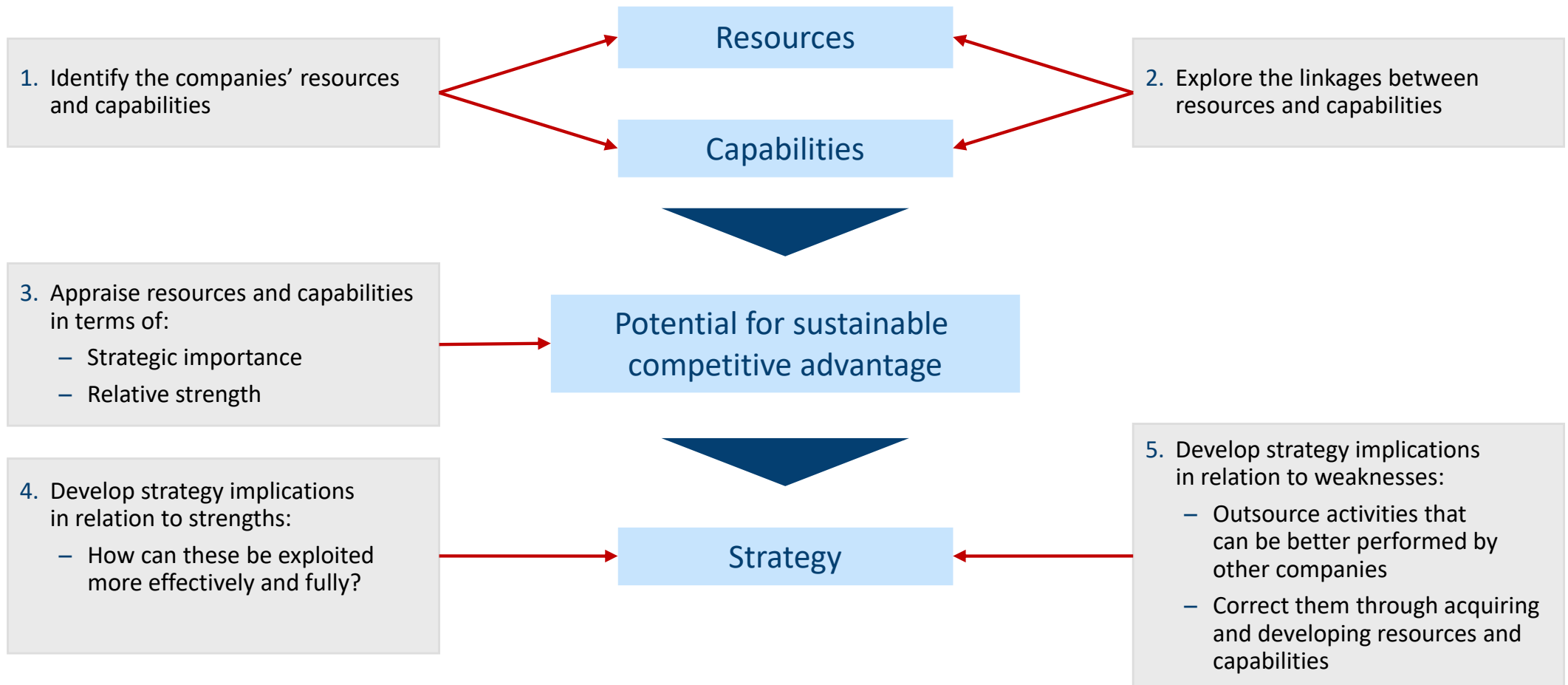
Key success factors by strategic segment where business opportunities have been identified are driven from competitive intensity and from customers needs and wants

Business strategy – Key success factors by strategic segment



Systematic appraisal of company's resources and capabilities provides the basis for formulating operational strategy

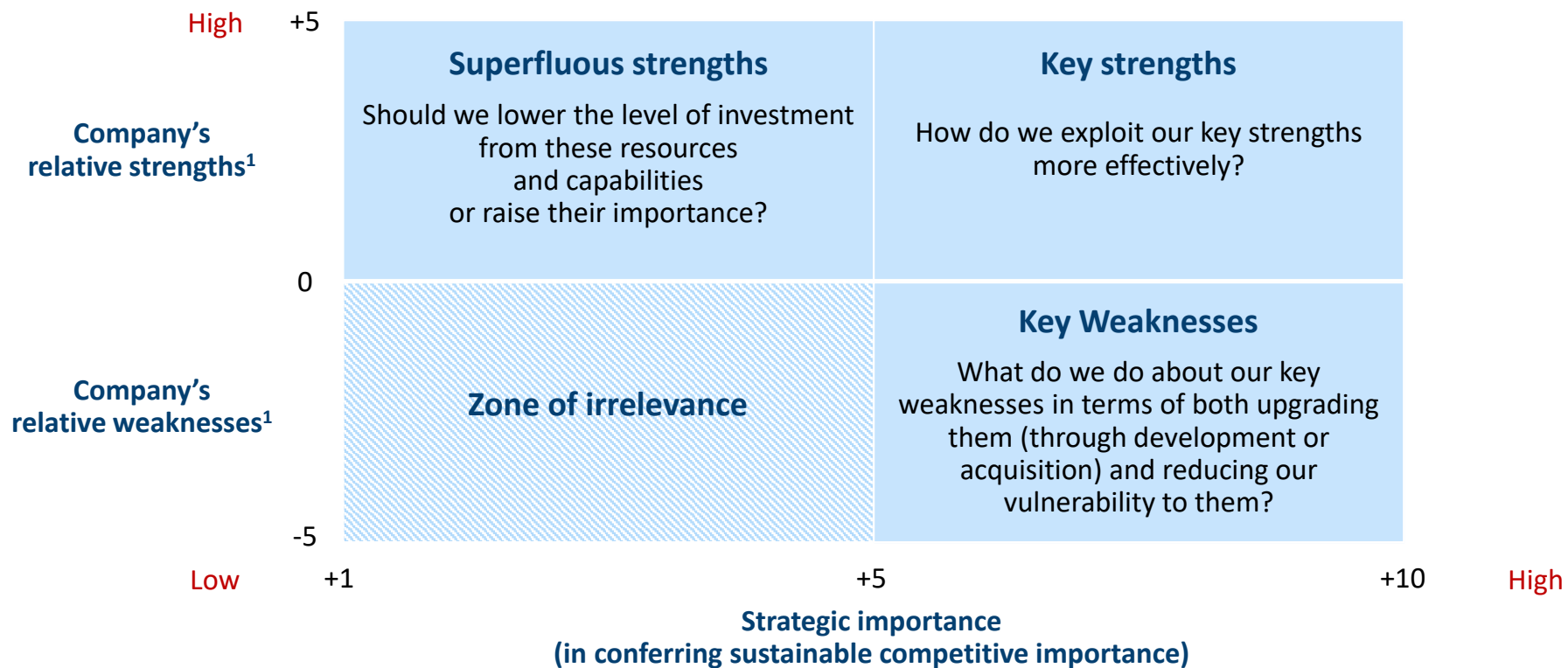
Operational strategy crafting



Source: Adapted by Smart Pharma Consulting from R. Grant 2008

Pharma companies should reinforce resources and capabilities that are critical to establishing a sustainable competitive advantage to generate superior profits

Operational strategy – Resource and capabilities assessment



“Some resources and capabilities are needed to play, but not needed to win”

Source: Adapted by Smart Pharma Consulting from R. Grant 2008

**Pharma companies' capabilities can be developed or adjusted internally,
as well as externally through outsourcing, strategic alliances or merger and acquisition**

Operational strategy – Approaches to capability development

Merger & Acquisition

- Acquiring capabilities should be considered if desired capabilities can only be developed over long periods
- Integrating the acquired capabilities with the acquirer's ones involves major risks such as:
 - Culture clashes
 - Personality clashes
 - Incompatibility of management systems

resulting in degradation or destruction of the capabilities that were sought

Outsourcing

- Companies can access capabilities (and resources) by borrowing them from other companies through outsourcing arrangements

Internal Development

- Growing capabilities requires that companies replicate them internally...
- ... by systematizing the knowledge that underlies capabilities through the formulation of SOPs¹

Strategic Alliances

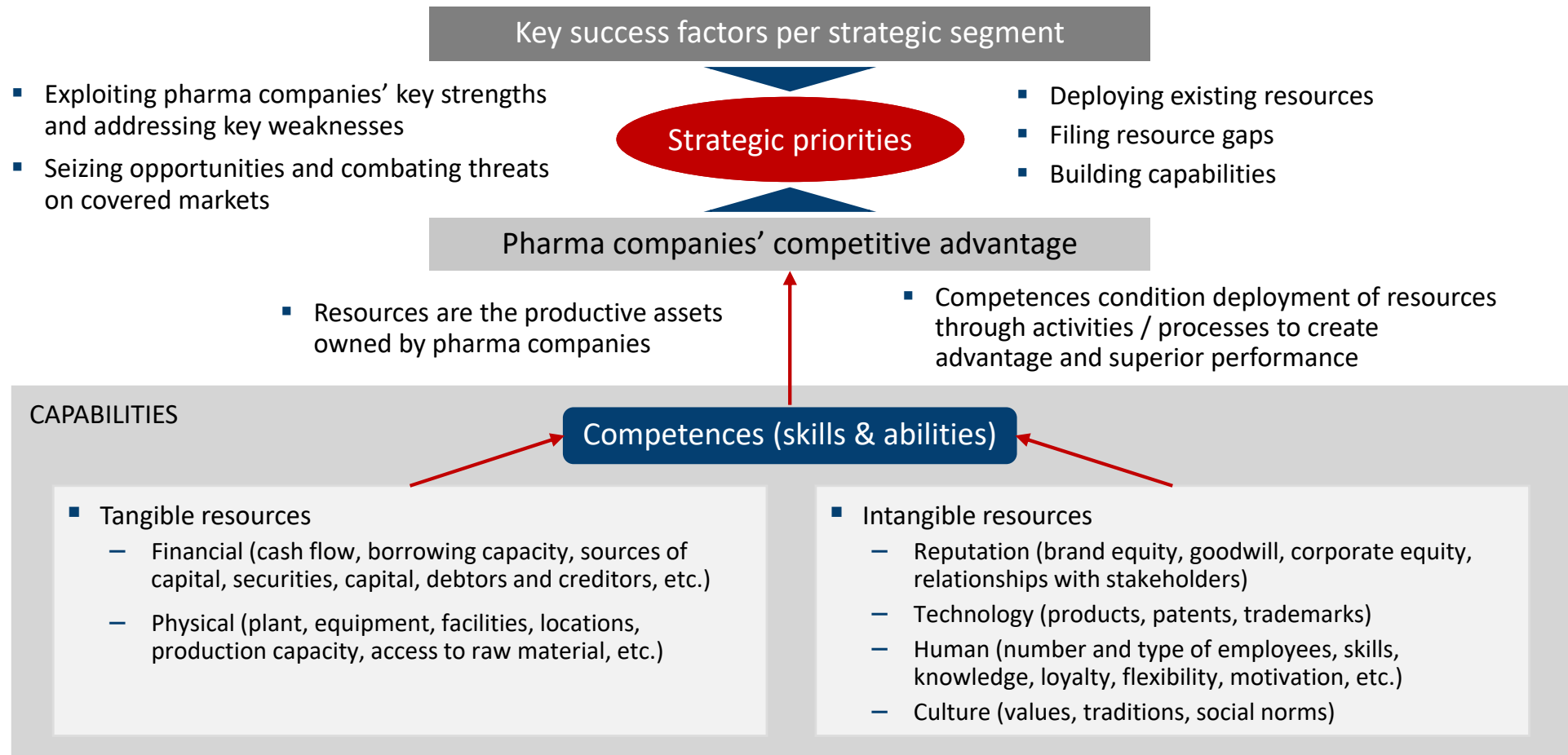
- Accessing capabilities through alliances offers a more targeted and cost effective mean than acquisition
- A strategic alliance involves the sharing of resources in pursuit of common goals
- Where both alliance partners are trying to acquire one another's capabilities, the result may well be a "competition for competence" that ultimately destabilizes the relationship

Source: Adapted by Smart Pharma Consulting from R. Grant 2008

¹ Standard operating procedures

Strategic priorities should be set after capabilities assessment to outperform competitors on key success factors inherent to each targeted strategic segment

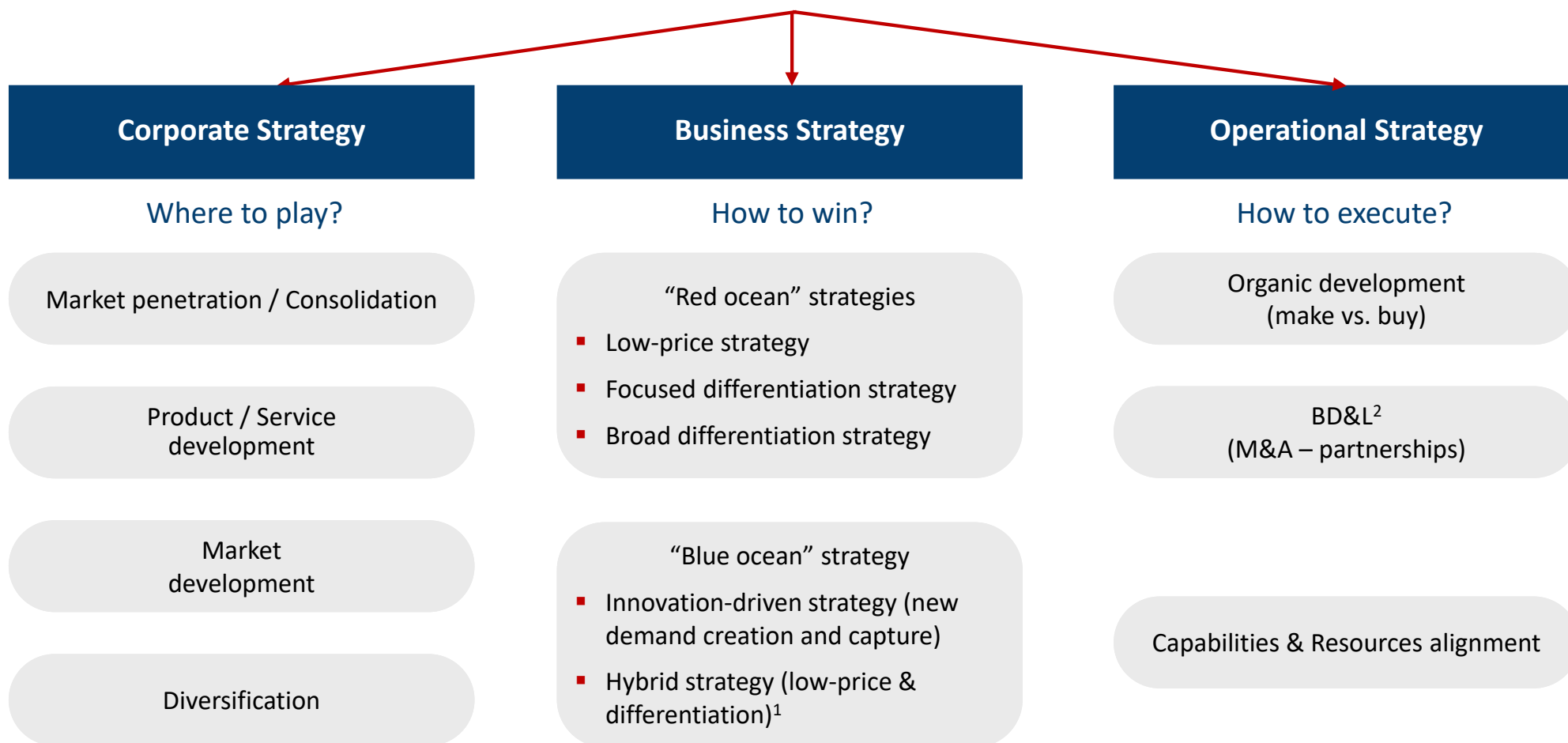
Strategic priorities & competitive advantage



Source: Adapted by Smart Pharma Consulting from R. Grant 2008 and D. Waters 2006

The three different strategic levels – corporate, business and operational – must be crafted in a consistent manner to optimize the impact on performance

Multi-level strategic options

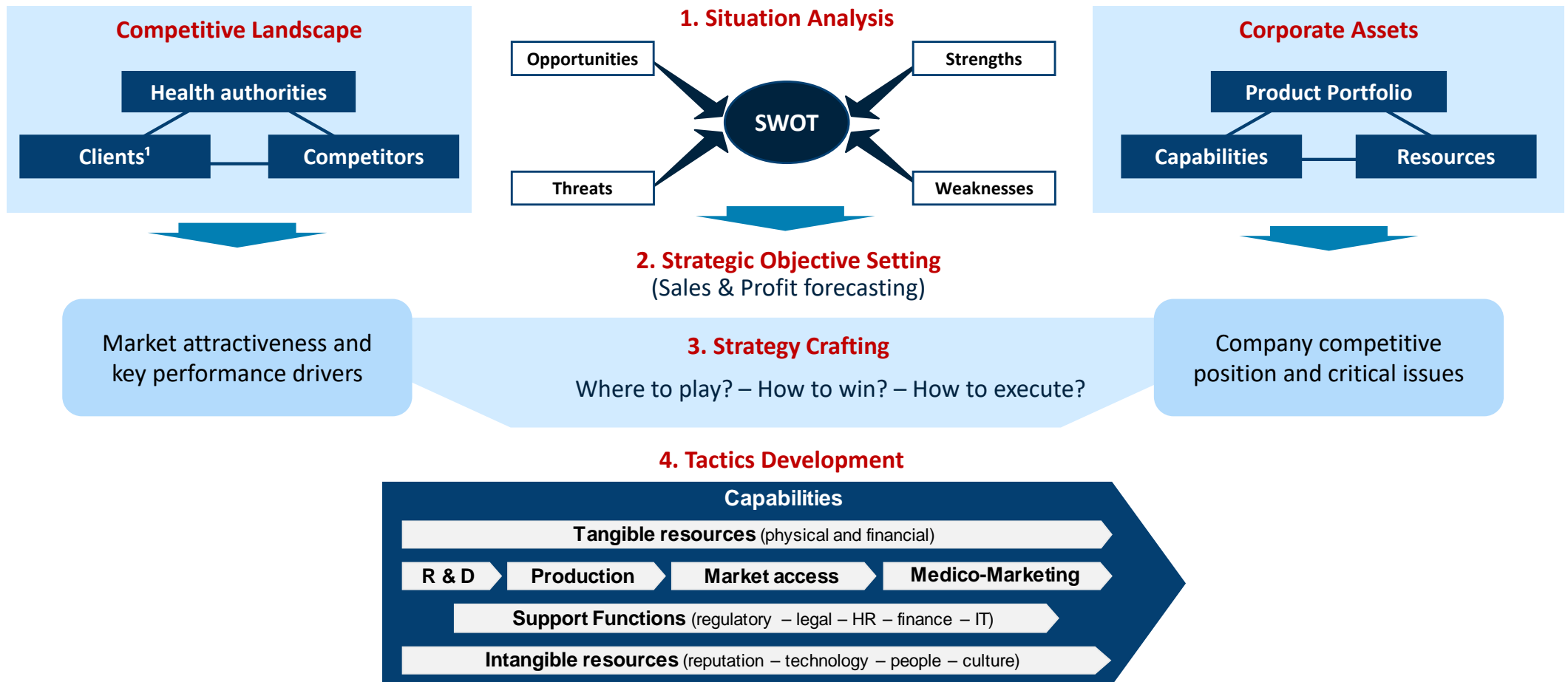


Sources: Adapted by Smart Pharma Consulting from G. Johnson et al., 2008, W.C. Kim & R. Mauborgne, 2005

¹ Eliminating or reducing costs while raising or creating value – ² Business Development & licensing

The strategic thinking process aims at aligning company's unique capabilities and resources to seize market opportunities and address market threats

Strategic thinking framework (1/3)



Sources: Smart Pharma Consulting

¹ Including payers, physicians, patients, pharmacists, nurses

Smart Pharma Consulting recommends the following approach to craft a strategy at corporate, business and operational levels to boost pharma companies' performance

Strategic thinking framework (2/3)

Situation Analysis

- Kick-off meeting organization
 - Agreement on project management, scope and deliverables
- Historical market and product data analysis (2014 – 2017)
 - Internal and external data collection through desk research, and interviews to acquire the right level of insights
 - Analysis of sales and profits per strategic segment:
 - Competitive landscape (health authorities, clients and competitors' opinions and behaviors)
 - Corporate assets (product portfolio, capabilities and resources)
 - Advanced SWOT analysis
- Sales and profits growth modeling (2018 – 2023) by applying the on-going strategy (“as is” scenario)
- Writing of the situation analysis summary

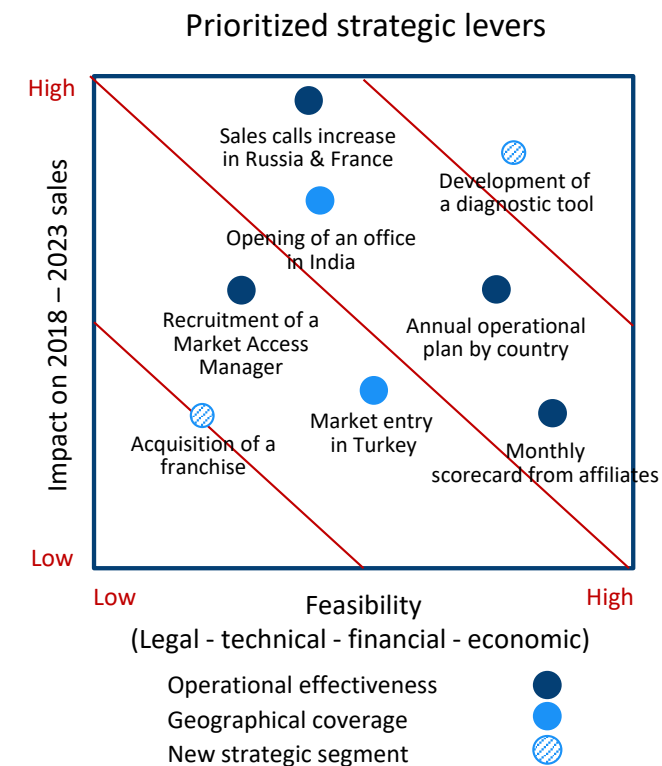
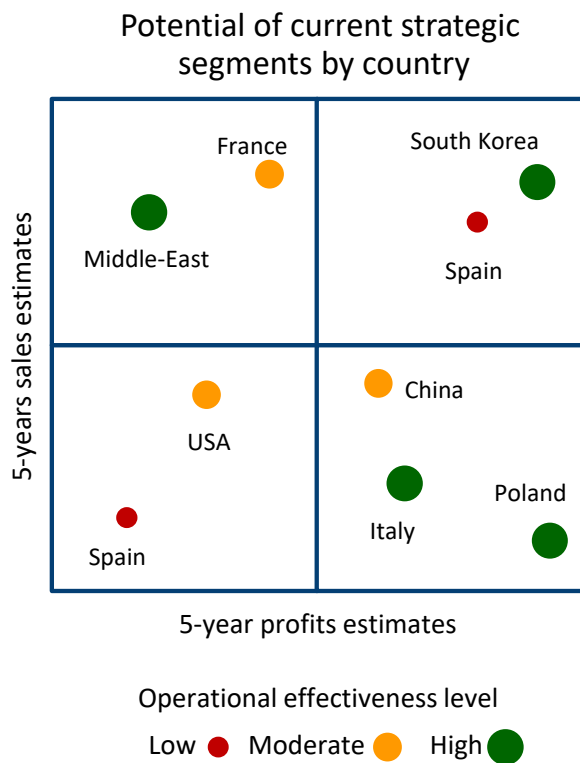
Strategy Formulation

- Strategy crafting workshops
 - Review of situation analysis outputs
 - Reassessment of the strategic square (purpose, mission, vision, values)
 - Strategic objective setting
 - Review and prioritization of multi-level strategic options (corporate, business, operational)
 - Development of tactics that will support the selected strategies (alignment of capabilities and resources along the different components of the value chain)
- Fine-tuning of the strategy
 - Sales and profits growth modeling (2018 – 2023) following the integration of the recommended strategy and tactics (“boosted” scenario)
 - Final selection of the strategic levers (suitability, efficacy / acceptability and feasibility) to boost the performance
 - Tactical recommendations (key activities supporting strategic priorities) and monitoring tools¹
- Writing of the 2018 – 2023 Strategy Plan

The following enabling tools will help pharma companies make strategic decisions and formalize them in a robust and practical strategic plan

Strategic thinking framework (3/3)

Illustrative



Sources: Smart Pharma Consulting

¹ "As is" scenario



Smart Pharma
CONSULTING

Pharma Strategy at Affiliate Level

— BEST-IN-CLASS SERIES —

A Practical Guide for
Pharma Companies

POSITION PAPER

April 2021

This document proposes a methodology and tools to help management committees of Pharma companies' affiliates craft a robust strategy, despite the high uncertainty due to the Covid-19 crisis

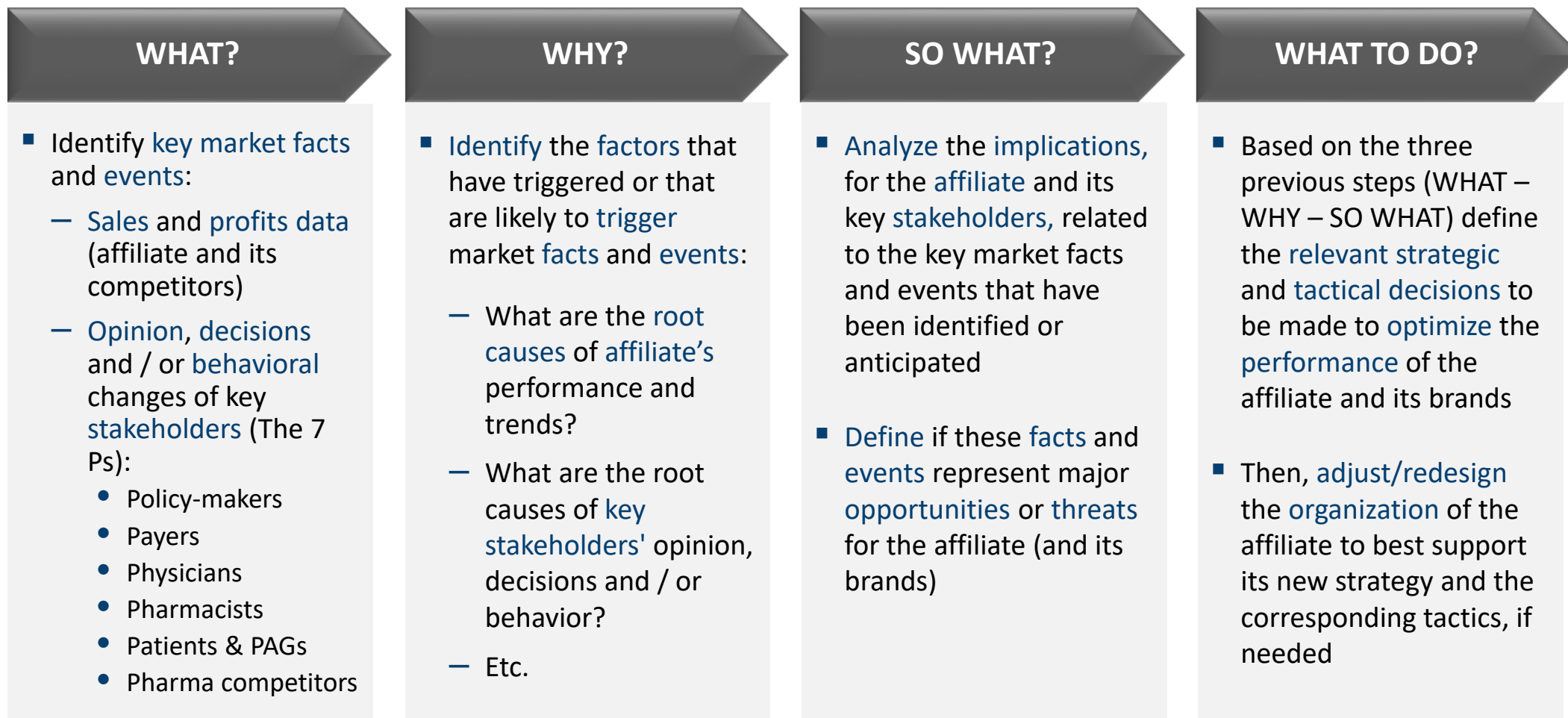
Introduction

- An unprecedented crisis triggered by the Covid-19 pandemics has hit the world since early 2020
- All kinds of specialists¹ have emerged to the public, explaining what is going to happen and what should have been done to better manage the crisis
- The problem is that all those thought leaders have been very poor at predicting the future...
- ... and quick at making sweeping recommendations, based on hasty and shallow thoughts
- At Smart Pharma Consulting we do think that, more than ever, pharma companies' Affiliates and their management committee should:
 - Carry out a robust analysis of the 2019-2020 period
 - Build scenarios for the 2021-2025 period, based on documented assumptions and a formal processto better seize opportunities and address threats while leveraging with a greater efficacy the company's assets
- For so doing, we propose the “Smart Strategic Model” proven methodology, tools and a customized support

“The Covid-19 crisis has discredited a bunch of arrogant forecasters and lazy trouble shooters, reinforcing the value of a formal strategic thinking process”

The 4 Ws approach that we have developed enables Affiliates to make evidence-based strategic, tactical and organizational decisions and thus improve their relevance and consistency

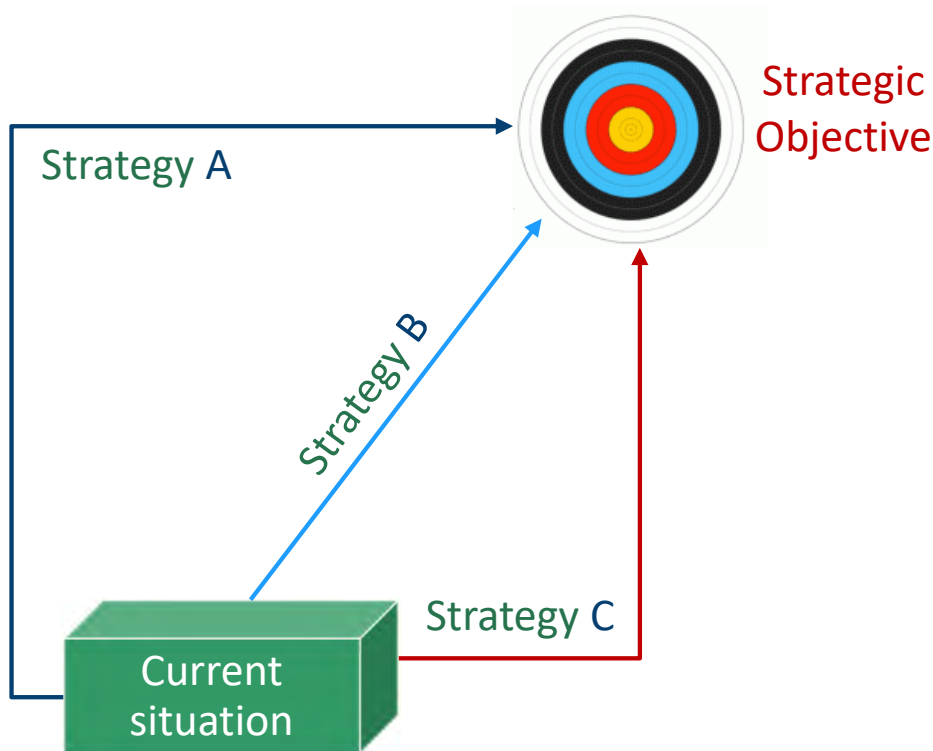
The 4 Ws approach



The 4 Ws approach that we have developed enables Affiliates to make evidence-based strategic, tactical and organizational decisions and thus improve their relevance and consistency

The Smart Strategic Model – Principle

- Strategies at affiliate's level should be considered in a time horizon of 3 to 5 years
- To achieve an objective, different strategies may be considered



- Affiliate's strategy will be based on criteria such as:
 - Constraints (e.g., legal, technical or financial constraints, deadlines, corporate decisions, market threats, competitive weaknesses)
 - Drivers (e.g., capabilities, specific know-hows, market opportunities, competitive advantages)
 - Habits (e.g., willingness to remain or step out of the Affiliate's comfort zone)
- The likelihood to achieve the set objective depends as much on the selected strategy as on supporting activities (tactics) and the excellence in their execution

The Smart Strategic Model helps to align the “Strategic Triangle” to the strategic objective and then to craft the best strategy and the corresponding tactics supported by the right organization

The Smart Strategic Model – Principle



- **Vision:** What do we aspire to become?
- **Mission:** What do we do and for whom?
- **Values:** What do we believe in and how do we behave?

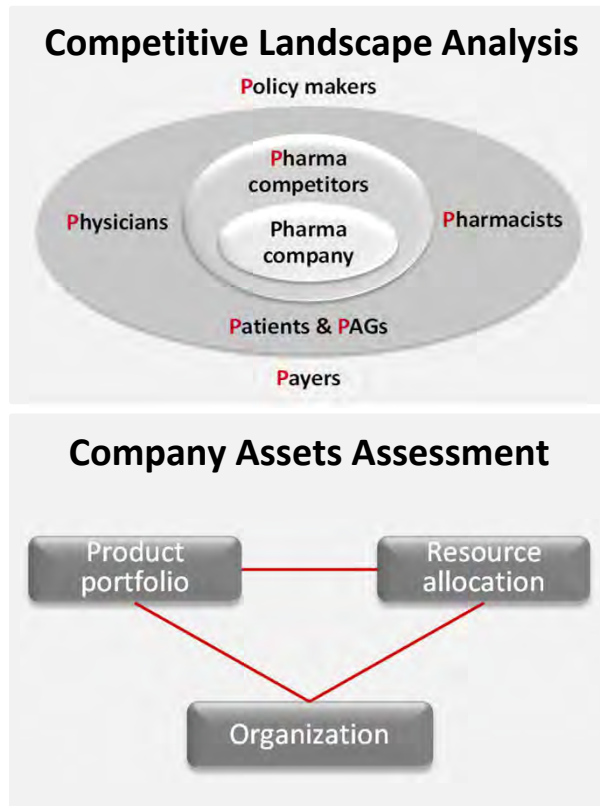
- **Objective:** What do we want to achieve?
- **Strategy:** Where to play and how to win?
- **Tactics:** How to execute the strategy?
- **Organization:** What activities, processes, structure¹ and culture we put in place to execute the strategy?

- **Expected Outcomes:**
 - Are they in line with the strategic triangle?
 - Are they consistent with the set objectives?
 - How are they going to be monitored?

The strategy should be crafted based on a robust analysis of the situation and its trends, and the strategic objective set, prior to the design/adjustment of the organization

The Smart Strategic Model – Principle

1. Situation & Trends Analysis



2. Strategic Objective

3. Strategy Crafting & Tactics



4. Organization Design



The competitive landscape analysis consists in identifying the current and evolving opinions and behaviors of key stakeholders, the corresponding driving factors and the implications for Affiliates

The Smart Strategic Model – 1. Situation & Trends Analysis

Illustrative

Competitive Landscape Analysis

Policy makers / Payers

- Registration process and policies
- Pricing and reimbursement policies
- Medical guidelines developed by health authorities
- Trade regulations
- Public health initiatives



Pharma Competitors

- Customer preference strategy:
 - Product portfolio
 - Service offering
 - Corporate reputation
- Resource allocation (medico-marketing & sales)
- Organizational model

Physicians

- Evolving practice (working time and organization, tele-medicine)
- Prescribing habits and alignment with guidelines
- Budget constraints
- Relationships with patients
- Relationships with pharma companies (in-field and office-based collaborators)
- Unmet needs

Patients / PAGs

- Role of PAGs to influence other stakeholders (e.g., authorities, physicians, individual patients)
- Position vis-a-vis pharma companies
- Relationships with HCPs
- Patients' knowledge re. health and pharma ecosystem
- Unmet needs

Pharmacists (hospital-based)

- Drug listing and purchasing policy
- Position re. the use of generics and biosimilars
- Power of influence within the hospital

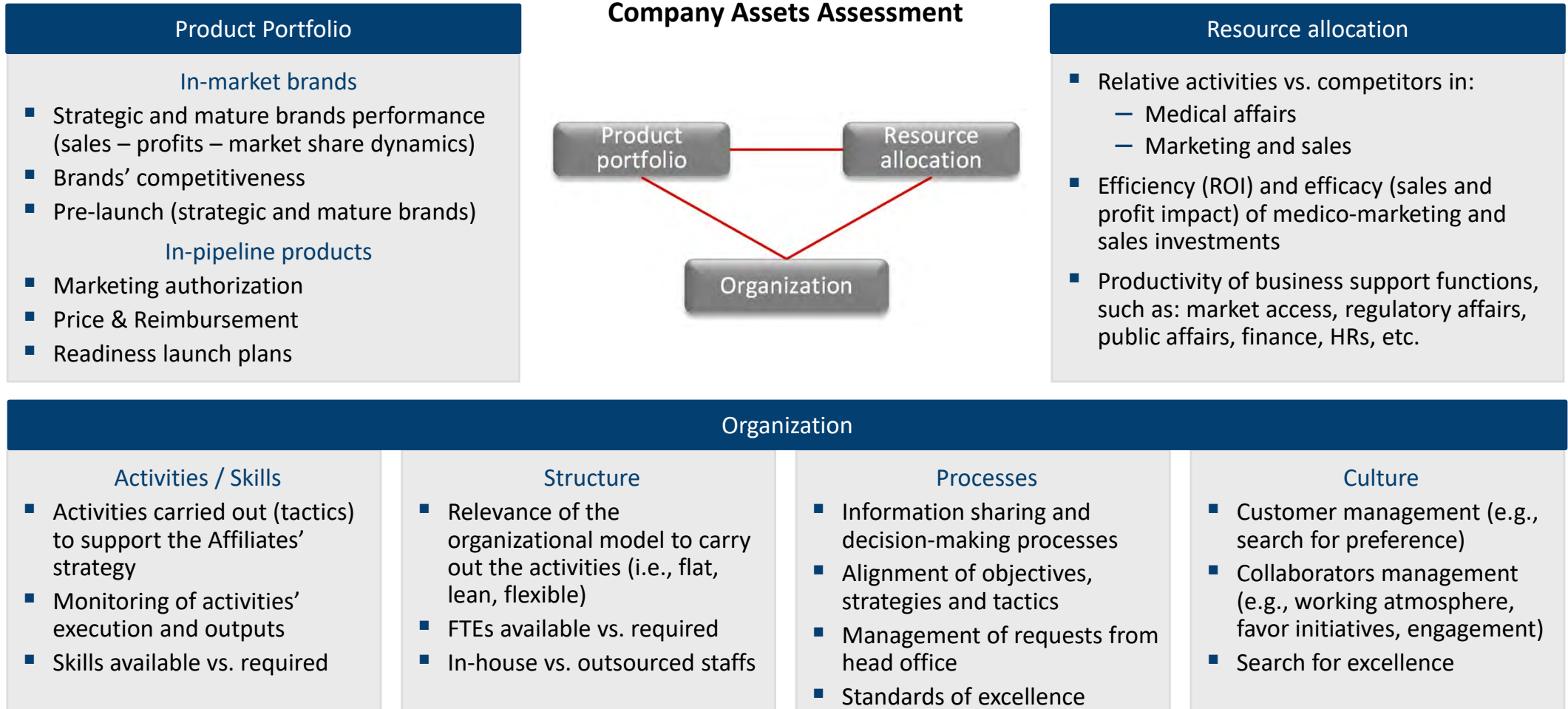
Pharmacists (retailers)

- Role in public health initiatives (e.g., screening, education at the point of sale)
- Purchasing policies and selling priorities

The affiliates should evaluate their assets by reviewing their competitive position about their product portfolio, their available resources and the configuration of their organization

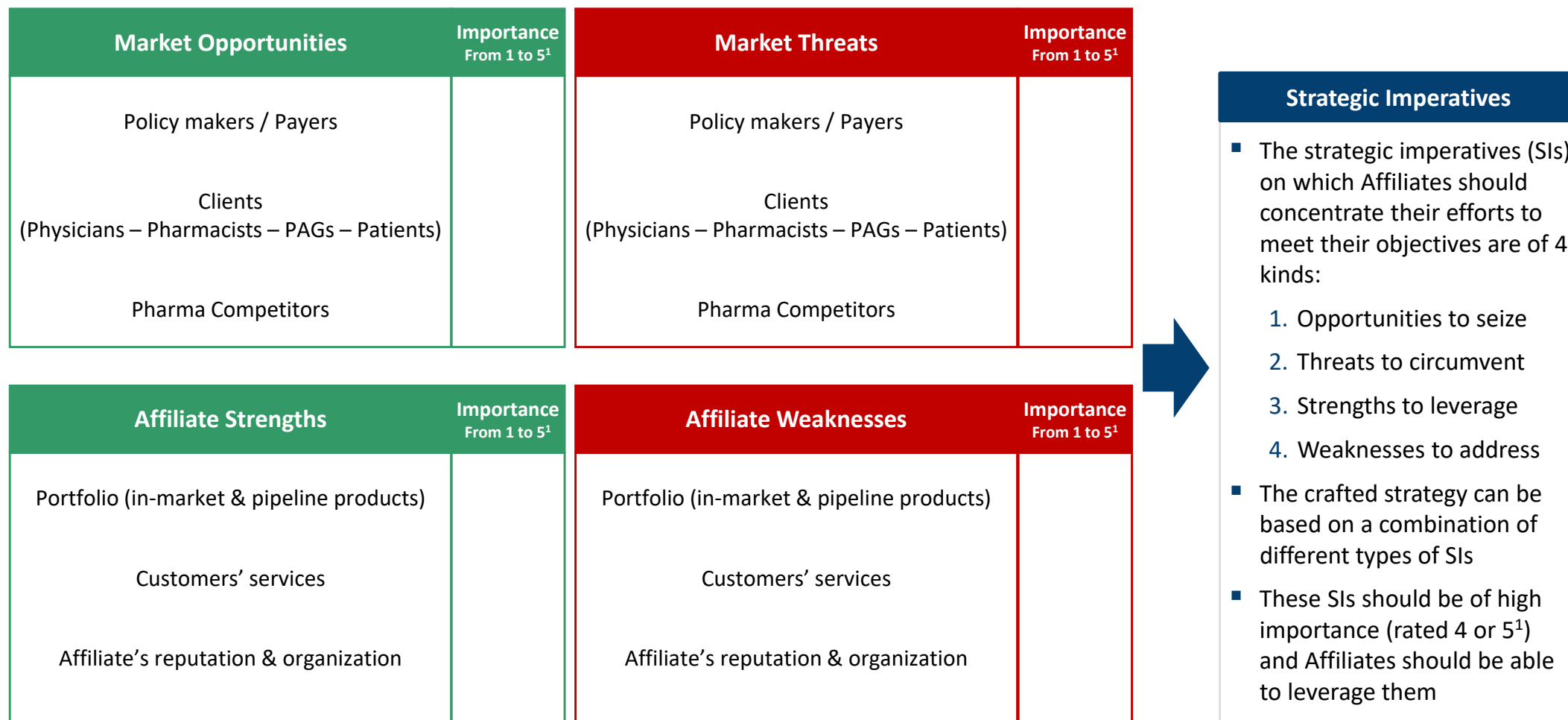
The Smart Strategic Model – 1. Situation & Trends Analysis

Illustrative



The “Advanced SWOT” facilitates the identification of strategic imperatives which are opportunities to seize, threats to circumvent, strengths to leverage and/or weaknesses to address

The Smart Strategic Model – 2. Advanced SWOT & Strategic Imperatives

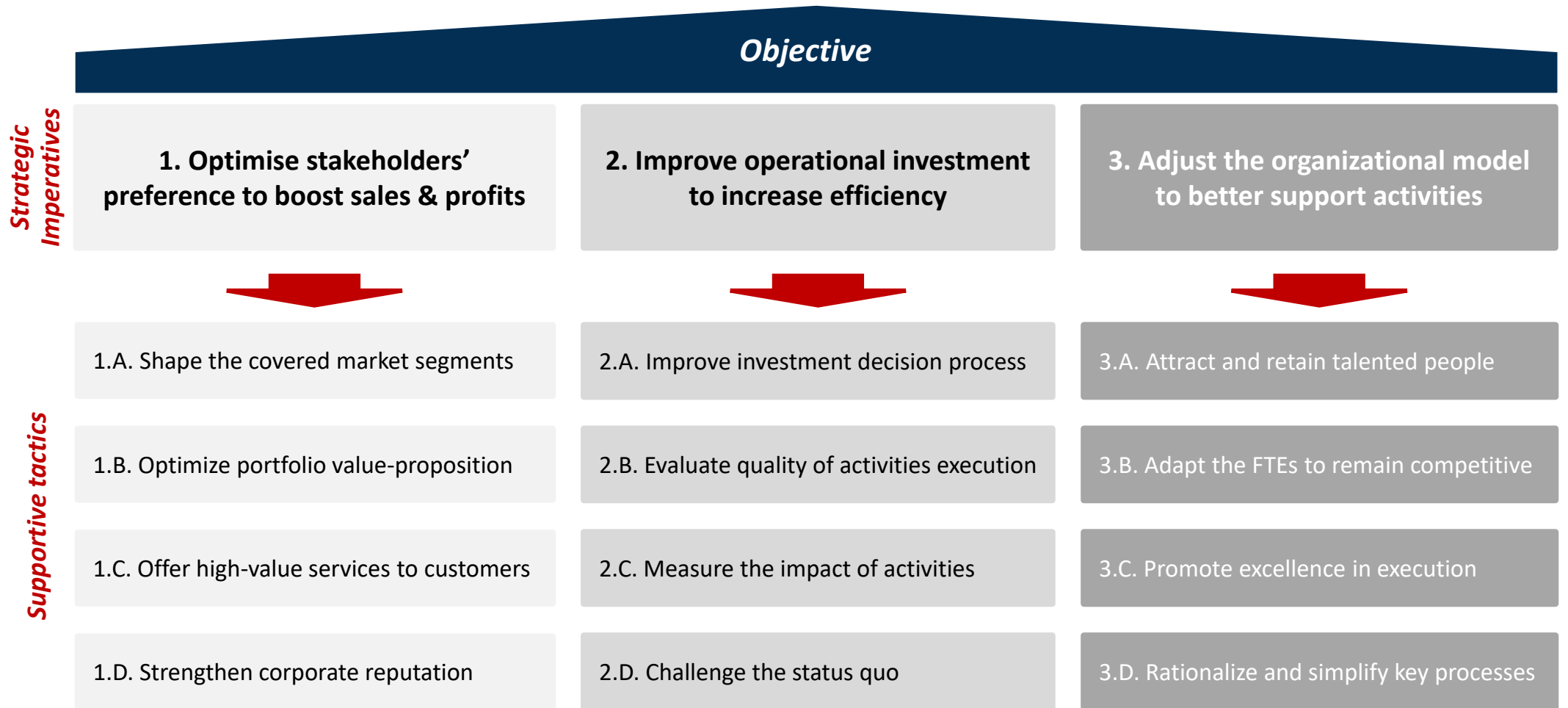
Illustrative


Sources: Smart Pharma Consulting

The affiliate’s strategic card which must be developed by the management committee enables to represent on the same page the strategic objective, the strategic imperatives and the key tactics

The Smart Strategic Model – 3. Strategic card design - Department level

Illustrative



Sources: Smart Pharma Consulting

The affiliate’s strategic card will then be translated at each department level by each member of the management committee who will ensure the perfect consistency between the two levels

The Smart Strategic Model – 3. Strategic card design - Department level

Illustrative

Affiliate’s strategic card



Affiliate’s strategic card



- The affiliate’s strategic card should be crafted by the management committee
- Then, each member of the management committee will develop the strategic card of its own department
- The affiliate’s and the Departments’ strategic cards should be perfectly consistent

This model of ID card will help management committee members plan and monitor the execution of the key activities that have been selected to support the selected strategic imperatives

The Smart Strategic Model – 4. ID card design by key tactic

Illustrative

<ul style="list-style-type: none"> ▪ SI: precise the SI this tactic is supposed to support ▪ Objective: define the specific objective of this tactic ▪ Description: describe briefly the tactic 	<ul style="list-style-type: none"> ▪ Stakeholder type: internal, external (e.g., authorities, payers, HCPs, PAGS) ▪ Number of stakeholders: 	<p>Priority One – Two</p>
--	---	-------------------------------

Planning	Actions			Timing	Owner	FTEs	OPEX
Key actions to implement this tactic							
Monitoring	Quantitative / qualitative metrics	Indicator objective	Indicator achievement		Key implications / Comments		
Key Execution Indicators (KEIs) ¹ (quality of execution)							
Key Performance Indicators (KPIs) ¹ (Impact of the action)							

Sources: Smart Pharma Consulting

¹ See our position paper “KPIs & KEIs for Success” available on Smart Pharma Consulting website: <https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Management-Series-KPIs-KEIs-VW.pdf>

Smart Pharma Consulting can help Pharma affiliates develop a practical and consistent Strategic Plan, along with a series of tools to monitor the excellence of its execution

Key takeaways & Smart Pharma Consulting Support

- The “Smart Strategic Model” is straightforward to implement by affiliates, irrespective of their size
- The 1st step consists in developing robust and well-structured market insights as illustrated by the report we have just published for the French Pharma market¹
- During the 2nd step, the management committee of the Affiliate will develop an “Advanced SWOT” from which strategic imperatives will be drawn
- The 3rd step focuses on aligning on one page:
 - The Affiliate 3- to 5-year objective
 - The corresponding strategic imperatives (SIs)
 - The supportive tactics
- Then, the management committee members will develop the Strategic Card of their department...
- ... and will plan and monitor their key activities with the help of a “Key Activity ID Cards”



Smart Pharma Consulting has a long experience in supporting Affiliates – of any size – to develop a robust, consistent and relevant Strategic Plan with the help of a simple and proven methodology, and easy-to-use tools

How to Boost Corporate Reputation?

————— BEST-IN-CLASS SERIES —————

A Practical Guide for
Pharma Companies

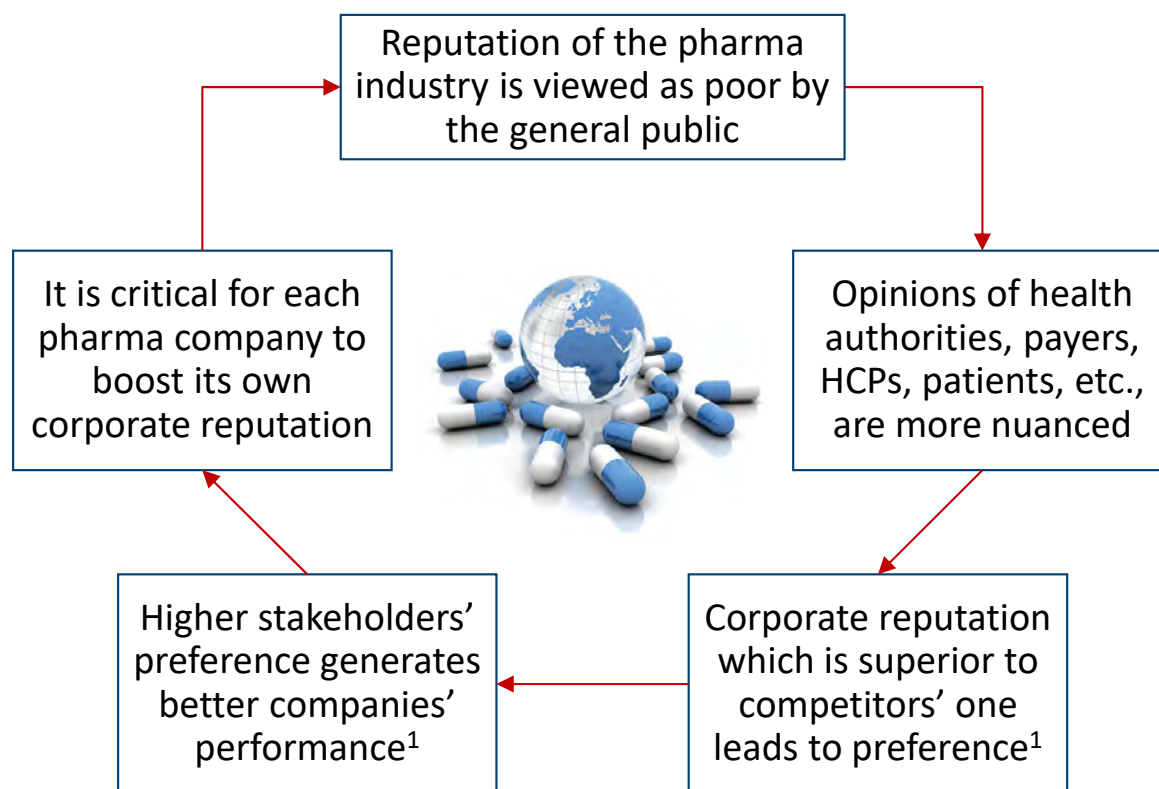
*“Strong reputation
generates stakeholders’ preference”*

This position paper analyzes the corporate reputation of the pharma industry and proposes The Pharma Reputation Booster™ approach to help affiliates improve their performance

Introduction

Corporation reputation situation & solutions

Pharma industry situation



Solutions for affiliates at national level

To enhanced their corporate reputation, at national level, affiliates can implement the Pharma Reputation Booster™ approach designed by Smart Pharma Consulting:

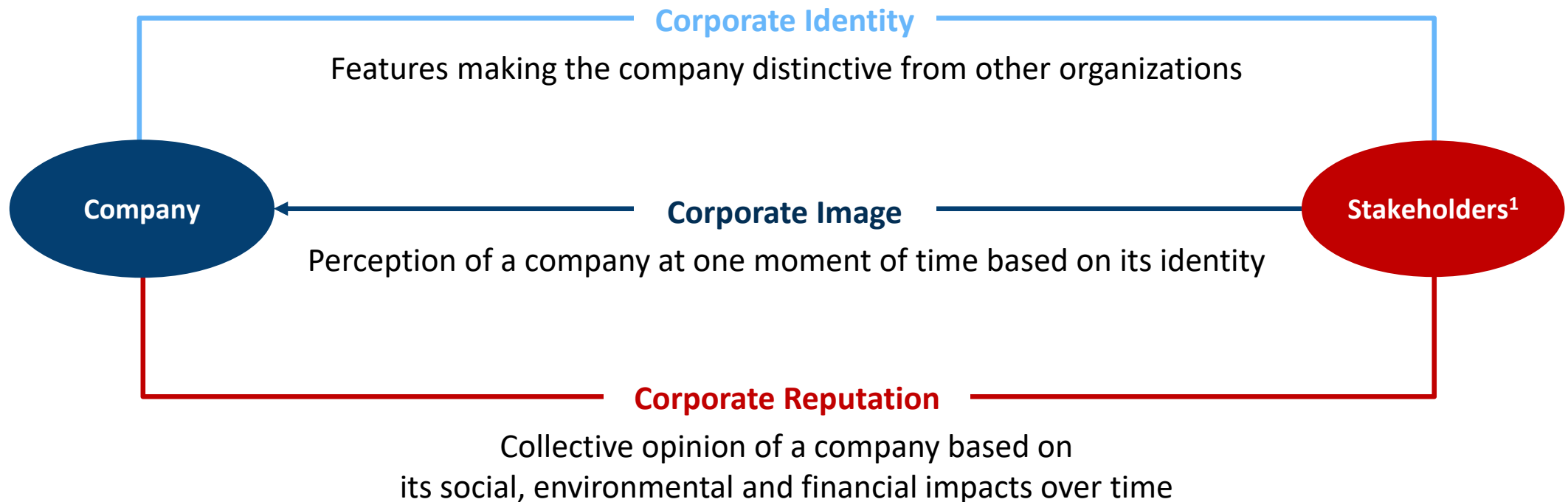
- Phase 1**
 - Analyze and map the key stakeholders
 - Measure affiliates' reputation with the "Pharma Reputation Index"
- Phase #2**
 - Select the key drivers to pharma companies' reputation by stakeholder
 - Develop an action plan and monitoring tools
- Step #3**
 - Make the reputation a priority for employees
 - Adjust the organization, whenever required
 - Design a Pharma Reputation Scorecard

"Reputation and trust are earned through actions, results, and communication to stakeholders"

Corporate reputation depends on what the company does,
the way it does it, and the results of its actions

Introduction

Link between corporate Identity – Image – Reputation

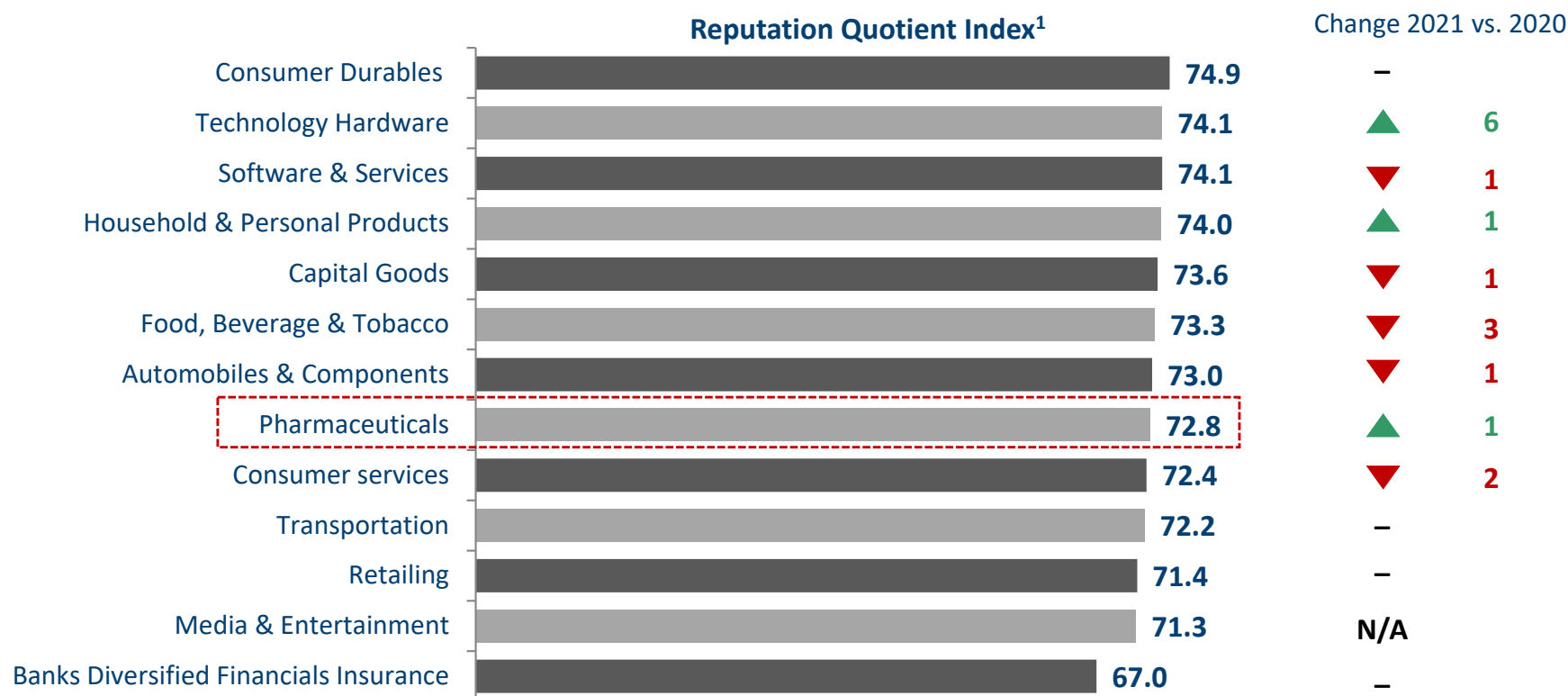


“It takes 20 years to build a reputation and five minutes to ruin it” W. Buffet

If the pharma industry's role to fight the Covid-19 pandemic has contributed to improve its reputation, it is still behind consumer goods and tobacco, for reasons that are mainly structural

Situation analysis & Key learnings

Corporate reputation ranking by sector (2021)



“Distrust of pharma companies stems from a belief that they have deviated from their mission of improving public health to focus on increasing profits”

Sources: 2021 Global RepTrak 100 Study – Smart Pharma Consulting analysis

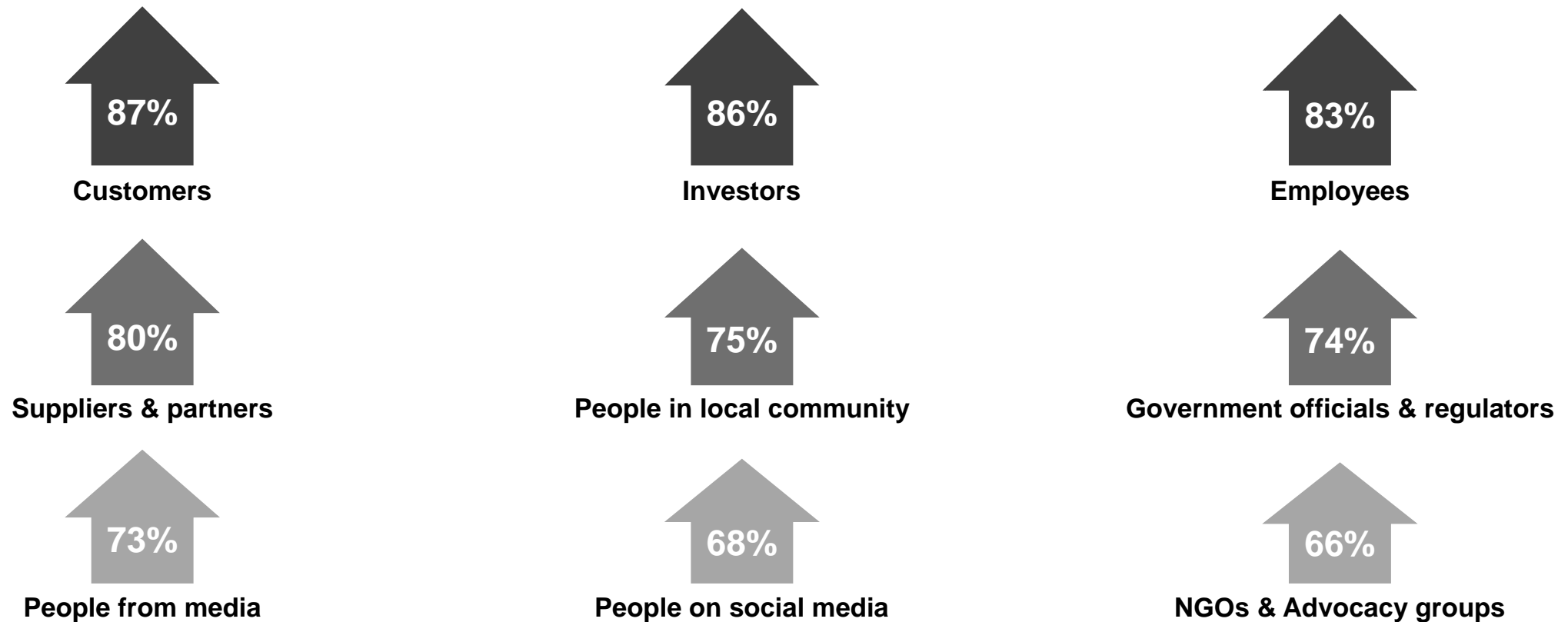
¹ Based on 7 indicators: Products/Services, Innovation, Workplace, Governance, Citizenship, Leadership, Financial performance; and with score > 80 = Excellent/top Tier, 70-79 = Strong/Robust, 60-69 = Average/Moderate, 40-59 = Weak/Vulnerable, < 40 = Poor/Bottom Tier

If all stakeholders are important, some appear to have a greater influence on corporate reputation and should therefore benefit from a special attention

Situation analysis & Key learnings

Importance of various stakeholders on corporate reputation (2020)

% of very / somewhat important impact¹



Sources: Adapted from Weber Shandwick & KRC Research study (2020) by Smart Pharma Consulting

¹ Based on an online survey conducted among 2,227 executives from 22 countries and a variety of industries around the world

**A good corporate reputation contributes to improve operational efficacy and efficiency
which impacts companies' performance**

Situation analysis & Key learnings

Impact of good corporate reputation on companies

Generate more positive
feedback from media and
pressure groups

Drive profitable sales
in crowded markets

Attract, motivate and retain
talented employees



Lead to greater support
from policy makers, regulators
and rating agencies

Encourage consumers to buy
products and services

Enable to better resist to
crises and recover faster

Attract capital resources and
strategic business partners

Irrespective of the sector, corporate reputation depends on multiple factors which requires to implement a multi-directional strategy to enhance the current situation

Situation analysis & Key learnings

Corporate reputation drivers – Executives' view (2020)

% of executives having rated ≥ 8 on a 10-point scale¹



Most important components

- How the company responds to and addresses crises, issues
- Ability to communicate and deliver upon its mission, vision and values
- Communication to the public
- Communication to employees
- Awards or ranking on “best of” lists
- Communication and interactions on social media
- Participation of company’s leaders to business forums, conferences, etc.
- Presence of company’s leaders on the corporate website and social media

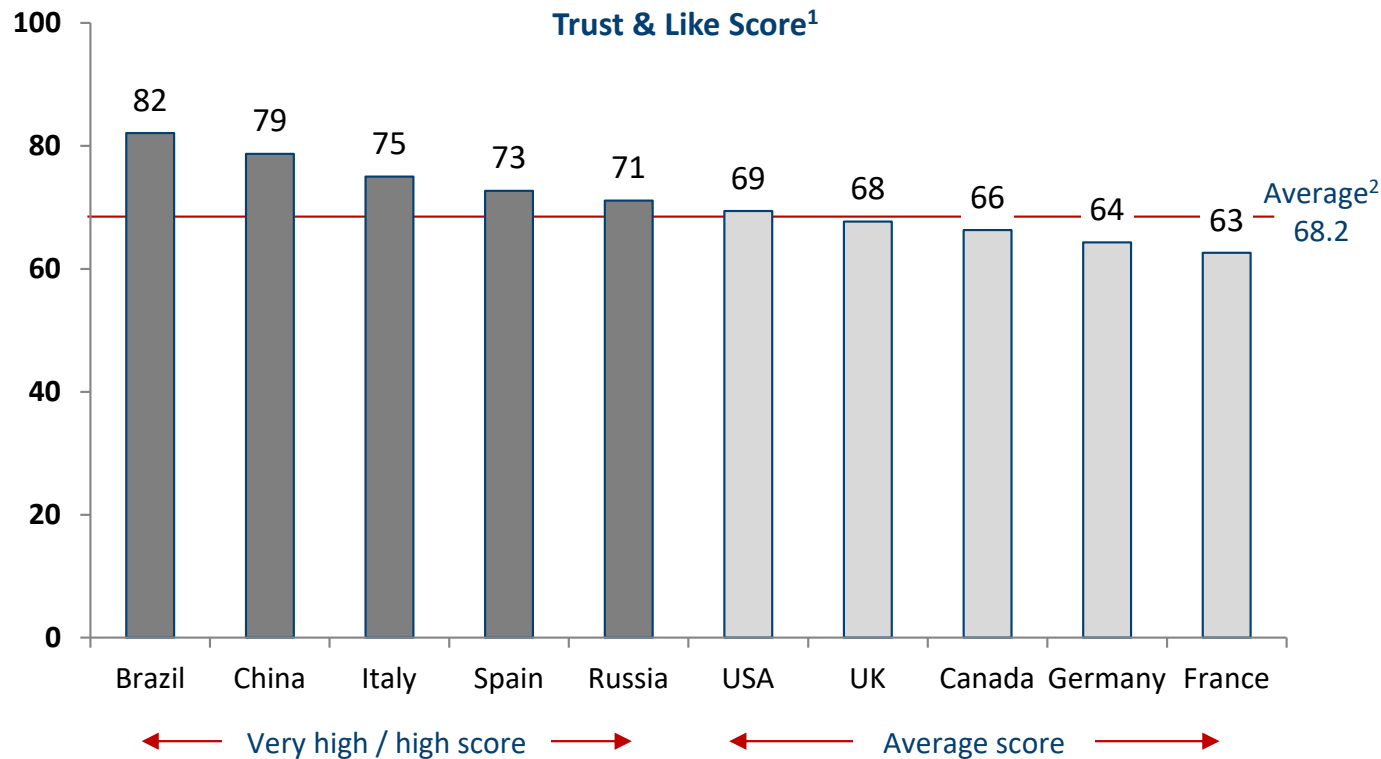
Sources: Adapted from Weber Shandwick & KRC Research study (2020) by Smart Pharma Consulting

¹ Based on an online survey conducted among 2,227 executives from 22 countries and a variety of industries around the world

The reputation of the pharma industry varies by country and appears to be inversely proportionate to the perceived quality of the healthcare system and of the national wealth

Situation analysis & Key learnings

Pharmaceutical industry reputation by country (2020)



- The pharma sector is perceived differently by the general public according to the countries
- Perceptions and expectations are impacted by the local context, the social, economic and political environment
- The overall reputation of pharma companies appears to be higher in emerging and Southern European countries than they are in Northern European ones and the USA
- Analyses carried out by the Caliber Group show that the lower the perceived quality of the healthcare system, the higher the pharma companies' reputation
- There is also an inverse correlation between GDP per capita and perception of pharma companies
- In wealthier countries, with better healthcare system, citizen are less informed about pharma companies' offering which are relatively less valued

Sources: Global Pharma Study 2020 by Caliber – Smart Pharma Consulting analysis

¹ Based on 13,623 people interviewed online in 17 countries (Brazil, Canada, China, Denmark, Finland, France, Germany, Italy, the Netherlands, Norway, Poland, Russia, Spain, Sweden, Switzerland, the UK and USA – ² Average of the 17 countries that have been studied. 8 indicators have been used: Offering – Innovation – Integrity – Leadership – Authenticity – Differentiation – Relevance – Inspiration

Assessment of individual pharma companies' reputation by general public can vary significantly according to the study carried out and thus, should be viewed as an indicative information

Situation analysis & Key learnings

Big Pharma companies' reputation ranking by general public

Reputation Quotient Index (2021)



Trust & Like Score¹ (2020)



- The 2021 Global RepTrak 100, published by The RepTrack Company is based on data collected:
 - Across the 15 largest economies in the world
 - From 68,577 respondents through online surveys
 ... and on 7 indicators: Products/Services – Innovation – Workplace – Governance – Citizenship – Leadership – Financial performance
- Amongst the top 100 most reputable companies that have been assessed, only five belong to the pharma industry
- The study evidenced that the general public is not familiar with pharma companies and thus cannot make an informed opinion

19 of the top 20 pharma companies by revenues in 2020 have been ranked by Caliber according to its "Trust & Like Score" methodology (Viatris having not been assessed)

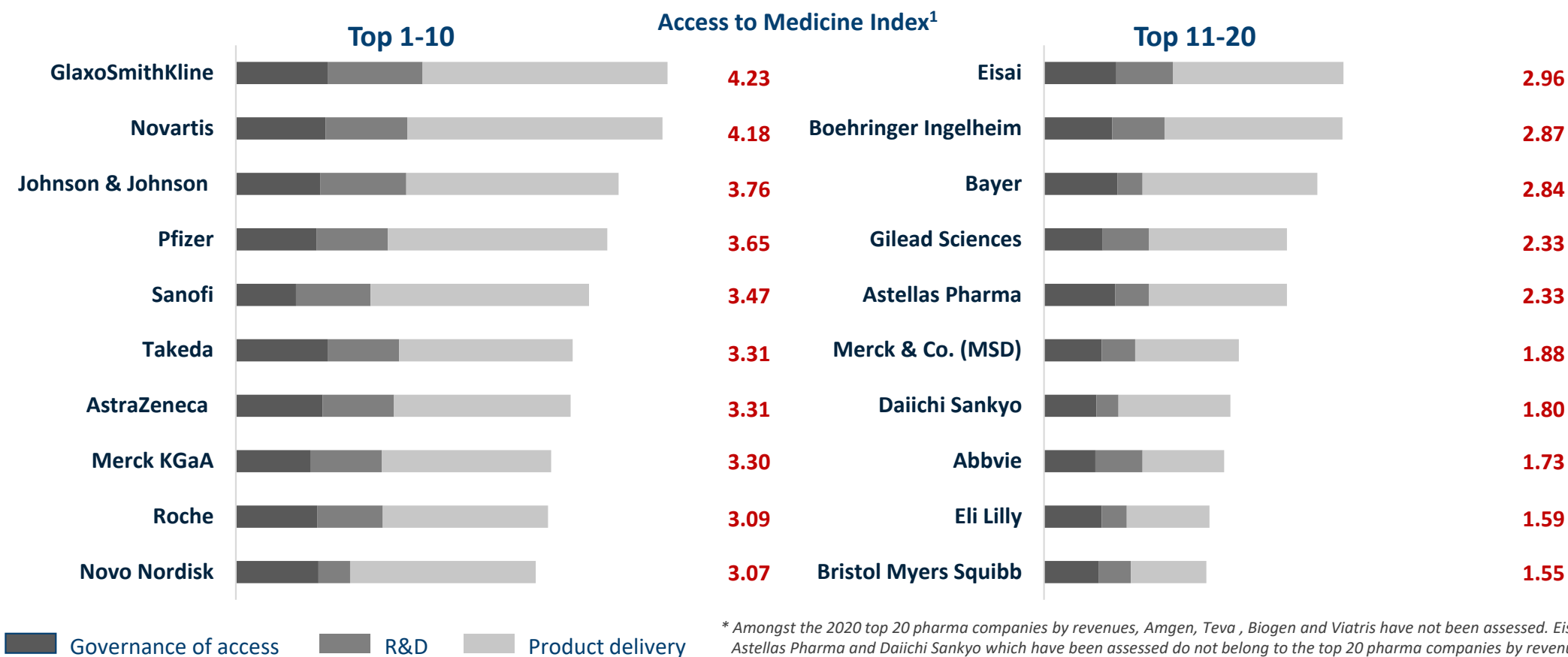
Sources: 2021 Global RepTrak 100 Study – Global Pharma Study 2020 by Caliber – Smart Pharma Consulting analysis

¹ Based on 13,623 people interviewed online in 17 countries (Brazil, Canada, China, Denmark, Finland, France, Germany, Italy, the Netherlands, Norway, Poland, Russia, Spain, Sweden, Switzerland, the UK and USA. 8 indicators have been used: Offering – Innovation – Integrity – Leadership – Authenticity – Differentiation – Relevance – Inspiration

The Access to Medicine Index which evaluates the biggest pharma companies re. access strategies and practices, provides directions to better address the specific needs of low-income countries

Situation analysis & Key learnings

Big Pharma companies' reputation ranking by the Access to Medicine Foundation* (2021)



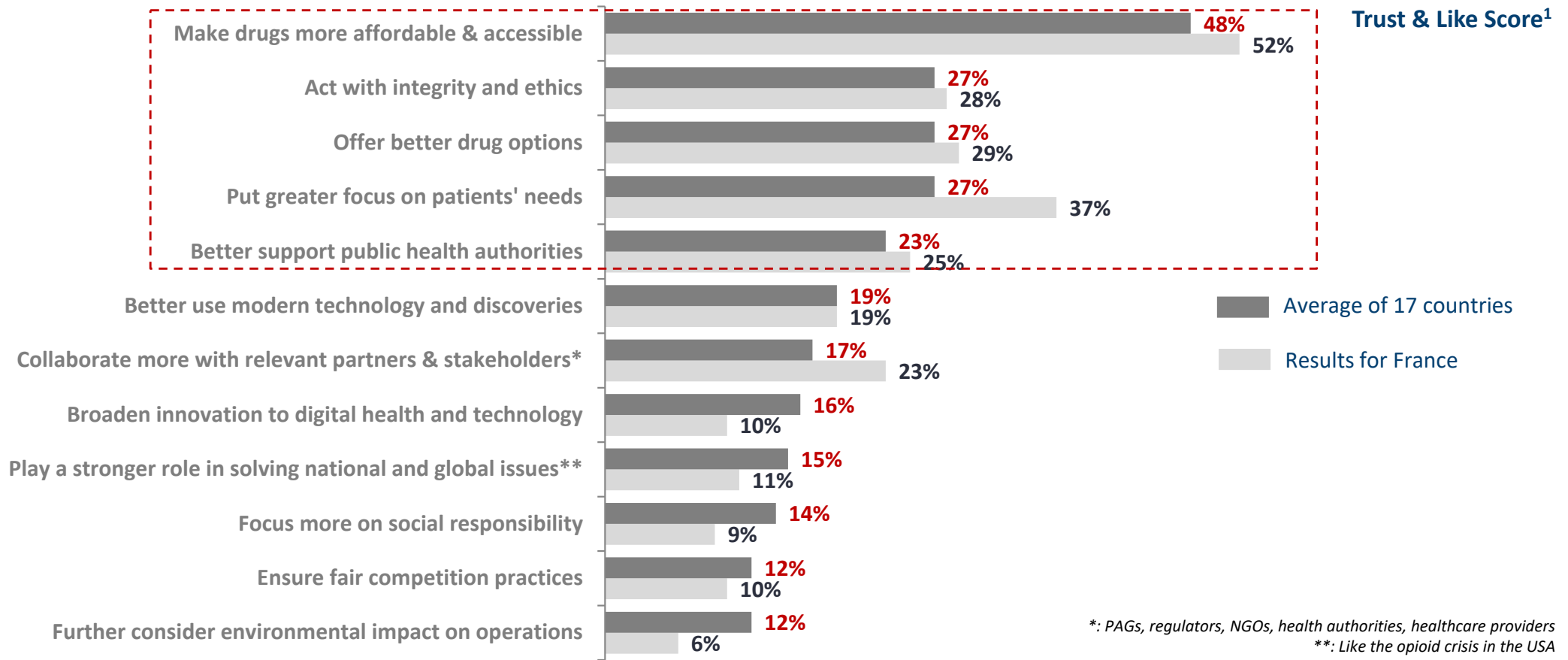
Sources: Access to Medicine Index 2021 (Access to Medicine Foundation) – Smart Pharma Consulting analysis

¹ Based on: Governance of access (responsible business practices, strategic priority given to access), R&D (pipeline targeting greatest burden in low- and middle-income countries, disclosure of resources dedicated to R&D) and Product Delivery (equitable pricing strategies, responsible IP management, capability building initiatives in low- and middle-income countries, donations, continuous supply). The weight of these three criteria is respectively of 20%, 25% and 55%

HCPs recommend pharma companies to revise their pricing strategy and broaden access to their innovative drugs, while better fulfilling patients' needs and supporting public health authorities

Situation analysis & Key learnings

Specific pharma companies' reputation drivers – HCPs' view (2020)



Sources: Global Pharma Study 2020 by Caliber – Smart Pharma Consulting analysis

¹ Based on 13,623 people interviewed online in 17 countries (Brazil, Canada, China, Denmark, Finland, France, Germany, Italy, the Netherlands, Norway, Poland, Russia, Spain, Sweden, Switzerland, the UK and USA)

Pharma companies' reputation depends on 5 key drivers, the relative importance of which depends on individual or groups of stakeholders

Situation analysis & Key learnings

Specific pharma companies' reputation drivers – Smart Pharma Consulting's view

1. Access

- **Availability** and **affordability** of products and services...
- ... as early as possible...
- ... for **all patients** in need

2. Innovation

- Focus of R&D **investments** on diseases for which **unmet needs** are **important**; including **rare diseases**
- Development of **effective**, **well-tolerated** and **convenient drugs**, **services** and **therapeutic solution**, including **digital**

3. Governance

- **Compliance** with legal and ethical standards
- Implementation of a **stakeholder-driven culture**
- **Transparent** and **pro-active communication** re. business operations (e.g.; R&D, access, medico-marketing and sales)

4. Corporate Social Responsibility (CSR¹)

- Support of **good causes** (e.g.; philanthropy)
- **Positive impact** in the community
- **Respect** of the **environment**
- High standards re. **employees' management** and **satisfaction**

5. Performance

- **Achieving** or **exceeding financial expectations**
- **Growth** perspectives
- Operational **Excellence**

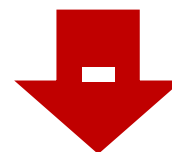
While pharma companies contribute to save and improve health of billions of people, they are regularly and heavily criticized by stakeholders for the manner they accomplish their mission

Situation analysis & Key learnings

Why is the reputation of pharma companies' damaged? (1/2)

Main criticisms from governments, HCPs, media, citizen, etc.:

- High drug costs limiting access to the wealthiest social classes and countries
- Massive profits (~32%)¹ to enrich shareholders
- Aggressive patent protection strategies, limiting access to innovative medicine
- Unethical practices to influence the prescription of HCPs
- Lack of transparency (e.g., drug pricing, clinical study results, collaborations with KOLs, etc.)



Pharma Companies' Reputation



Mission: contribution to prolong life, to improve health and wellbeing of people by developing vaccines and drugs

Pharma companies should carry out activities that are aligned with their mission, compliant with best practices and communicate properly to their stakeholders

Situation analysis & Key learnings

Why is the reputation of pharma companies' damaged? (2/2)



There is a mismatch between



the mission and the corresponding activities



All pharma companies claim that their mission consists in improving and extending people's lives by offering products and related services

Actions enabling to accomplish their mission are not well-known, nor well-understood by stakeholders, which lead to distrust and suspicion



If stakeholders agree with pharma companies' mission...
... they consider that corresponding actions are not fully in line

To address their problem of reputation, pharma companies must communicate – regularly and faithfully – about what they do and why they do it that way

Situation analysis & Key learnings

Informing and explaining to boost pharma companies' reputation

To boost REPUTATION → **Better INFORM & Better EXPLAIN**

INFORM

- Pharma companies should inform stakeholders about their strategy, performance, and key activities such as:
 - R&D
 - Manufacturing & Supply
 - Market Access
 - Medico-Marketing & Sales
- Contribution of their specific drugs to prolong life expectancy and/or quality of life should be highlighted
- Information conveyed must be fact-based, balanced and comprehensive to be trusted and to correct, possibly, misconceptions

EXPLAIN

- The most severe criticisms coming from:
 - The high price of drugs, limiting access of innovations (e.g.; vaccines against Covid-19, immunotherapies) to the least developed countries
 - The high level of profits compared to other industries
 - Certain unethical practices...
- ... thus, it is essential to give clear and defensible explanations to justify the situation
- Stakeholders should understand, for instance:
 - Why R&D costs are so high?
 - How are the prices of drugs set?
 - What is the value of marketing and sales activities?

The Pharma Reputation Booster™ is a specific multi-stakeholder approach to leverage pharma companies' corporate reputation to create a sustainable competitive advantage

Pharma Reputation Booster™

Principle

Phase 1

Situation Analysis

- Review and select **key stakeholders**
- **Profile** and **map** them
- **Measure** the **reputation** with the **Pharma Reputation Index**
- **Complete** the **Pharma Reputation Audit** highlighting company's strengths and weaknesses

Phase 2

Strategy Crafting & Tactics

- **Definite** reputation **improvement objectives**
- **Identify** and **screen** **key drivers** to strengthen corporate reputation
- Develop an **action plan**
- Select **KPIs¹** and **KEIs²** to measure and monitor the impact of the tactics (actions)

Phase 3

Management & Leverage

- Develop an **internal communication plan** to make reputation a center piece on collaborators' agenda
- **Adjust the organization³** to carry out the activities to strengthen the reputation
- **Design a tracking process** to correct / strengthen and leverage corporate reputation

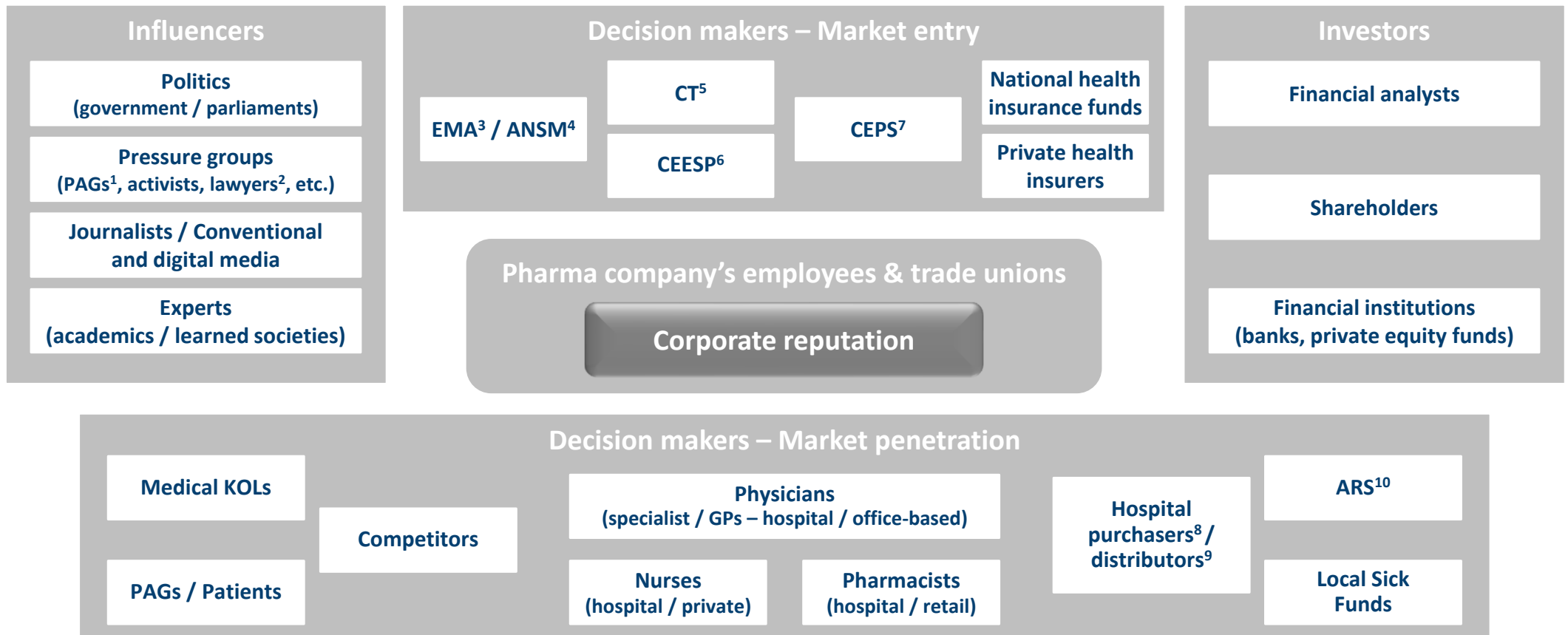
Pharma companies should review, profile and select the most influential stakeholders on their reputation, within the environment they operate

Pharma Reputation Booster™

1. Situation Analysis

Pharma stakeholders' mapping

Illustrative – France



Sources: Smart Pharma Consulting

¹ Patient Advocacy Groups – ² Specialized in class-action lawsuits – ³ European Medicines Agency – ⁴ French National Agency for Medicines and Health Products Safety – ⁵ Transparency Commission – ⁶ Health Economic Evaluation Committee – ⁷ Drug Pricing Committee – ⁸ Purchasing platforms, Territory Hospital Groups (GHT) – ⁹ Wholesalers, voluntary trade organizations, retail pharmacists – ¹⁰ Regional Health Agencies

Corporate reputation depends on drivers that can be measured by stakeholder with the Pharma Reputation Index from which key challenges to create superior corporate reputation will be drawn

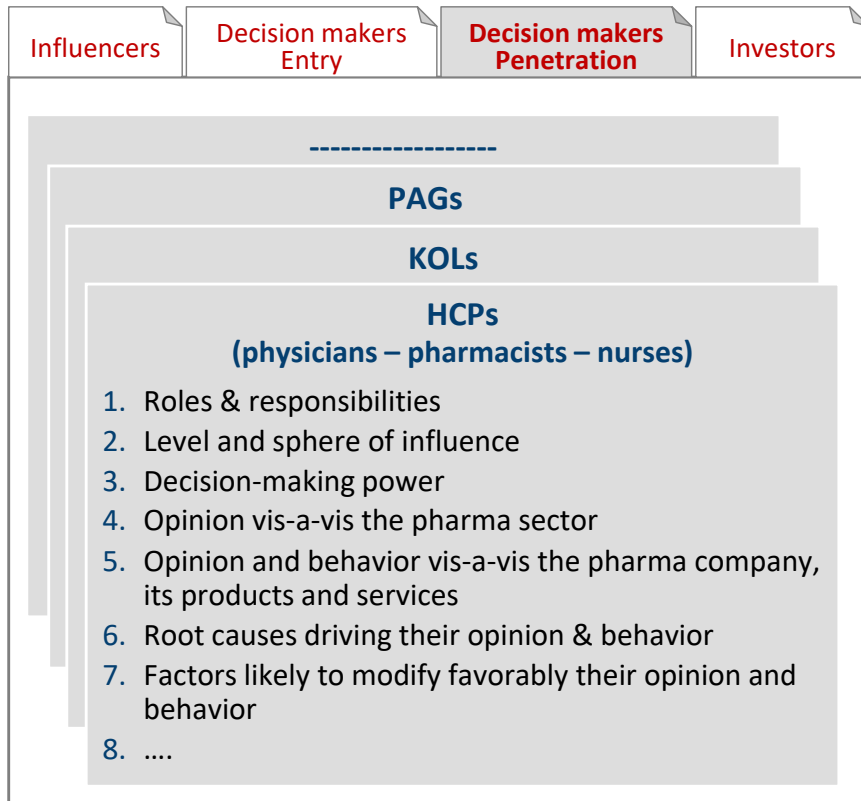
Pharma Reputation Booster™

1. Situation Analysis

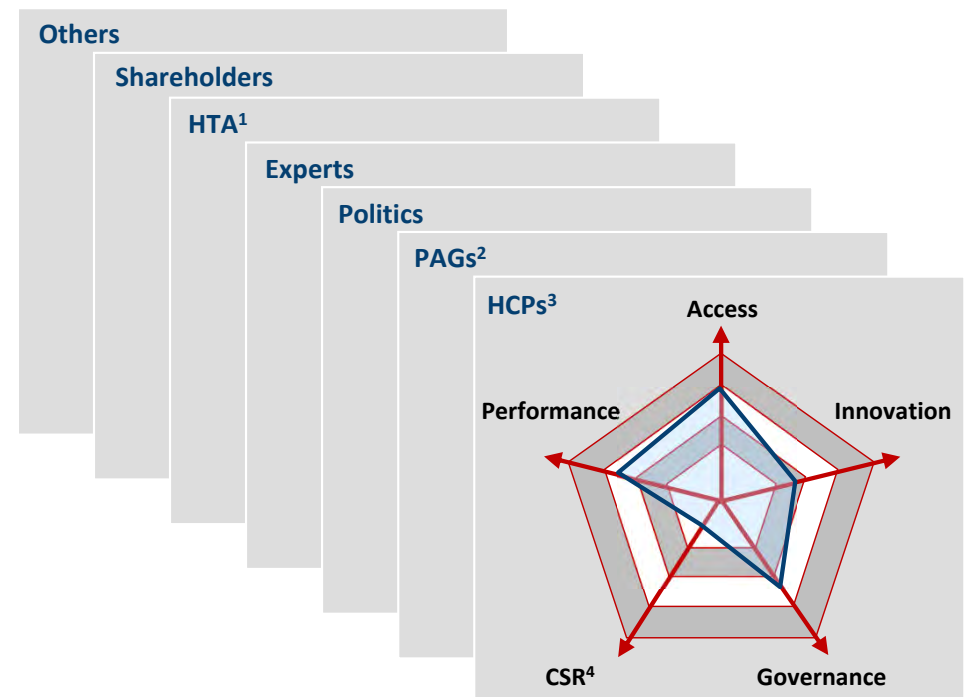
Pharma measurement of corporate reputation

Illustrative – France

Profiling of stakeholders



Performance on reputation drivers by stakeholder measure with the Pharma Reputation Index



Sources: Smart Pharma Consulting

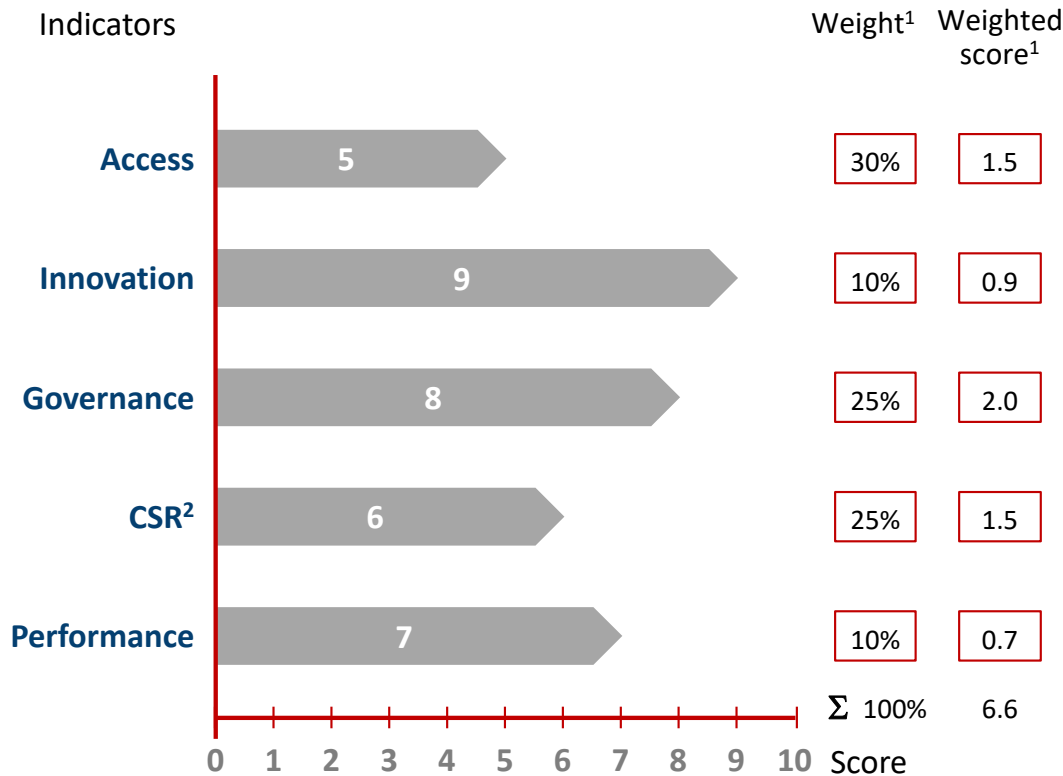
¹ Health Technology Assessment (including: Transparency Commission, Economic and Public Health Assessment Committee) – ² Patient Advocacy Groups – ³ Health Care Professionals – ⁴ Corporate Social Responsibility

To assess the reputation of pharma companies, Smart Pharma Consulting has specifically designed the Pharma Reputation Index

Pharma Reputation Booster™

1. Situation Analysis

Pharma Reputation Index



- The Pharma Reputation Index is a tool specifically designed to assess the reputation of pharma companies and its evolution over time
- Each indicator is assessed on a 10-point scale
- The weight of each indicator will differ according to individual or groups of stakeholders (e.g.; financial performance should be more important for investors than for patients or even HCPs)
- The score obtained will reflect the extent to which the company fulfill the stakeholders' expectations
- Each evaluation should be substantiated by facts, so that to define the relevant actions to implement to improve the stakeholders' perception of the company
- The Pharma Reputation Index can be used at global and affiliate levels, directly by the pharma company or through a market study agency

Sources: Smart Pharma Consulting

¹ The allocated weight per driver is illustrative. It depends on individual or groups of stakeholders – ² Corporate Social Responsibility

The Pharma Reputation Strategy Card can be filled up for individual or groups of stakeholders, from whom an improvement in reputation is expected

Pharma Reputation Booster™

2. Strategy Crafting & Tactics

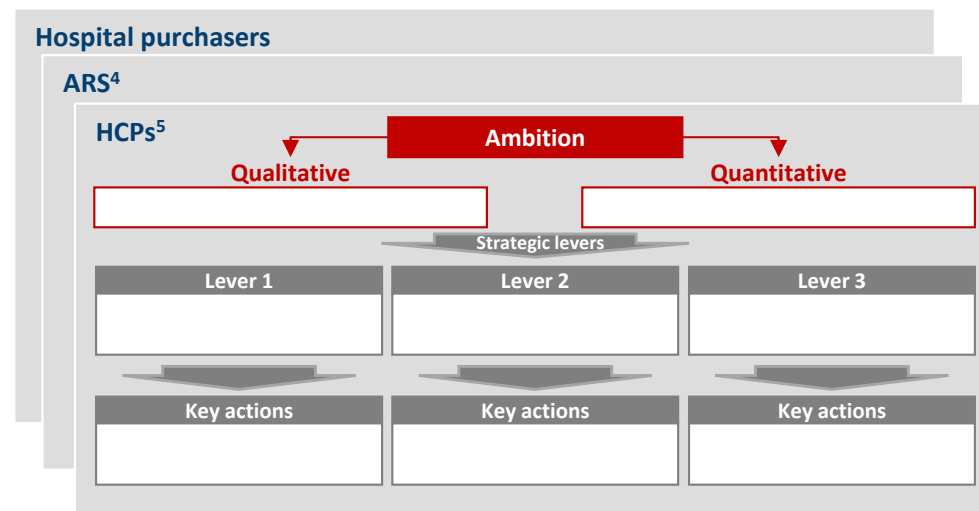
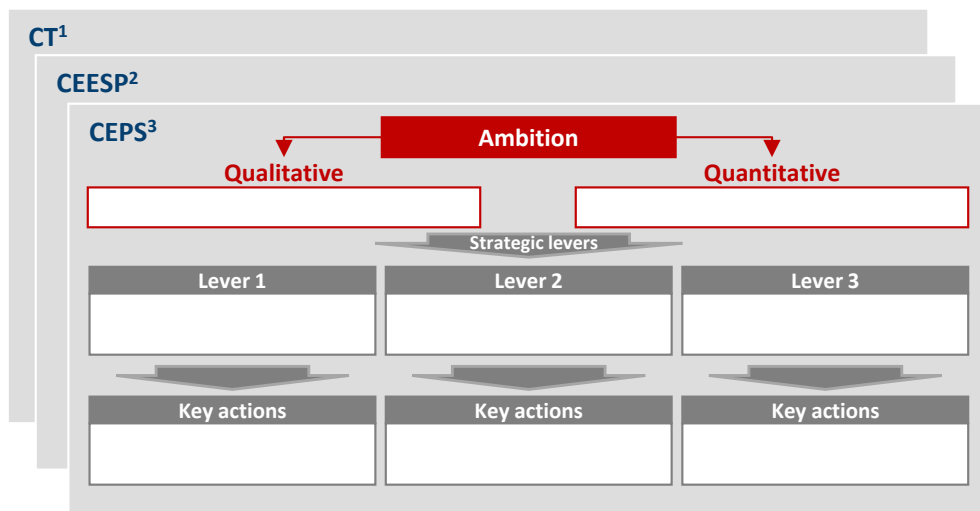
Pharma reputation strategy & tactics

Illustrative – France

Pharma Reputation Strategy Card

Decision makers – Market entry

Decision makers – Market penetration



- Strategy and corresponding tactics aim at achieving the set ambition in terms of corporate reputation improvement
- The Pharma Reputation Strategy Card can be applied for one individual stakeholder (i.e.; the President of the CEPS, one KOL) or for one stakeholder group (i.e.; CT, CEESP, CEPS, etc.)
- Strategic levers correspond to strengths on which to capitalize or weaknesses to be corrected
- KEIs⁶ are used to evaluate the quality of implementation of tactics, while KPIs⁷ measure their impact

Sources: Smart Pharma Consulting

¹ Transparency Commission – ² Health Economic Evaluation Committee – ³ Drug Pricing Committee – ⁴ Regional Health Agencies – ⁵ Health Care Professionals – ⁶ Key Execution Indicators – ⁷ Key Performance Indicators

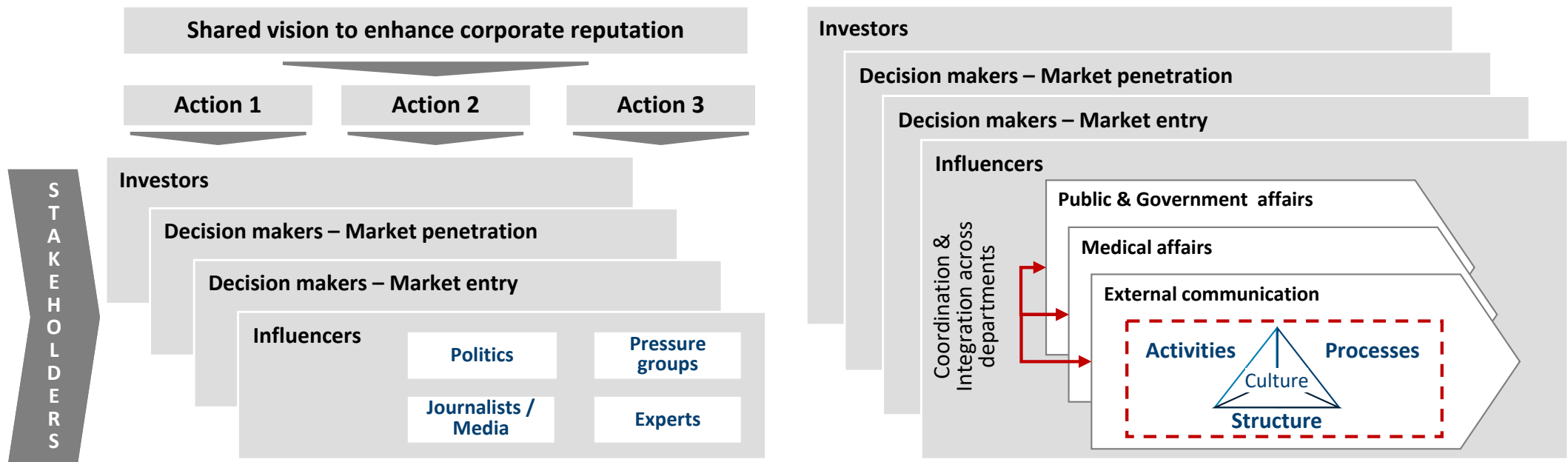
The proper management of corporate reputation is conditioned by internal mobilization of employees and by the adjustment of the company’s organization to ensure operational excellence

Pharma Reputation Booster™

3. Management & Leverage

Pharma reputation management (1/2)

Illustrative – France



- A common vision, instilled by the top management and consistently communicated is a prerequisite to succeed
- Corporate vision should be translated into specific and relevant actions implemented by employees

- Employees interacting with the same stakeholders should share information and coordinate their actions for a better consistency, efficiency and efficacy and thus, contribute to reinforce the corporate reputation

The corporate reputation management and its impact on the company's performance should be tracked with tools such as the following Corporate Reputation Scorecard

Recommendations

3. Management & Leverage

Pharma reputation management (2/2)



By considering what matters the most to policy makers / payers and HCPs will ease drugs market access and contribute to strengthen preference

Recommendations

Examples of initiatives to boost pharma reputation by group of stakeholders (1/2)

Illustrative

Policy makers / Payers¹

What to do?

- Develop **top-notch Corporate Social Responsibility practices** and **policies**, aligned with national mandatory schemes, and as per ISO 26000 guidance
- Build **outstanding value** dossiers from the **viewpoint** of Health Technology Assessment (**HTA**) **reviewers**
- Adopt a **pricing strategy** supported by **well-founded arguments** likely to be understood by payers
- **Invest** in **national economy**, but with caution³

How to do it?

- Carry out **environmental initiatives** (e.g.; electric cars), support **philanthropic projects**, give **wide access** to drugs and vaccines in **lower income countries**
- Pay a great attention to the **robustness** of the value dossier **content** and to the **quality** of the **page layout**
- **Be transparent** on R&D costs and develop **defendable arguments** to support the requested drug price
- **Productive** and **R&D** investments are the **best valued**

Health Care professionals²

- Provide HCPs with **objective** and **transparent information** re. company's **pipeline**, **promoted brands** and **diseases** they address
- Propose **meaningful services** for:
 - HCPs, themselves
 - Their patients or...
 - ... the institution for which they work

- **Strictly comply** with local **regulations** and business **ethics** in terms of **communication** to HCPs and **services** provided
- Carefully **pre-assess** the usefulness, interest, convenience and likely quality of execution of a **service** before proposing it to HCPs
- **Inform** other stakeholders **about the benefits of services delivered**, through testimonies, etc.

Employees are the primary source of reputation for most of external stakeholders, along with the quality of products and services offered by the pharma companies

Recommendations

Examples of initiatives to boost pharma reputation by group of stakeholders (2/2)

Illustrative

Patients / Patient Advocacy Groups¹

What to do?
<ul style="list-style-type: none"> Beyond offering drugs, develop – whenever relevant – Patient Support Programs (PSP) to get better medical outcomes and improve quality of life Propose services at the awareness, diagnosis, prescription and/or monitoring steps of the patient journey to address / prevent potential dysfunctions Give access to information and to personalized tools on Internet for patients and PAGs

How to do it?
<ul style="list-style-type: none"> PSP should be co-developed in partnership with PAGs, HCPs and other stakeholders involved in the management of the pathology Programs should be easy to implement, the quality of execution should excellent; and the results be significant, measurable and widely communicated Develop or co-develop community websites for patients, give access to an e-library, to specific Apps, etc.)

Employees

<ul style="list-style-type: none"> Demonstrate a sense of purpose across environment, social, and governance (ESG) topics, including Diversity & Inclusion (D&I) management, to attract candidates, retain employees and convert them into companies' ambassadors to external stakeholders Instill a culture of excellence to deliver superior services and thus superior experience to external stakeholders when compared to competitors

<ul style="list-style-type: none"> Maintain a good working atmosphere based on trust, respect, positiveness, cross-functional collaborations and personal development Engage employees in CSR initiatives that will make them proud to work for the company Create the conditions to stimulate the passion of employees for their job to prompt them to give their best (e.g.; flexible work arrangements, recognition, rewards, autonomy)²
--

Sources: Smart Pharma Consulting

¹ See the position paper "Patient-centric Strategy" <https://smart-pharma.com/wp-content/uploads/2019/07/Patient-centric-Strategy-VF-Prez.pdf> – ² See the position paper "Be a Smart Manager, not just a good one" <https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Manager-2017.pdf>

Pharma companies should adjust their communication in terms of content and channels to the expectations of their stakeholders, with a priority given to their own employees

Recommendations

Five communication rules to strengthen pharma companies' reputation

Rule #1

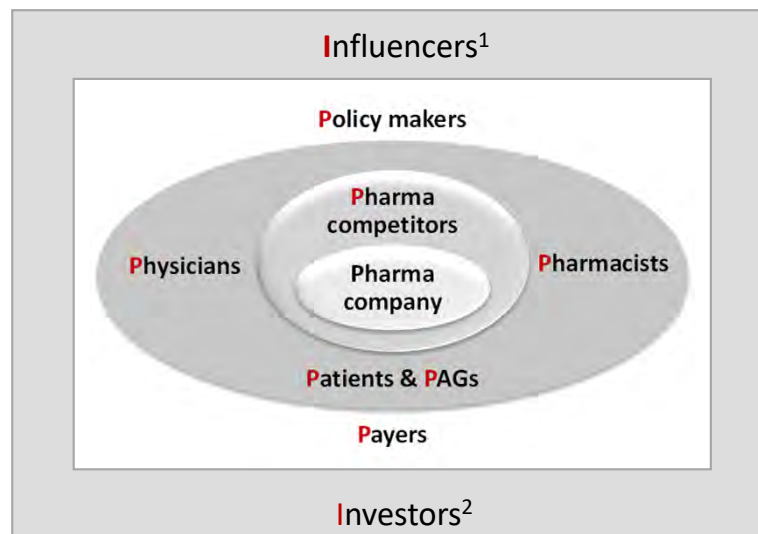
Focus on your company's reputation and not on the pharma sector's reputation on which you cannot do much

Rule #5

The most important stakeholders you must engage are your employees who directly participate to your reputation

Rule #2

Inform and explain your employees and your external stakeholders about your strategic priorities and the implementation of the corresponding tactics (activities)



Rule #3

Adjust the content of your communication, knowing that different stakeholders are sensitive to different drivers

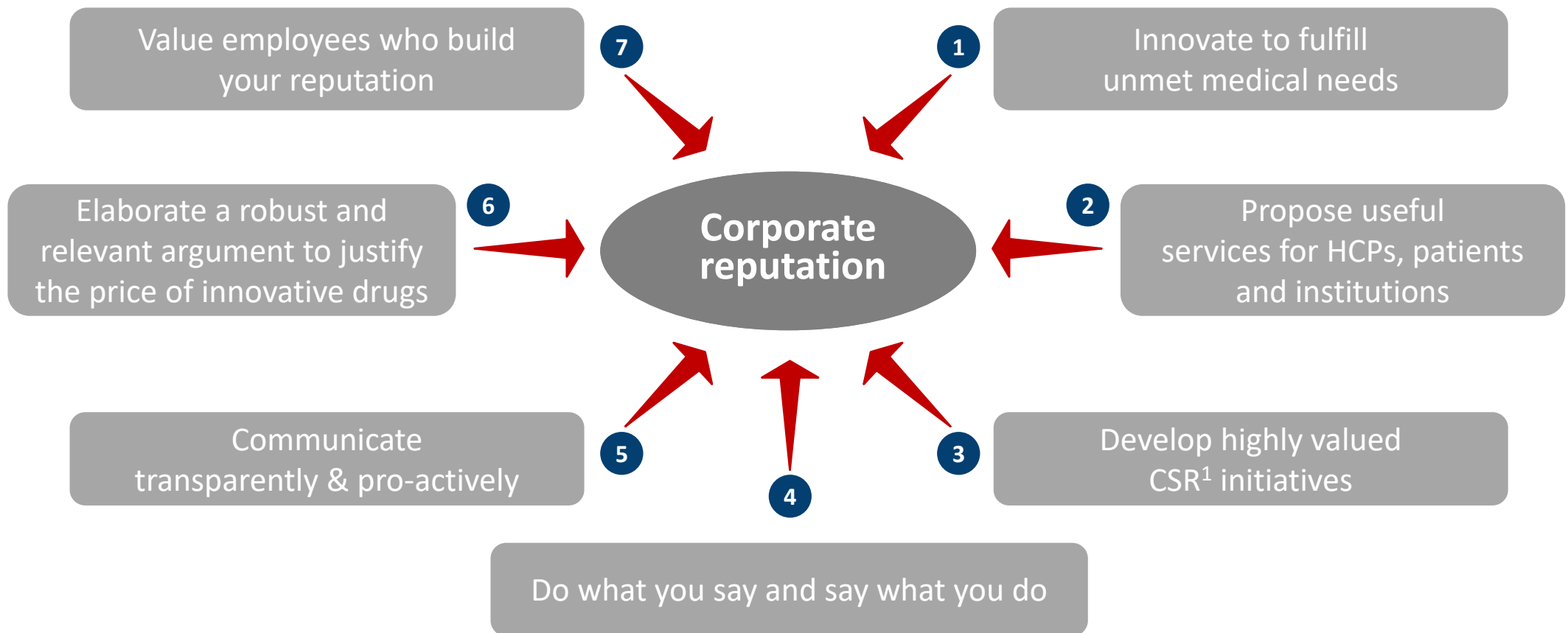
Rule #4

Adapt the communication channels to the information you want to convey and to the targeted stakeholders

Pharma companies must put their stakeholders in the center of their strategy, “walk the talk”, and be as transparent as possible to get trusted, esteemed and preferred

Recommendations

7 imperatives to improve the reputation of pharma companies



With dwindling drug differentiation, pharma corporate reputation contributes to strengthen the preference of stakeholders (e.g.; authorities, payers, HCPs, patients, investors)

Recommendations

Why superior pharma reputation creates competitive advantage?

- Correlation between financial performance and corporate reputation has been clearly evidenced over the past 20 years
- Higher corporate reputation, than competitors' one:
 - Leads to a more favorable position to negotiate with health authorities and payers, resulting in earlier market entries and better prices
 - Strengthens brand preference by KOLs, HCPs, PAGs, patients, etc., resulting in market share optimization
- Pharma companies' experience / expertise in specific therapeutic areas must be communicated with robust scientific evidence to enhance the perception of brands value by decision makers at market entry and penetration levels
- Strong positive reputation is built on credibility, reliability, responsibility, trust and transparency



The Brand Preference Mix is an easy and effective approach to strengthen the preference of stakeholders for marketed brands

“Boosting corporate reputation contributes to reinforce stakeholders’ preference and companies’ performance”

If you have ticked one “No box” or more, it means that there is a room to enhance your corporate reputation

Recommendations

Pharma corporate reputation self-assessment in 10 questions

Most of stakeholders (influencers – decision makers – Investors) are aware and esteem¹ ...

		YES	NO
1	... Your high level of R&D investment and your effort to fulfill medical unmet needs, including in rare diseases	<input type="checkbox"/>	<input type="checkbox"/>
2	... The quality of your product pipeline and of your marketed brands	<input type="checkbox"/>	<input type="checkbox"/>
3	... The quality of services you propose to HCPs and/or to the organizations in which they practice	<input type="checkbox"/>	<input type="checkbox"/>
4	... The quality of services you propose to patients / PAGs for better medical outcomes and improved quality of life	<input type="checkbox"/>	<input type="checkbox"/>
5	... Your involvement in “Corporate Social Responsibility” initiatives	<input type="checkbox"/>	<input type="checkbox"/>
6	... Your philanthropic initiatives	<input type="checkbox"/>	<input type="checkbox"/>
7	... Your pro-active and transparent corporate communication	<input type="checkbox"/>	<input type="checkbox"/>
8	... The professionalism and the ethical behavior of your employees	<input type="checkbox"/>	<input type="checkbox"/>
9	... The working atmosphere of your company, as testified by your employees	<input type="checkbox"/>	<input type="checkbox"/>
10	... The good and sustainable financial performance of your company	<input type="checkbox"/>	<input type="checkbox"/>

Sources: Global Pharma Study 2020 by Caliber – Smart Pharma Consulting analysis

¹ If stakeholders do not know, or if you do not know what do your stakeholders think, in both cases tick the box NO

Smart Pharma Consulting experience and methodology can help pharma companies boost their corporate reputation to strengthen their competitive position and their performance

Recommendations

How can Smart Pharma Consulting help you boost your corporate reputation?

Smart Pharma Consulting can support pharma companies and their affiliates throughout all the phases that participate to build a strong corporate reputation and transform it into a sustainable competitive advantage:

- Research and assessment of your current corporate reputation among individual or groups of stakeholders
- Definition of a realistic corporate reputation enhancement objective by individual or group of stakeholders
- Development of an appropriate strategy and selection of the corresponding tactics (actions) to achieve your reputation enhancement objective
- Selection of the KEIs¹ and the KPIs² to measure the gap between the current and the improvement objective
- Development of a communication plan (internal and external) and of a management program to create a stakeholder-focused company
- Adjustment of the company's organization (activities, processes, structure, culture) to efficiently implement the strategy and the corresponding tactics (actions), and to leverage the benefits of an enhanced corporate reputation
- Design of a tracking process to improve and leverage corporate reputation

“Select two or three dimensions and strive to be recognized as a role model by stakeholders to differentiate your company from other pharma companies”

Best-in-class Pharma BD&L

— BEST-IN-CLASS SERIES —

From Theory to Practice

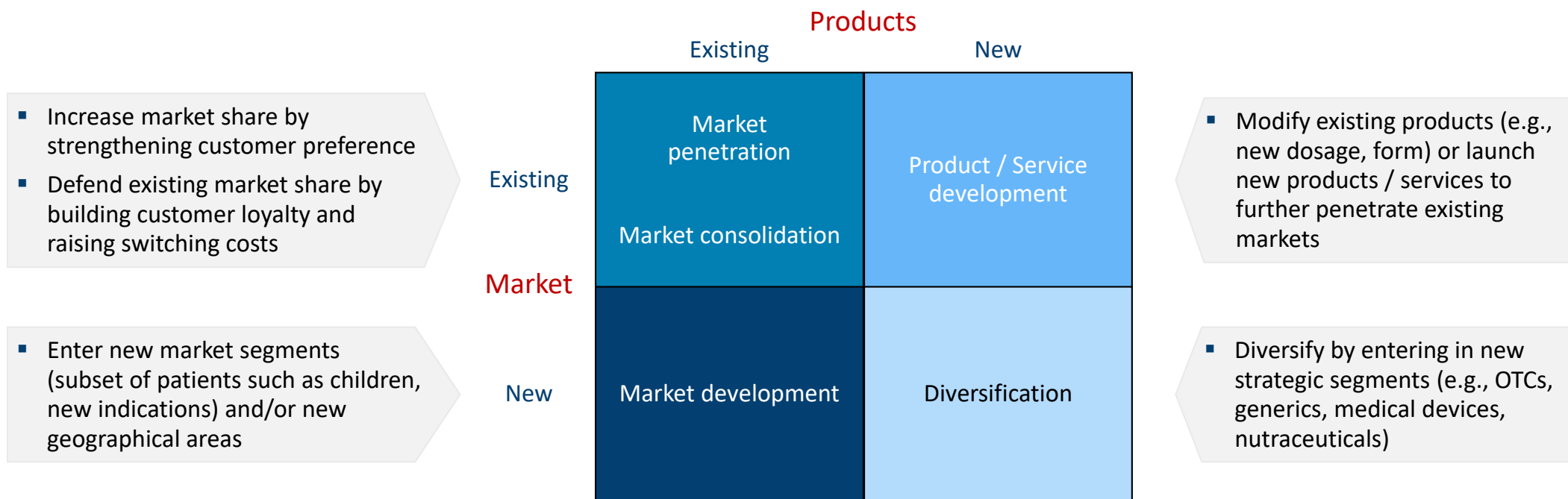
BD&L opportunities being rare and complex, Pharma BD&L managers would be well-advised to adopt a systematic, rigorous and perfectly planned approach

Key points addressed

- What is the **purpose** of BD&L?
- What are the most common **types of BD&L deals**?
- How to **assess BD&L opportunities**?
- How to **formalize a BD&L strategy**?
- How to **approach target companies** for BD&L opportunity?
- How to **assess and select a product** eligible for BD&L deal (application)?

Four basic strategic directions can be pursued by affiliates of pharmaceutical companies to boost their strategic development

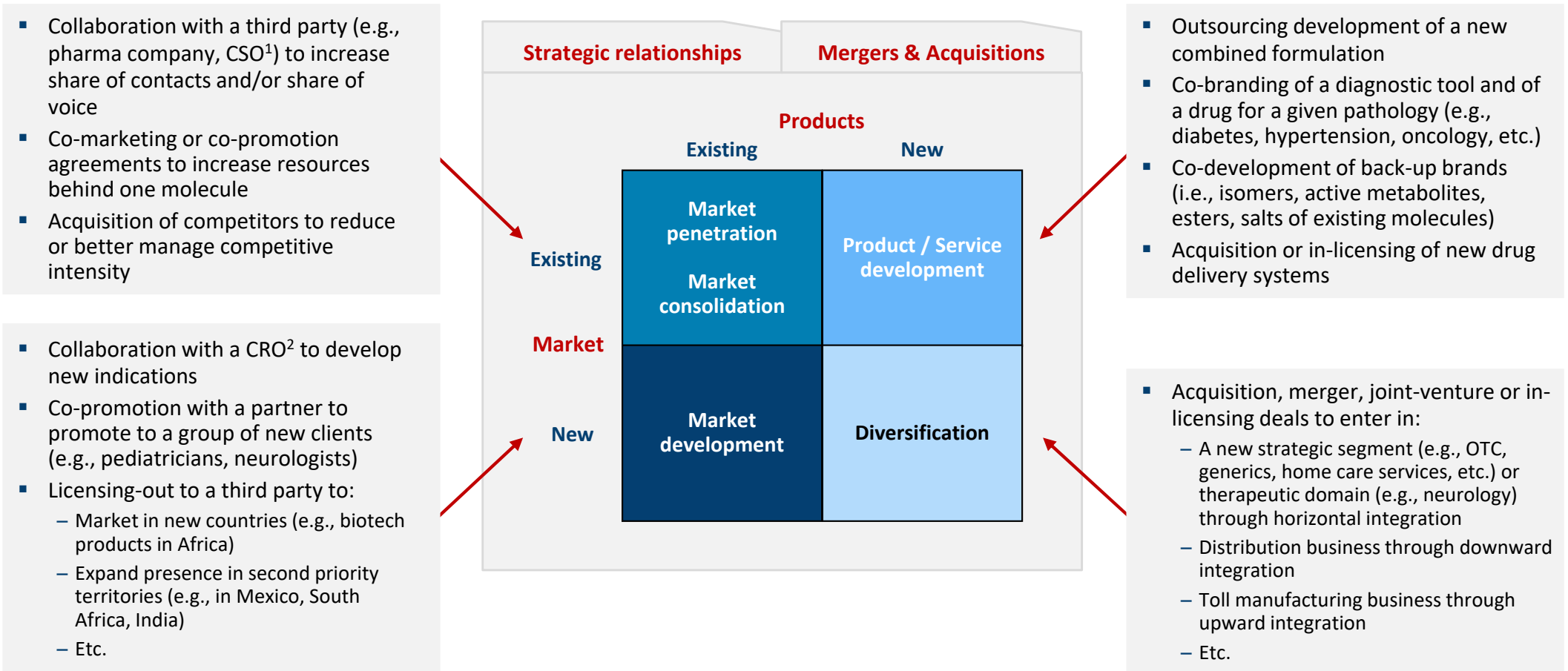
Alternative directions to ensure strategic development



Sources: Adapted by Smart Pharma Consulting from H. Ansoff

BD&L refers to strategic relationships or Merger & Acquisition deals which enable affiliates to grow and strengthen their competitive position

Definition of BD&L

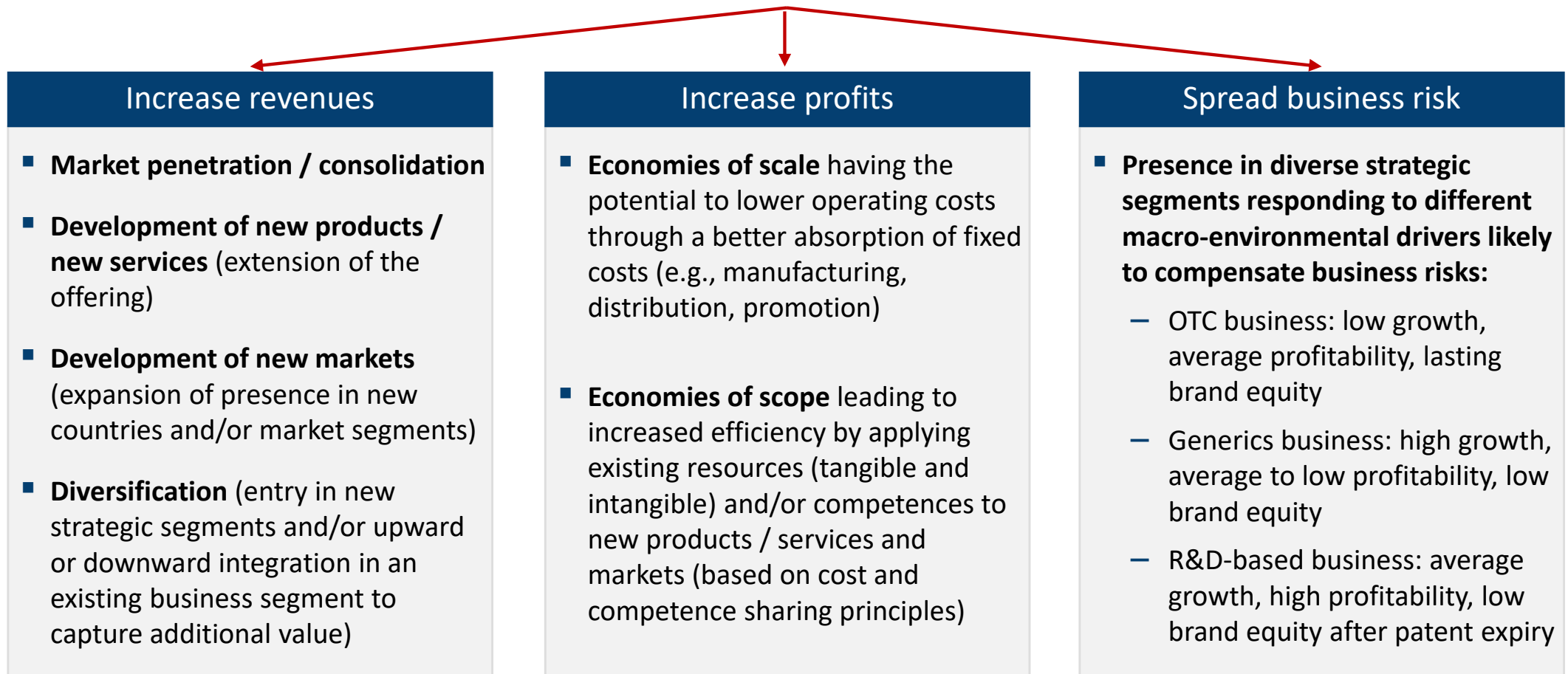


Sources: Adapted by Smart Pharma Consulting from H. Ansoff

¹ Contract sales organization – ² Contract research organization

**BD&L initiatives are expected to generate extra revenues,
 increase profits and/or spread business risk, while leveraging potential synergies**

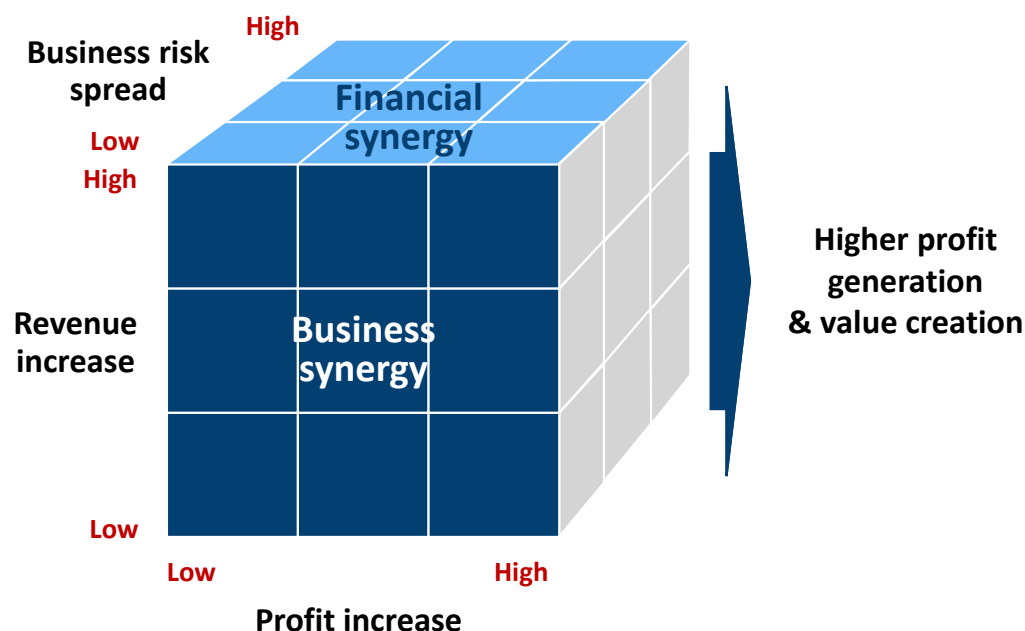
Expected benefits from BD&L initiatives



Synergies result from a better mixing and matching of capabilities, and are the greatest when opportunities are in businesses like those in which affiliate operates

Synergy applied to business development

Types of synergies in the context of BD&L



- Synergy refers to the benefits gained when activities or assets complement each other so that their combined effect is greater than the sum of the parts
- Synergies are supposed to generate higher profits and/or enhance value through:
 - Revenue increase with $1+1>2$
 - Cost reduction with $1+1<2$
- There are two different types of synergies:
 - Business synergies due to cost reduction and/or revenue increase through combination of capabilities (i.e., tangible / intangible resources and competences)
 - Financial synergies related to possible spread of business risks if combined strategic segments are subject to different opportunities and threats
- Positive synergies are based on:
 - Shared competences (economies of scope)
 - Shared costs (economies of scale)
- Negative synergies refer to lower profit generation and value destruction:
 - Revenue increase (or even decrease) with $1+1<2$
 - Cost increase with $1+1>2$
 resulting from complexity, mismanagement, problems of integration, lower efficiency, brand cannibalization, etc.

Strategic relationships and M&A may contribute to build capabilities and create business synergies, but not without difficulties and risks

Capability building through business development

Strategic relationships

- Strategic alliances involve the sharing of capabilities (resources + competences) in pursuit of common goals
- Outsourcing, which is a form of subcontracting, enables affiliates to access capabilities by borrowing them from other companies (e.g., deals with a CSO¹ or another pharma company)
- Accessing capabilities through alliances offers more targeted and cost-effective means than acquisition
- Where both partners are trying to acquire one another's capabilities, results may be a "competition for competence" that ultimately destabilizes the relationship

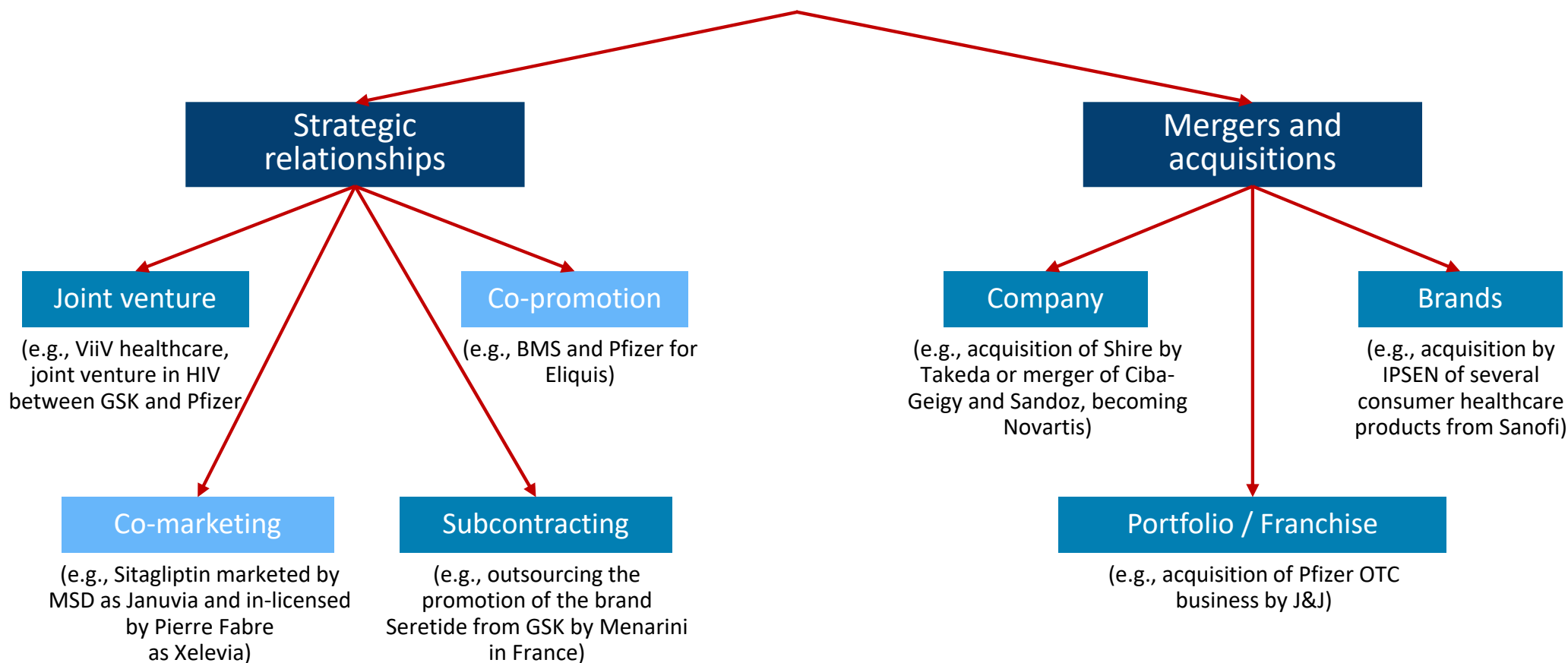
Mergers & Acquisitions

- Acquiring capabilities should be considered if desired capabilities can only be developed over long periods
- Integrating the acquiree's capabilities with the acquirer's ones involves major risks such as:
 - **Culture clashes**
 - **Personality clashes**
 - **Incompatibility of management systems**resulting in degradation or destruction of the capabilities that were sought

Note: Capabilities can grow internally by systematizing their replication through the formulation and the implementation of SOPs²

Co-promotion and co-marketing are the most common forms of business development deals in the pharmaceutical sector

Typology of BD&L deals



Sources: Adapted by Smart Pharma Consulting from R. Grant 2008 and D. Waters 2006

The most important difficulty with co-promotion is to ensure an efficient collaboration between the two partners and a sufficient call pressure per physician

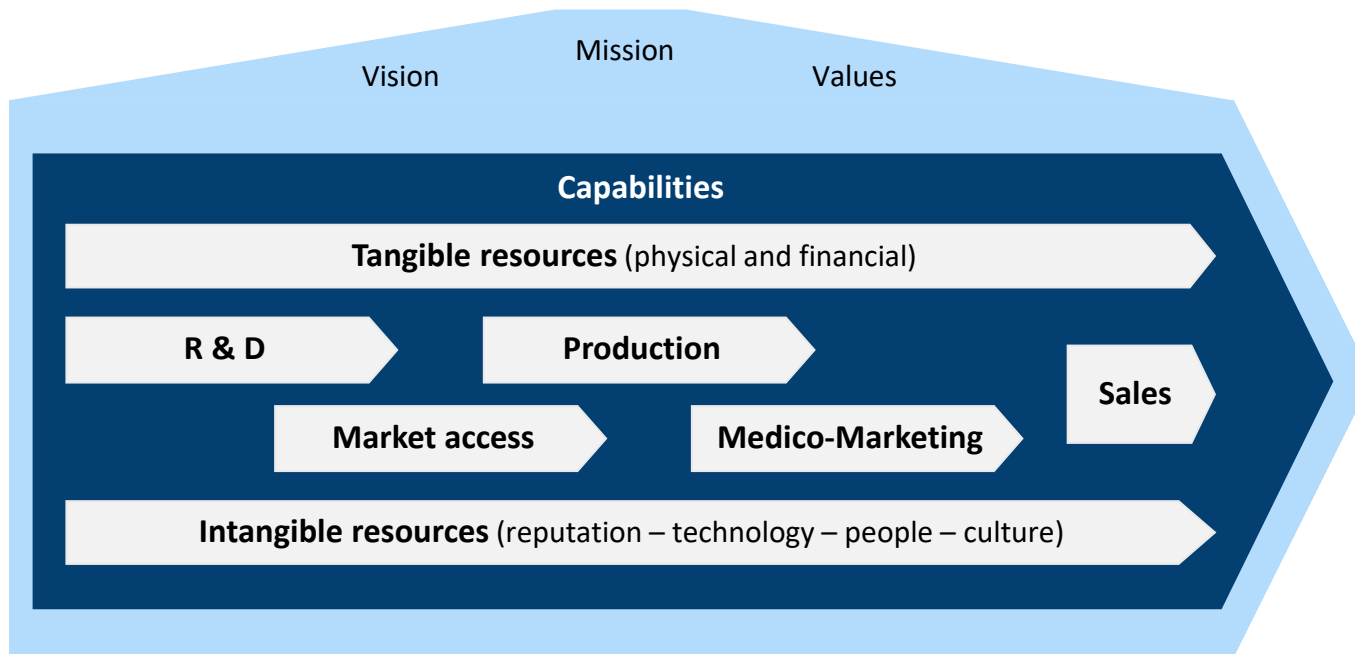
Pros and Cons of co-marketing and co-promotion agreements

	Co-marketing	Co-promotion
Pros	<ul style="list-style-type: none"> ▪ Quick and easy to implement ▪ No shared decision-making ▪ Increased sales opportunities for the molecule which is promoted by two companies through a dual branding ▪ Possibilities to book sales 	<ul style="list-style-type: none"> ▪ Higher recognition as a result of resource concentration ▪ Cost-sharing with co-promoter ▪ Unique product positioning ▪ Leverage of partner's reputation
Cons	<ul style="list-style-type: none"> ▪ Higher promotional spending (absence of shared costs) ▪ Competition between co-marketers (cannibalization) 	<ul style="list-style-type: none"> ▪ Difficulty in ascertaining sales credits and reward criteria ▪ Increased management complexity ▪ Increasing number of physicians limiting call pressure per brand per annum

Business opportunity assessment requires to analyze attractiveness / key success factors by strategic segment and corresponding competitive advantage

Methodology to assess business opportunities

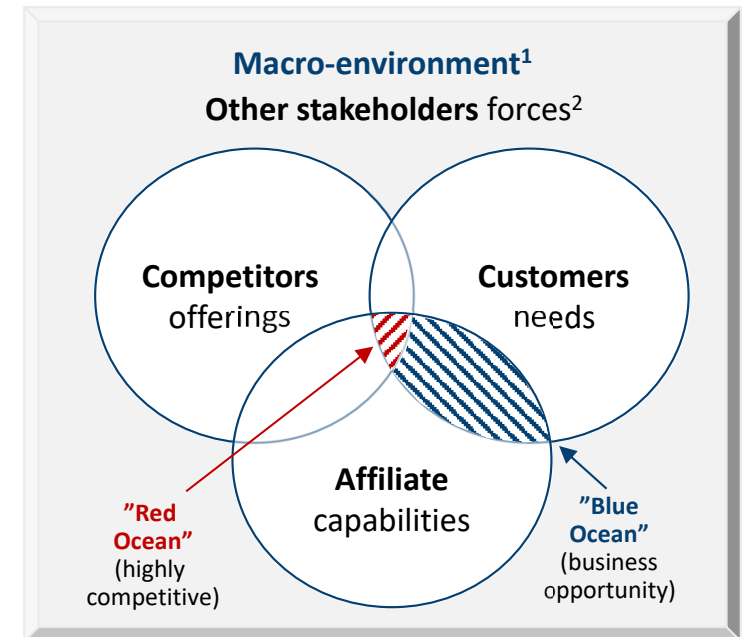
Business model



Strengths & Weaknesses
(Competitive advantage)

Strategic segments

(e.g., Rx-bound brands, generics, OTCs, devices, etc.)



Opportunities & Threats
(Attractiveness & Key success factors)

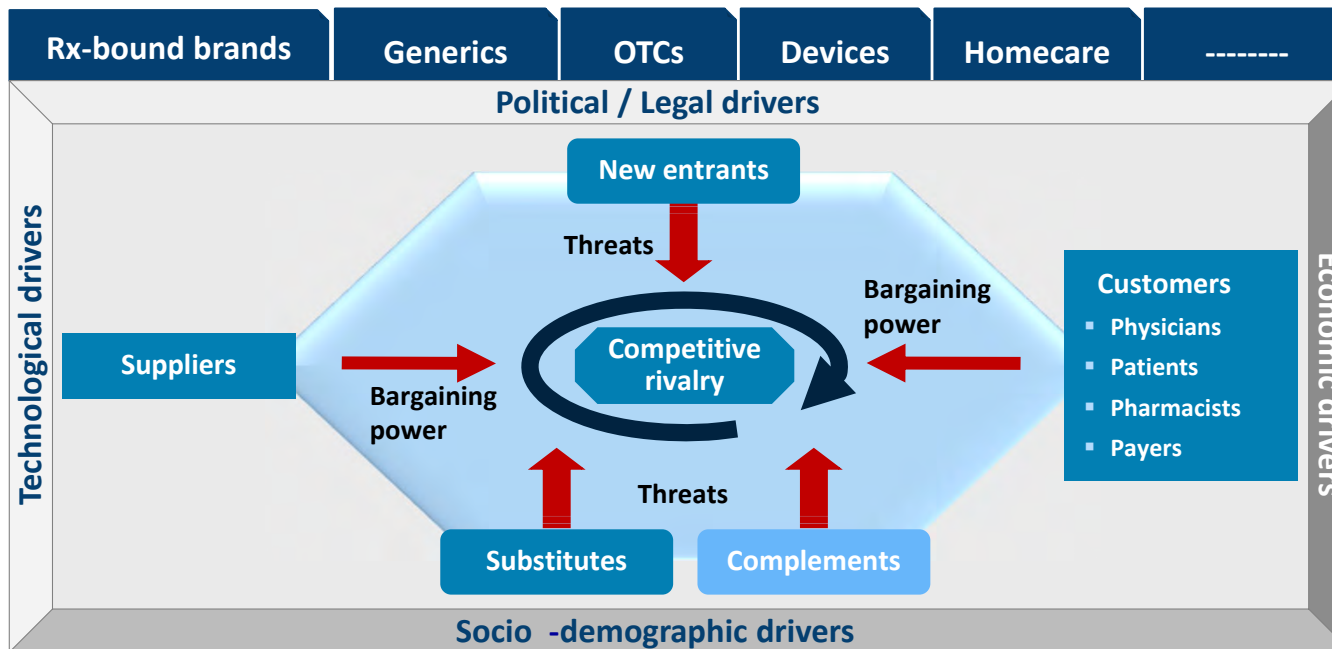
Ambition & Strategic priorities

Sources: Adapted by Smart Pharma Consulting from C. Kim et al. and from D.J. Collis, HBR April 2008

¹ Political / legal, economic, socio-demographic and technological factors –
² Including suppliers, new entrants, substitutes, complements

Business opportunities by strategic segment, such as Rx-bound brands, generics, OTCs, etc. can be assessed through PEST analysis and the “5+1 forces framework”

Attractiveness of strategic segments (1/3)



- The four key macro-environmental drivers:
 - Political / Legal
 - Economy
 - Socio-demography
 - Technology
- The five key micro-environment drivers:
 - Suppliers
 - Customers
 - New entrants
 - Substitutes
 - Competitive rivalry
- ... plus, the “Complements” influence the attractiveness of each strategic segment and impact the success or the failure of pharma companies' strategy
- These key drivers for change can be used to construct scenarios of possible futures, especially by adopting the “what if” technique

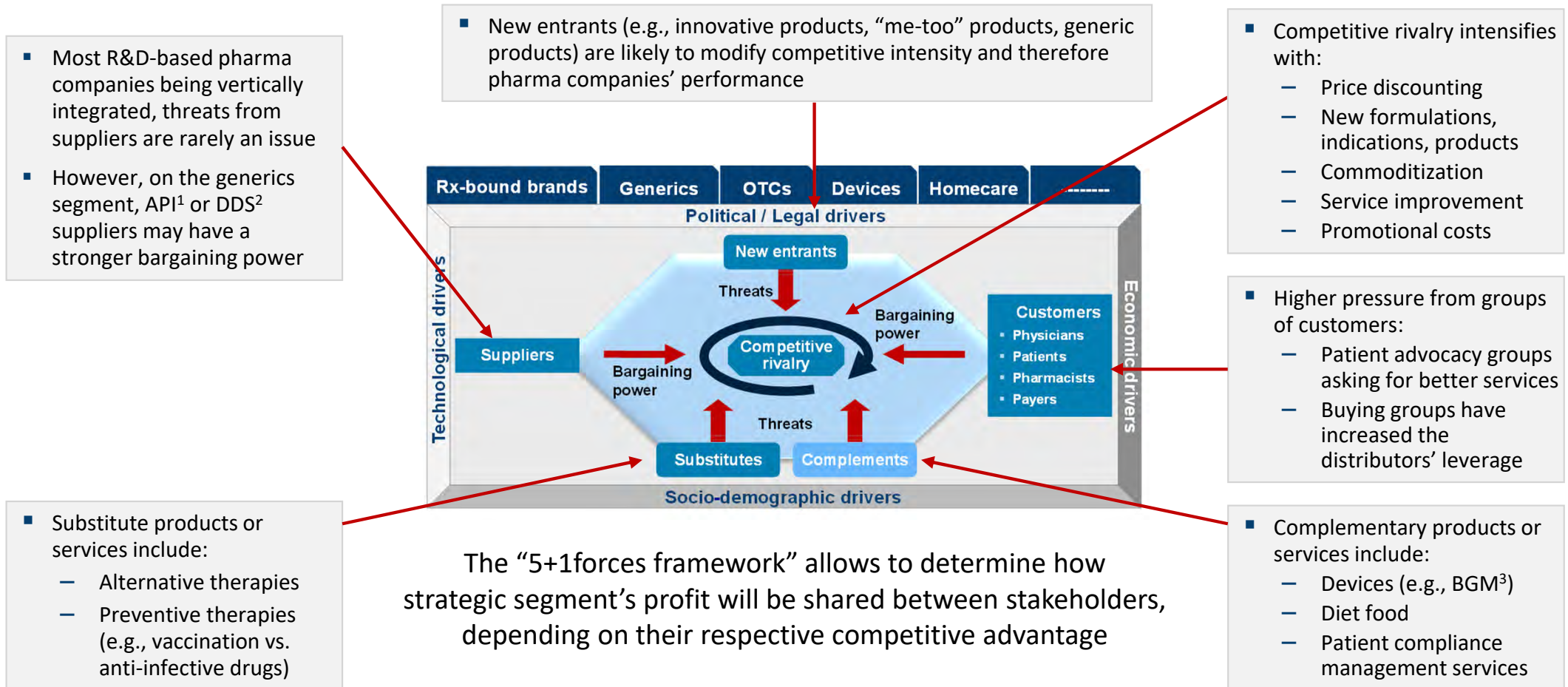
Analysis of Political / Legal – Economic – Socio-demographic – Technological drivers, called PEST analysis, and then the “5+1 forces Framework” after M. Porter will help pharma companies set an appropriate strategy per strategic segment

“Porter’s five forces”

“Additional force”

The “5+1 forces framework” is particularly helpful to identify the key stakeholders that will influence the long-term structure and profitability of strategic segments

Attractiveness of strategic segments (2/3)

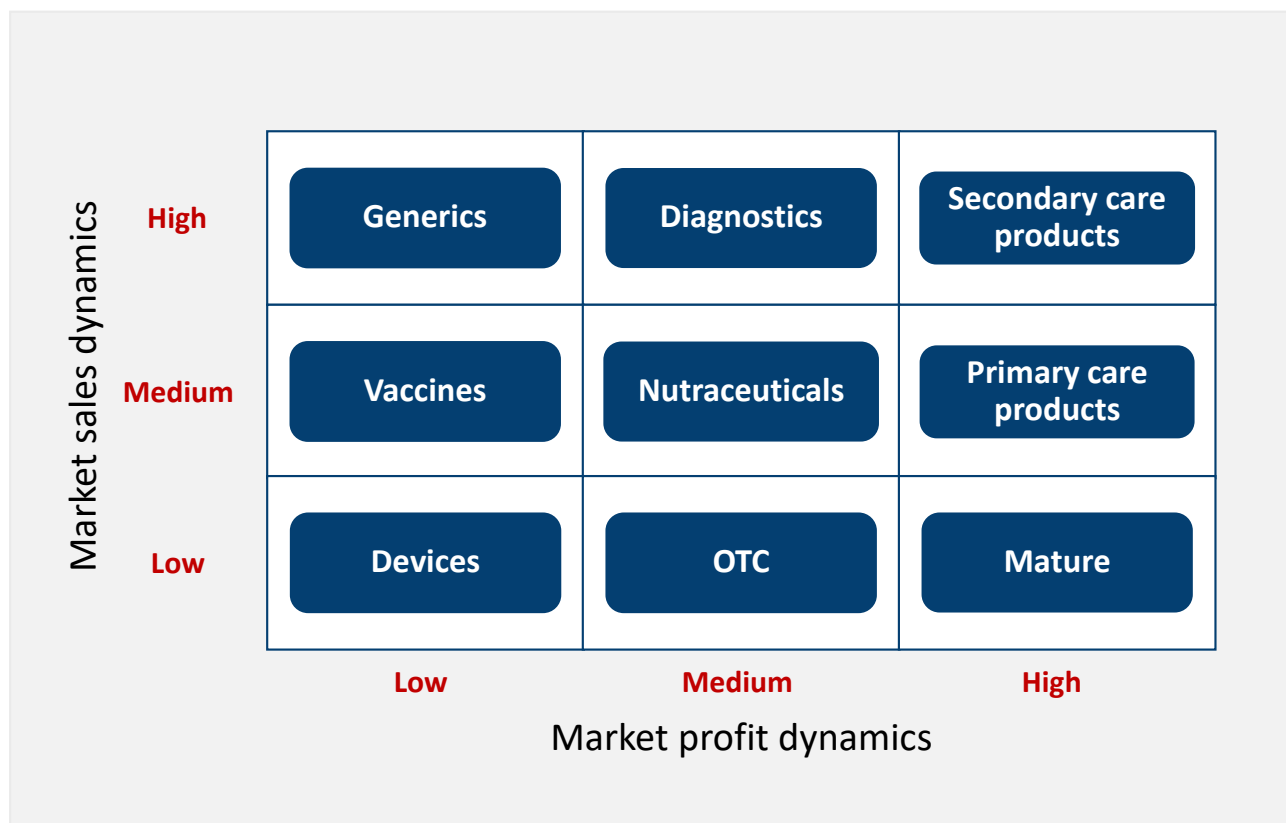


Sources: Adapted by Smart Pharma Consulting from M. Porter 2008

¹ Active pharmaceutical ingredients – ² Drug delivery system – ³ Blood glucose meter

Attractiveness of new strategic segments should be put into a dynamic perspective and potential synergies with existing businesses also be considered

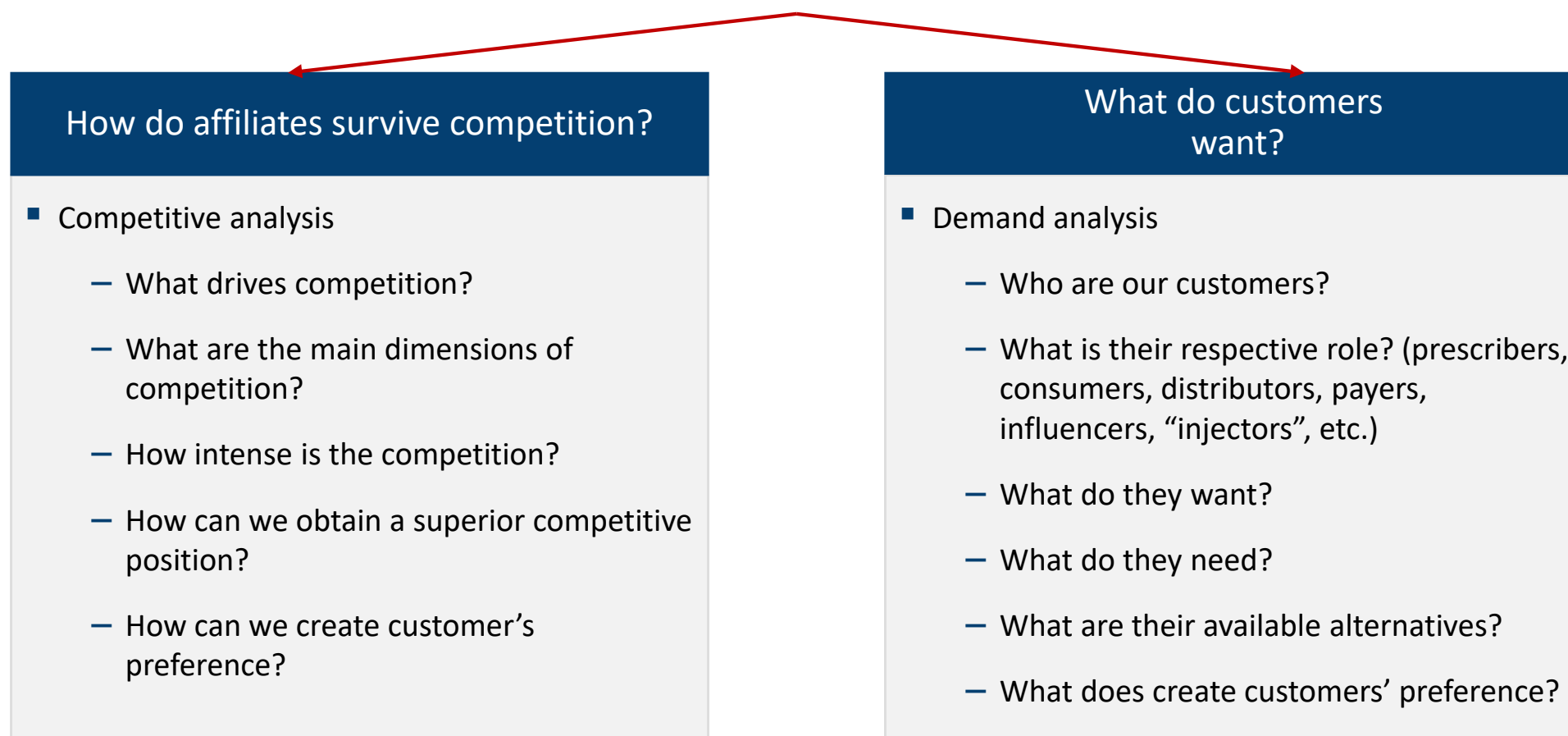
Attractiveness of strategic segments (3/3)



- The attractiveness of a strategic segment should be defined, based on the evolution of economic indicators such as sales and profits
- Additional parameters such as potential synergies with the existing business should also be considered, while evaluating attractiveness of new strategic segments

Key success factors by strategic segment in which business opportunities have been identified are driven from competitive intensity and from customers wants

Key success factors by strategic segment



Strategic priorities should be set after capabilities assessment to outperform competitors on key success factors inherent to each targeted strategic segment

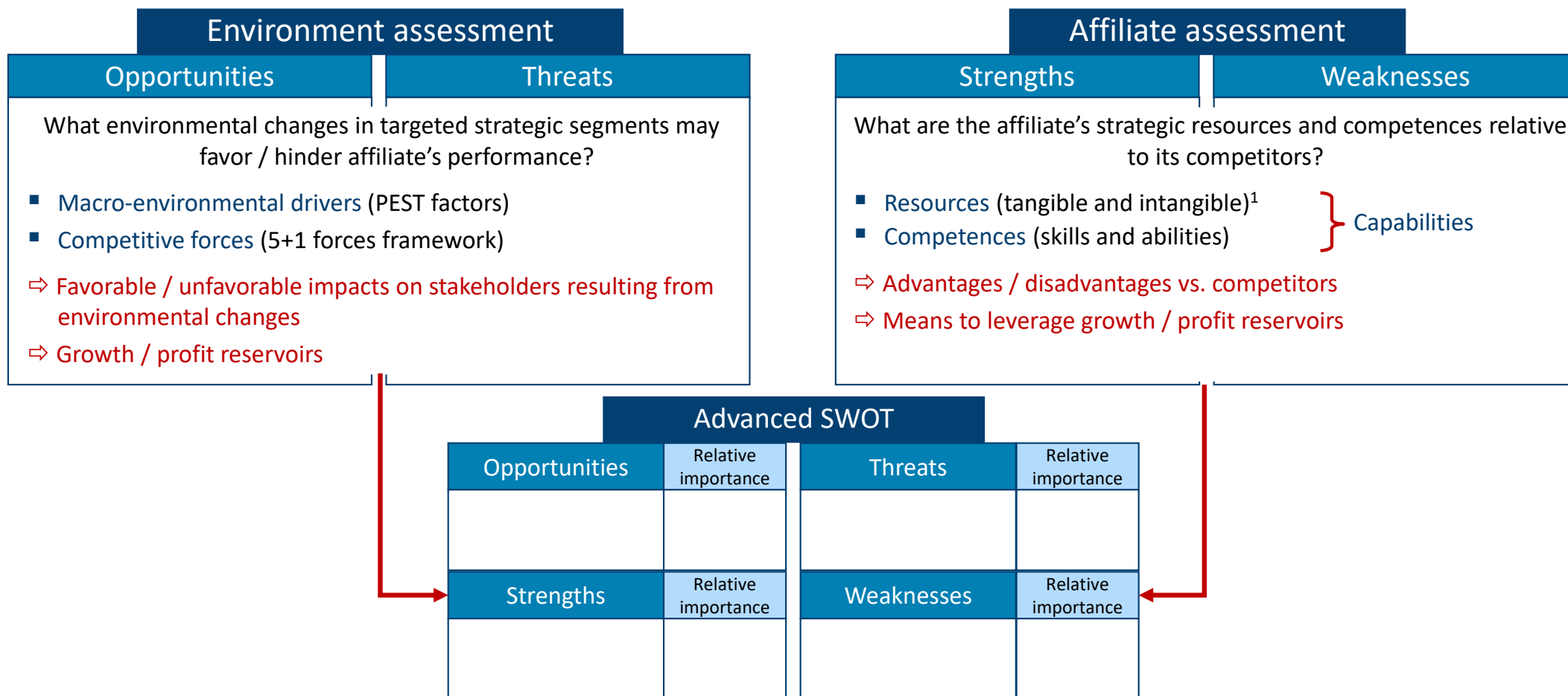
Affiliate's competitive advantage and strategic priorities



Sources: Adapted by Smart Pharma Consulting from R. Grant 2008 and D. Waters 2006

The “Advanced SWOT” is particularly appropriate to help pharma companies assess its potential competitive advantage per strategic segment and the possible synergies

Advanced SWOT analysis



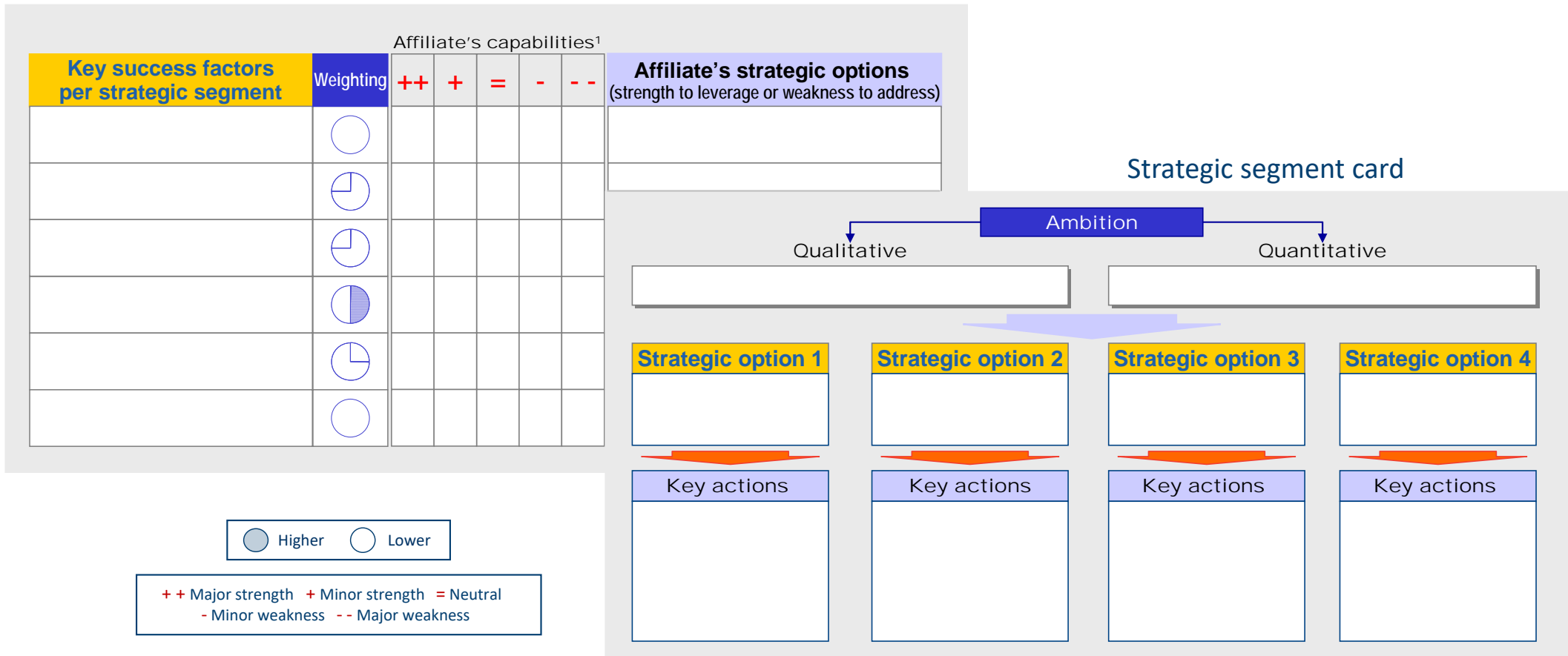
Sources: Smart Pharma Consulting

¹ Including product and service offerings

Pharma companies' ambition and strategy to seize business opportunities in new strategic segments can be formalized with the following analytical tools

Strategic options and strategic segment card

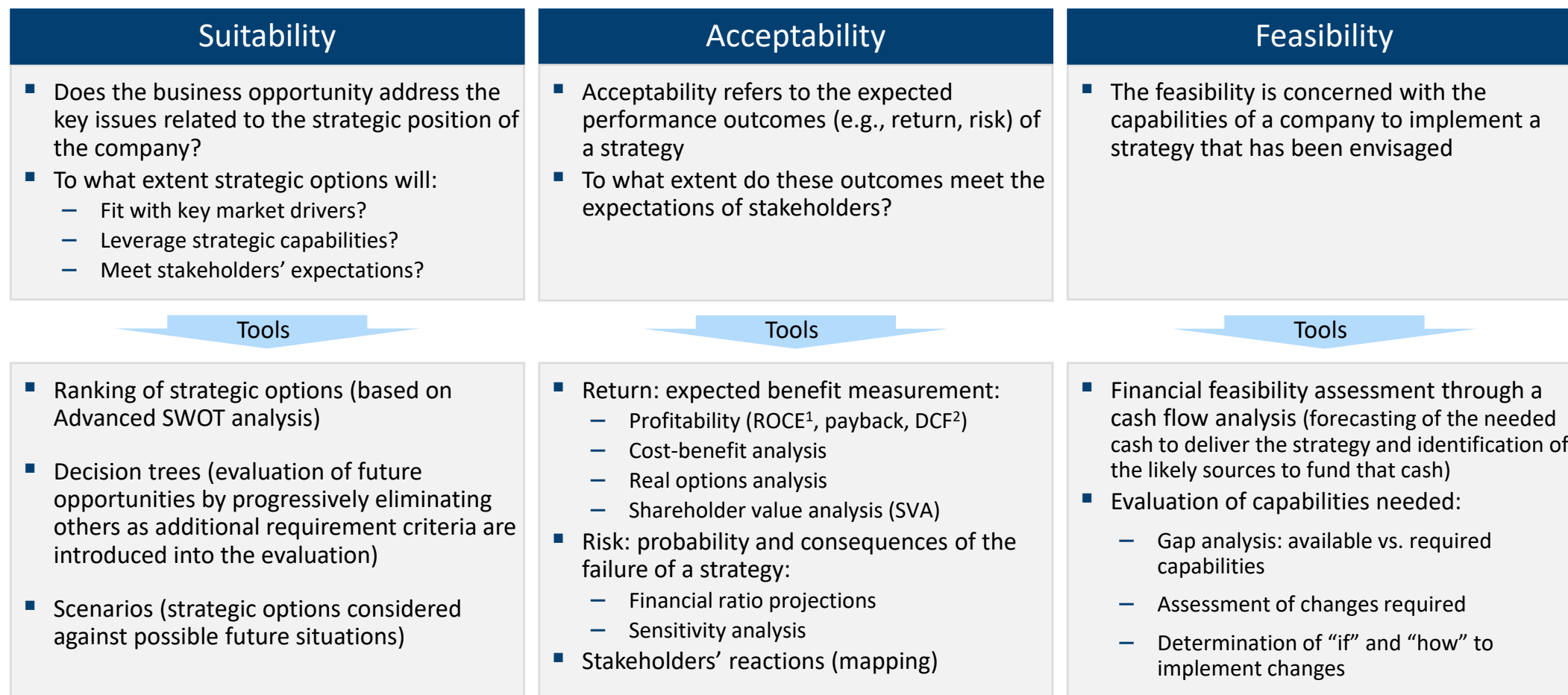
Strategic options



Strategic segment card

The evaluation of each business opportunity will be determined by its degree of suitability, acceptability and feasibility

Evaluation of business development opportunities (1/2)



Sources: Adapted by Smart Pharma Consulting from G. Johnson 2008

¹ Return on capital employed – ² Discounted cash flows

Discounted cash flows and sensitivity analysis are amongst the most frequently used techniques to assess business acceptability in the pharmaceutical sector

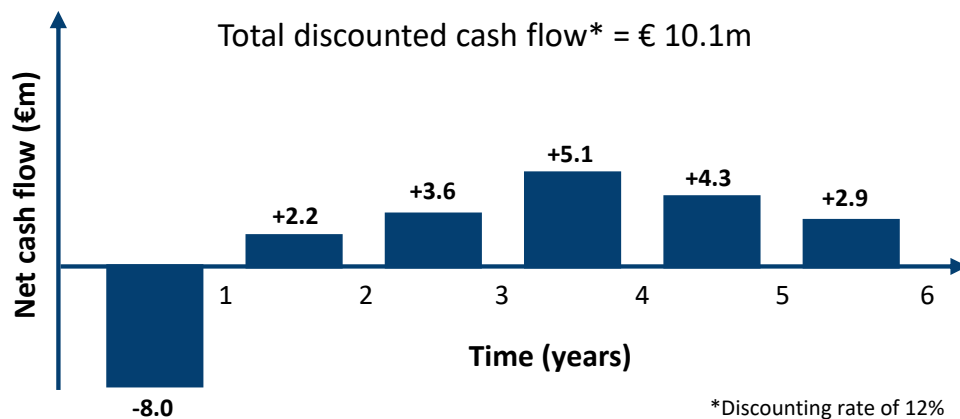
Evaluation of business development opportunities (2/2)

Examples of acceptability criteria

Illustrative

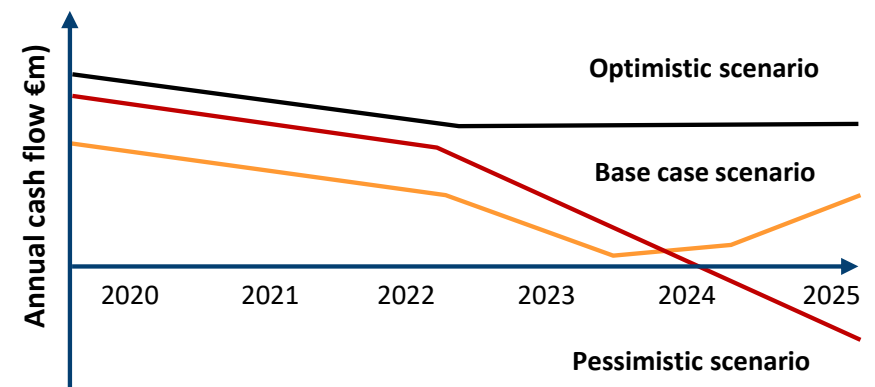
Return: Discounted cash flows (DCF)

- The DCF is an investment appraisal technique that can be used for business development opportunities (e.g., M&A, co-marketing, co-promotion, other strategic relationships)
- The total discounted cash flow or the net present value (NPV) is only as good as the assumptions on which it is based such as: sales forecasts, operating investment required, price changes, etc.



Risk: Sensitivity analysis

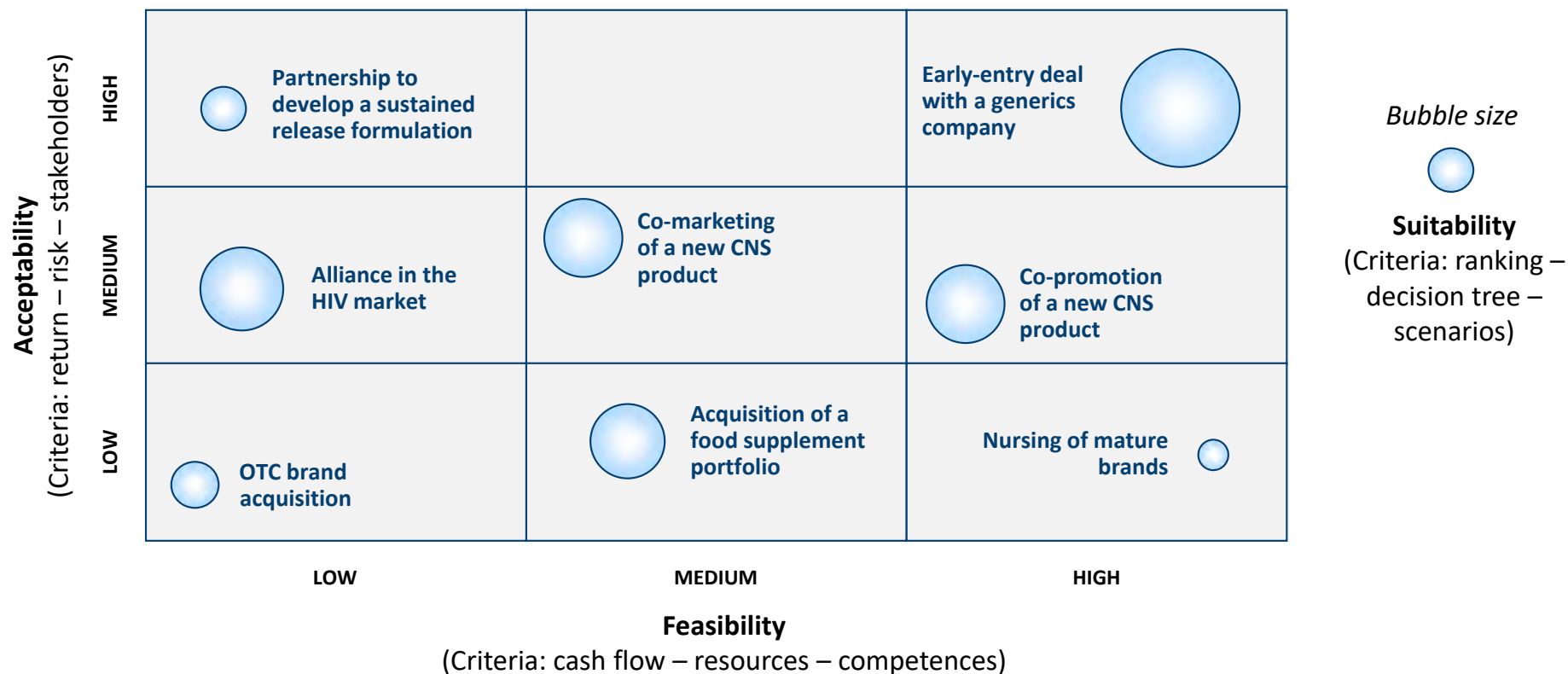
- Sensitivity or “what if” analysis is a useful technique for assessing the extent to which the success of a preferred business development opportunity is dependent on the key underlying assumptions, such as sales forecasts, price changes, investment requirements, new entrants, etc.
- This analysis helps estimate both the risk and the degree of confidence attached to an opportunity



The strategic evaluation matrix represents a convenient means to put into perspective acceptability, feasibility and suitability of different business development projects

Business development evaluation matrix

Illustrative



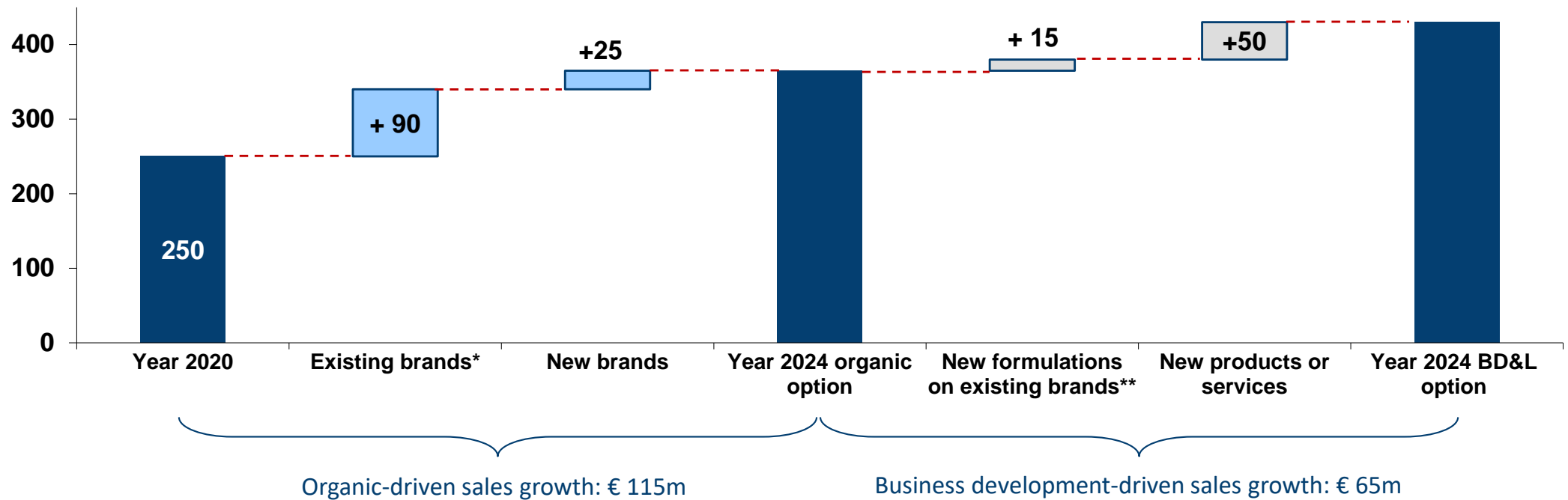
Sources: Adapted by Smart Pharma Consulting from G. Johnson 2008

In general, business development deals boost sales and profit growth, while altering profitability, due to profit sharing agreement and resulting organizational dysfunction

Impact of business development initiatives

Illustrative

Sales in €m



Profit¹ € 82.5m
Profitability 33%

€ 128.8m
35%

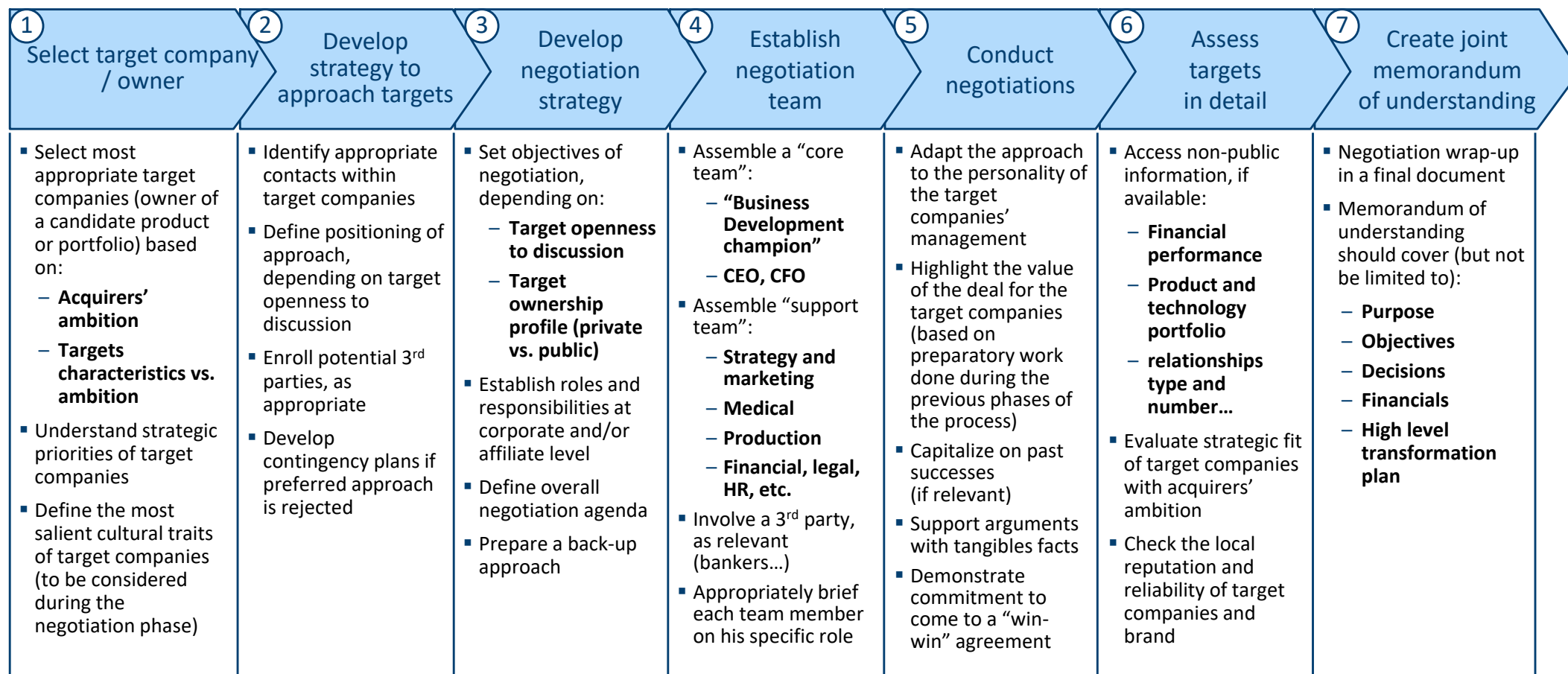
€ 137.6m
32%

Sources: Smart Pharma Consulting

* Including new indications, dosages, formulations internally developed ** If externally developed – ¹ EBIT: Earnings before interest and taxes

Business developers should follow a well-defined process to approach target companies and raise their interest for strategic relationships or M&A opportunities

Process to approach target companies

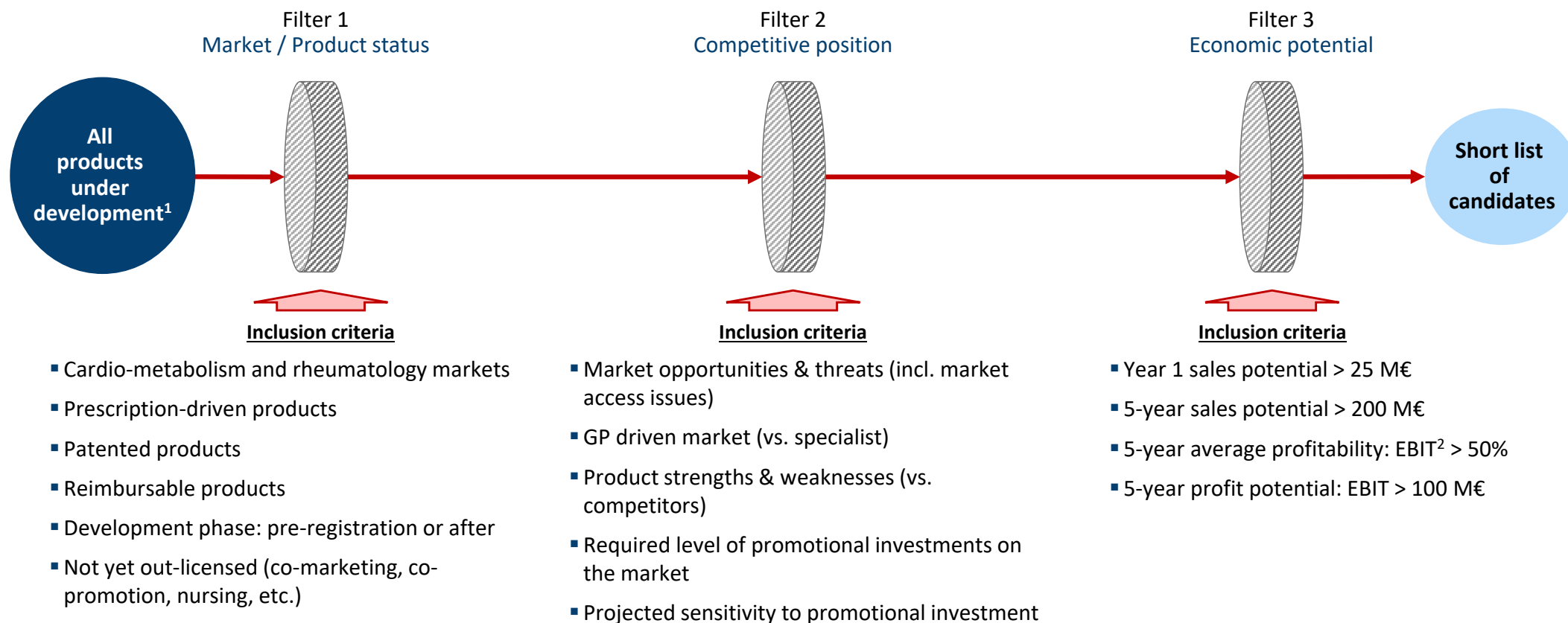


The selection of most attractive candidate products under development, within a defined strategic segment, can be established through the following methodology

Under-development product screening

Rx-bound products in France

Illustrative



Sources: Smart Pharma Consulting

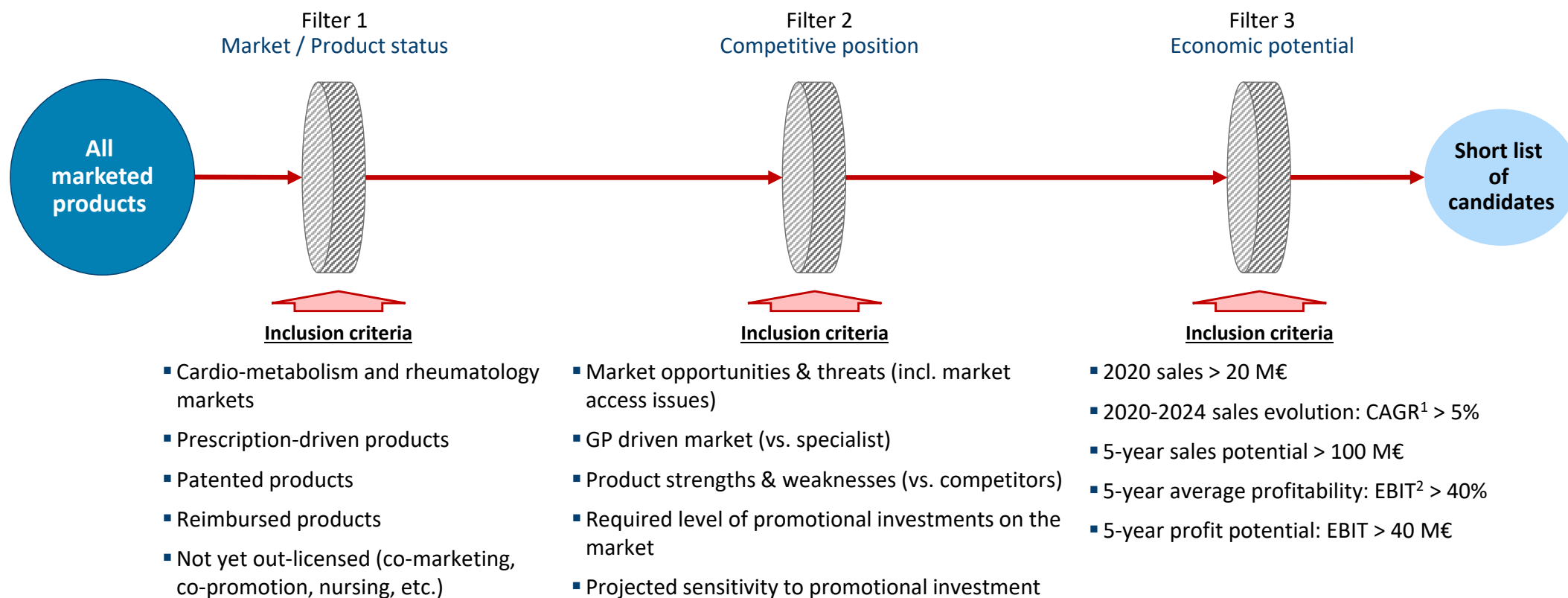
¹ Multiple sources: EMA database, ClinicalTrials.gov, Iqvia Pipeline Intelligence, Pharmaproject, Global data, Smart Pharma Professional Network, etc. – ² Earnings before interest and taxes

The selection of most attractive candidate products already marketed, within a defined strategic segment, can be established through the following methodology

Marketed product screening

Rx-bound products in France

Illustrative



Sources: Smart Pharma Consulting

¹ Compounded annual growth rate – ² Earnings before interest and taxes

The results of the screening process, leading to the most attractive candidate products, can be summarized on simple charts to facilitate comparisons

Example of short-listed candidate products

Under development products

Illustrative

Molecule	Brand name	Originator	Licensing agreement	Mode of action	Indications	EU status
Vildagliptin	GALVUS	Novartis	No	DPP IV antagonist	• Type 2 diabetes	Registered
Saxagliptin	ONGLYZA	BMS	AZ (worldwide) Otsuka (Japan)	DPP IV antagonist	• Type 2 diabetes	
Azimilide	STEDICOR	P&G US	Mitsubishi Tanabe - Asia	Potassium channel blocker	• Arrhythmia	
Lercanidipine + enalapril	ZANERIL ZANITEK	Recordati	Meda (G), Solvay (Austria)	ACEI+ CCB	• Hypertension	
Olmesartan amlodipine	-	Daiichi-Sankyo	TBD	ARAI+CCB	• Hypertension	
Tolvaptan	SMASKA	Otsuka	No	Vasopressin 2 antagonist	• Coronary failure	
Aliskiren	RASILEZ	Novartis	No	Renin inhibitor	• Hypertension	
Prednisone CR	LODOTRA	Nitec & SkyePharma	Merck-Serono	Immuno-depressant	• Rheumatoid arthritis	
Golimumab	-	Centocor (J&J)	Schering Plough (excl. US)	Anti-TNF alpha	• Spondylarthritis • Psoriasis • Rheumatoid arthritis	

Molecule	Brand name	Originator	Therapeutic class	Sales 2020	CAGR 2020 -2024 ¹	Sales 2020 -24	Promotional spend (2020)	Profits 2020 -24
Rosuvastatin	CRESTOR	Astra Zeneca	C10A1	162 M€	25%	162 M€	20 M€	142 M€
Pravastatin + aspirin	PRAVADUAL	BMS	C10A1	21 M€	30%	21 M€	5 M€	16 M€
Ezetimibe	EZETROL	Merck&Co	C10A9	75 M€	12%	75 M€	7 M€	68 M€
Ibandronic acid	BONVIVA	Roche	M05B3	32 M€	15%	32 M€	16 M€	16 M€
Eletriptan	RELPAK	Pfizer	N02C1	26 M€	4%	26 M€	6 M€	20 M€
Hydroxyzine	ATARAX	UCB Pharma	N05C	20 M€	2%	20 M€	4 M€	16 M€
Mometasone furoate	NASONEX	Schering - Plough	R01A1	42 M€	5%	42 M€	9 M€	33 M€
Montelukast	SINGULAR	Merck&Co	R03J2	101M€	4%	101 M€	9 M€	92 M€
Levocetirizine	XYZALL	UCB Pharma	R06A	36 M€	-5%	36 M€	11 M€	25 M€

Source: Adisinsight – GERS data – Analyses Smart Pharma Consulting

¹ Compounded annual growth rate


“ID” cards collecting key facts, figures and analyses related to each candidate product are particularly useful before approaching their respective owner

Example of identity card for short-listed candidate products













Molecule:----- Brand name: ----- Originator: ----- Therapeutic class: -----

Product attributes

Sales 2020 -----M€	CAGR¹ 16-20 -----%	Sales 16-20 -----M€	Promo spend² -----%	Profits 16-20 -----M€
------------------------------	---	-------------------------------	--	---------------------------------

Indications	Side effects	Status
1. 2. 3.	1. 2. 3.	<ul style="list-style-type: none"> Patent expiry date: ----- Reimbursement level: -----% Price: a:----- b:----- Promotional sensitivity: 

SWOT analysis

Market Opportunities	Market threats
<ul style="list-style-type: none"> -----  -----  -----  	<ul style="list-style-type: none"> -----  -----  ----- 
Product strengths	Product weaknesses
<ul style="list-style-type: none"> -----  -----  -----  	<ul style="list-style-type: none"> -----  -----  ----- 

Value for the acquirer	Value for the owner
----- ----- ----- ----- -----	----- ----- ----- ----- -----

Recommendations

GO

NO GO

Preferred types of deals

Exclusive marketing license Co-marketing Co-promotion

Non-exclusive marketing license Nursing Acquisition

Other:-----

Sources: Smart Pharma Consulting

Note:  = high  = medium  = low

¹ Compounded annual growth rate –² In 2020

BD&L opportunities may play a key role in improving pharma companies' overall performance (top and bottom lines) while mitigating their business risk

Key learnings (1/2)

- BD&L refers to **strategic relationships** or **merger & acquisition** deals which enable pharma companies to strengthen their competitive position
- BD&L initiatives are expected to **generate extra revenues, increase profits** and/or **spread business risk**, while **leveraging potential synergies**
- **Synergies** result from a better **mixing** and **matching of capabilities**, and are the greatest when opportunities are in businesses like that in which pharma companies operate
- **Strategic relationships** and **M&A** may contribute to **build capabilities** and **create** business **synergies**, but not without **difficulties** and risks
- **Co-promotion** and **co-marketing** are the **most common forms** of business development **deals** in the pharmaceutical sector, especially at affiliate level
- Business opportunity **assessment** requires to analyze **attractiveness / key success factors** by strategic segment and pharma companies corresponding **competitive advantage**
- **Business opportunities** by strategic segment, such as Rx-bound brands, generics, OTCs, etc., can **be assessed** through **PEST analysis** and the **“5+1 forces framework”**

Business opportunities should be carefully assessed through strategic analyses and with specific processes and tools to maximize the chances of success

Key learnings (2/2)

- The “**5+1 forces framework**” is particularly helpful to **identify** the **key stakeholders** that will **influence the long-term structure** and **profitability** of strategic segments
- **Attractiveness** of new strategic segments should be put into a **dynamic perspective** and **potential synergies** with pharma companies existing businesses should also **be considered**
- The proposed “**Advanced SWOT**” is particularly appropriate to help pharma companies **assess** their potential **competitive advantage** per strategic segment and **possible synergies**
- The **evaluation** of each business opportunity will be determined by its degree of **suitability**, **acceptability** and **feasibility**
- **Discounted cash flows** and **sensitivity analysis** are amongst the most frequently used techniques **to assess business acceptability** in the pharmaceutical sector
- In general, BD&L **deals boost sales** and **profit growth** while **altering profitability**, due to profit sharing agreements and organizational dysfunctions
- **Business developers** should **follow** a well-defined **process to approach target companies** and raise their interest for strategic relationships or M&A opportunities

Smart Pharma Consulting has helped pharma companies and private equity companies assess business opportunities in various therapeutic areas

Smart Pharma Consulting Services

Experiences & competencies in BD&L and Strategic Due Diligences

- Smart Pharma Consulting has carried out several BD&L and Strategic Due Diligence projects for big and mid-sized pharma companies or for private equity firms:
 - **Pharmaceutical companies** such as:
ALK – Amgen – Chiesi – EHC – Esteve – Ethypharm (CMO/Drug delivery company) – Indivior – IPSEN – Nemera – NextPharma (CMO) – Nordic Pharma – Polymedic (CMO) – MundiPharma – Pierre Fabre – Roche – Schering-Plough – Servier – Synerlab (CMO) – Schwabe – UCB Pharma
 - **Private equity firms** such as:
Alma Capital – Astorg – Cinven – Exane – Keensight Capital – PAI – Rothschild – Sagard – Weinberg
 - **In various geographic areas**:
Western and Eastern Europe – USA – Latin America – Middle East – Africa
 - For **innovative** and **generic products** belonging to many **different therapeutic areas** such as:
Oncology – Immunology – Ophthalmology – Allergy – Cardiology – Endocrinology & Diabetes – Pulmonology. etc.

Digitalization of the Value Chain

BEST-IN-CLASS SERIES

Application to
Pharma Companies

Smart Pharma Consulting proposes to share facts, figures and thoughts regarding the impact of digitalization on the value chain of pharma companies

Introduction

Context

- The purpose of this issue is not to evaluate if digitalization creates value for pharma companies
- There are yet enough evidence showing the efficacy and efficiency gains driven by digitalization along the value chain of pharma companies
- However, the key issue which remains to be addressed is:

“How to take full advantage of digitalization and its components¹”

Objectives

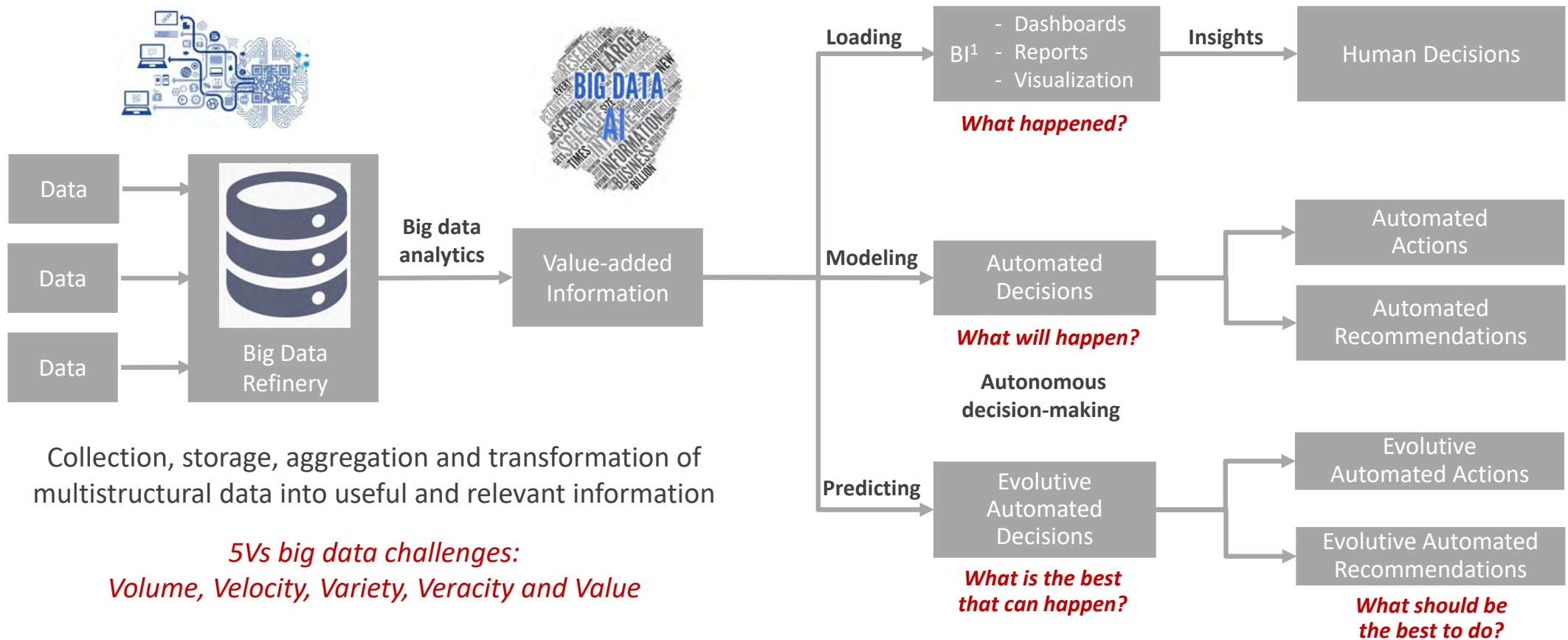
- This position paper intends to:
 - Show through selected examples how digitalization can significantly enhance pharma companies' performance along their value chain
 - Highlight operational and organizational hurdles associated to digitalization
 - Make recommendations to take full advantage of digitalization

Methodology

- Literature search and selection of cases illustrating the digitalization of pharma companies' value chain
- Analysis of the benefits created by digitalization and of the strategic implications for pharma companies

Big data, artificial intelligence (AI) and machine learning (ML) programs largely simplify complicated processes in the healthcare sector and have a significant impact across the value chain

Digitalization – Key principles



Sources: Smart Pharma Consulting analyses

¹ Business Intelligence

Pharma companies are directly concerned by the growing importance of digitalization of their business model and the arrival of new entrants likely to be competitors and/or partners

Context of digitalization in the pharma industry

Big Data role

- The role of Big Data in pharma companies is growing as time goes on due to the **business model transition**:
 - Ongoing and mounting pressure to decrease global pharma costs
 - Need for emergence of value-based medicine reimbursement models
 - Acceleration of the precision medicine demand due to imprecise medicine side-effects
 - Decline in healthcare quality
 - Digitalization of the pharma industry approach
 - Decline in R&D productivity
 - Falling of operating margins

Digital new players entry

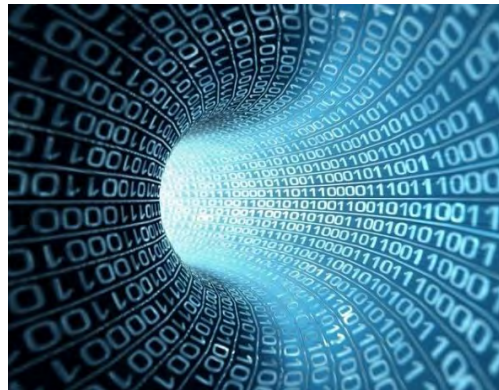
- Beside traditional health actors, a myriad of new entrants appears and participates in the creation of value around the data health:
 - The GAFAM¹
 - The BATX²
 - E-health start-ups
 - Collectors, carriers, hosts and scientists of data, etc.
- Health data market is organized around a new value chain where **disruptive innovations** are often led by new players or through strategic partnerships combining technological and health expertise
- The pharmaceutical sector has undertaken a **digital transformation** with a gradual adoption of digital techniques and tools

Accessing and analyzing the right data to deliver sustainable business value is the main challenge for pharma companies

Digitalization opportunities and challenges in the pharma industry



- 1 Improved decision making
- 2 Improved healthcare quality
- 3 Improved healthcare efficiency (cost reduction)
- 4 Customer relationships optimization
- 5 New services development

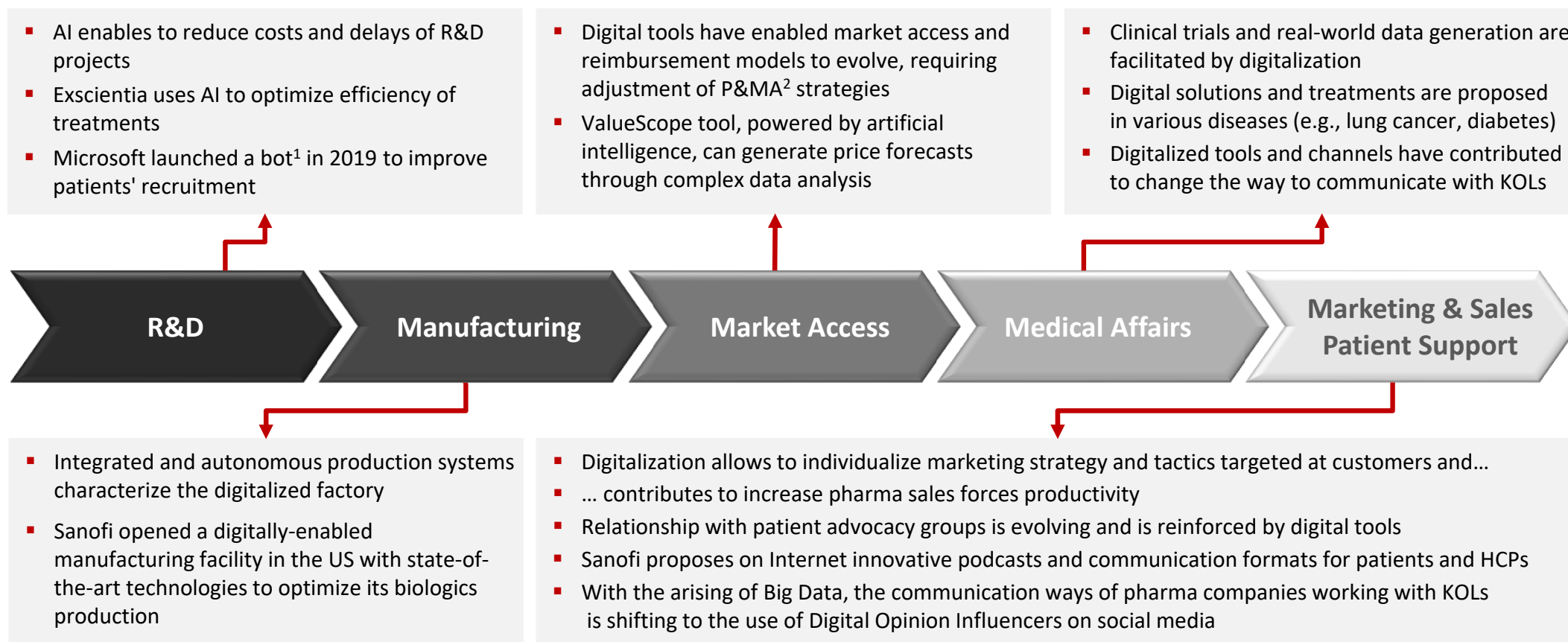


90% of worldwide data have been generated in the last 2 years

- 1 Data volume (storage, access)
- 2 Data quality and variety (standardization)
- 3 Data privacy and security (anonymization, data governance)
- 4 Data analysis (algorithm, predictive analysis, artificial intelligence)

Digitalization opens horizons to improve the relevance of decisions made by pharma companies along each component of their value chain

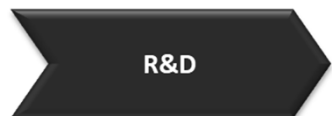
Digitalization of pharma companies' value chain



Sources: Smart Pharma Consulting analysis

¹ A bot is an application programmed to perform automated and repetitive tasks – ² Pricing & Market Access

AI enables to reduce costs and delays, and thus improve return on R&D investment, notably through predictive models and connected devices, facilitating the design and execution of trials



R&D digitalization

Digitalization

- R&D costs represent ~**25%** of pharma companies sales, while it takes ~12 years to bring a treatment to market
- In silico research¹ increases **effectiveness** and **safety** of treatments developed and reduces costs and time
- Clinical trial protocols are becoming more complex and **competition** for **sites** and **patients** is **increasing**
- **80%** of the **trials** do **not meet** the initial **deadlines**
- The **advanced analysis** of protocols by **predictive algorithms** allows to **evaluate** the impact of each decision on the **feasibility** of **trials**...
- ...and makes it possible to **anticipate** low signal level problems and thus **prevent** occurrence of a **delay**
- **Connected solutions** facilitate **remote monitoring** and **real-life data collection**, and **decentralization** (partial / complete) of **trials** **improves** their **efficiency**, from recruitment to analysis

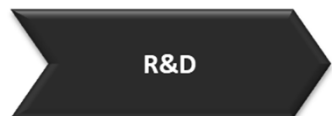
Applications

- Insilico Medicine **designed, synthesized** and preclinically **validated** a DDR1 kinase inhibitor involved in fibrosis in 46 days, which is **15 times faster** than traditional pharma companies, by using AI
- Benevolent^{AI} selected, in **3 days**, 6 molecules among 370 potentially effective on Covid-19, thanks to an AI platform
- Stanford University **recruited 11,000 patients** in **24 hours** for a study on cardiovascular disease using **Apple's ResearchKit**,...
- ...a software platform that offers a series of applications for researchers
- **Roche** has developed a **remote monitoring platform** for **Huntington's disease**, designed to **collect data** from patients' smartphones and smartwatches as **part of a phase I-II trial**

Sources: Digitalising pharma R&D (PwC 2020) – Integrating artificial intelligence into the drug discovery phase of pharmaceutical R&D (Capgemini 2020) – Digital R&D The Next Frontier for Biopharmaceuticals (McKinsey 2017) – Smart Pharma Consulting analyses

¹ Research using computer models (e.g., use of AI in predictive modeling, to autonomously prioritize candidate molecule structures likely to be optimal)

Exscientia uses AI to optimize efficiency in treatment R&D,
while Microsoft launched a bot¹ in 2019 to improve patients' recruitment



R&D digitalization: case studies



Exscientia

- Exscientia is a UK-based company that uses AI to discover, design and develop drugs faster and more efficiently
- The method consists of combining **genetic and scientific global literature data** in Machine Learning algorithms to **identify or confirm drug targets** of interest
- In 2020, a molecule in their pipeline went from preclinical to clinical in **12 months**, compared to 5 years without AI
- Recently, Exscientia has signed **multiple partnerships** with pharma companies such as Sanofi and BMS

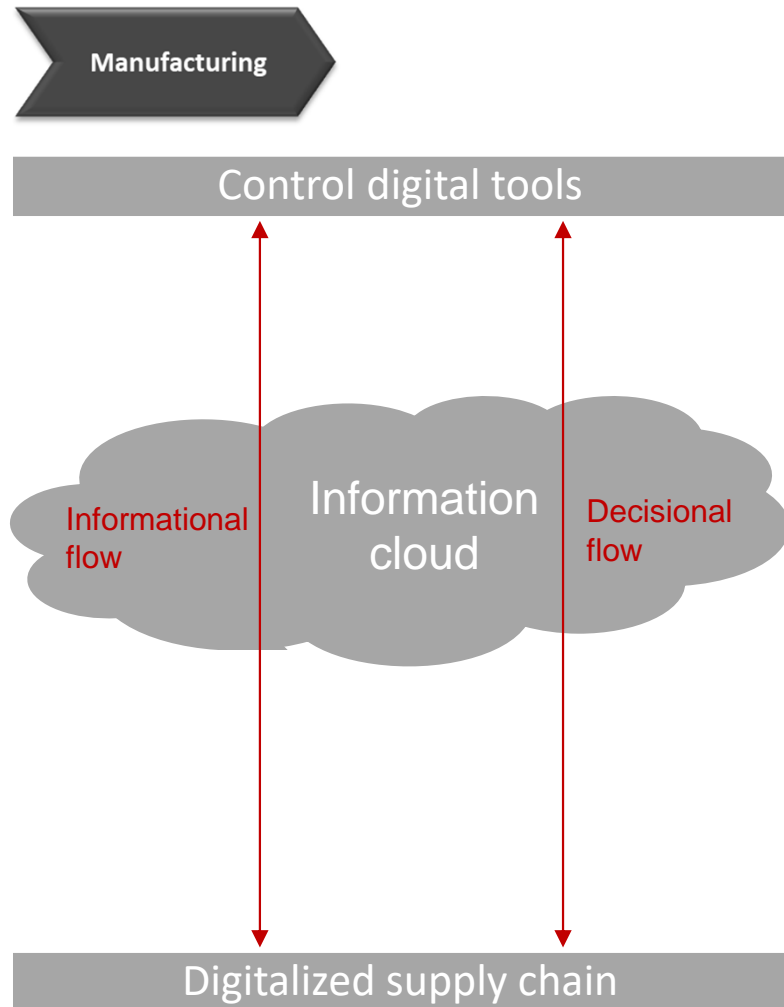
Microsoft's lab

- Microsoft has developed a chatbot – originally started as a hackathon project in Israel and named **Clinical Trials Bot** – to connect patients with clinical trials
- The AI-based **automatic reading system** proposes, after the patient answers a questionnaire, links to clinical trials with corresponding inclusion/exclusion criteria
- This initiative, that **facilitates recruitment**, is part of a larger Microsoft project to create automated **patient triage programs**
- The solution is **proposed to pharma companies** which may use it to **find trial participants**

Sources: Exscientia website – Clinical Trials Bot from Microsoft to bolster trial recruitment (Outsourcing-pharma 2019) – Smart Pharma Consulting analyses

¹ A bot is an application programmed to perform automated and repetitive tasks

Industry 4.0 is characterized by integrated, autonomous production systems, segmented into 3 levels: control tools, information cloud and digital production chain



Production digitalization

- **Industry 4.0**, refers to the use of digital tools in production activities for **continuous improvement, integration, optimization** and **empowerment of processes**
- It is declined in 3 levels:
 - **Set of virtual tools** offering mobile, collaborative, dynamic decision-making interfaces and advanced analysis on the production performance (e.g., mobile app)
 - **The information cloud** centralizing the data of the supply chain, including internal and external information, and allowing their exploitation (e.g., CMO¹ information)
 - **The digitalized production chain** or "smart" factories that are connected and equipped with tools that contribute to improve industrial performance (e.g., RFID² tag, sensors)

Sanofi opened its first digitally-enabled manufacturing facility in the US with state-of-the-art technologies to optimize its biologics production

Manufacturing

Production digitalization: case study



Factory of the Future at Sanofi



Sanofi digitally-enabled manufacturing facility

- Sanofi opened, in 2019, its **first digitally-enabled manufacturing facility** in Framingham (US) to manufacture biologics for its Specialty Care portfolio
- Sanofi's **\$400 million investment** in R&D, biologics manufacturing and production improvements means that all manufacturing stages are controlled through state-of-the-art analytical techniques that forecast and avoid variations to improve performance and ensure quality
- The facility's advanced **data-driven** manufacturing technologies enable Sanofi to achieve higher levels of productivity, agility, flexibility and real-time adjustment
- The whole industrial process is **80 times more productive** than a traditional factory
- It can make medicines in **less time for twice the number of patients** and all within a **smaller environmental footprint**
- The digital transformation of Sanofi's manufacturing network is a key element of the company's goal to leverage **better use of data** to respond to fast changing patient needs, and speeding up the production of new medicines

Market access and reimbursement models have evolved with the advent of digital tools, requiring a transformation of the P&MA¹ strategies adopted by pharma companies



Market Access digitalization

Pharma companies

- Combining a digital solution with a traditional therapeutic product can improve the **value proposition** to patients...
- ... and allow to claim a **better price level** and **reimbursement** conditions
- Those solutions require the development of **innovative P&MA strategies** and therefore an adaptation of current Market Access (MA) activities, processes and functions
- Digital has also brought 2 types of tools impacting MA:
 - Activity optimization tools (e.g., price prediction)
 - Internal communication platforms (e.g., application that automatically adapt to regulatory constraints)

Authorities and payers

- Digital solutions contribution is attracting a lot of interest from authorities, payers and healthcare providers...
- ...but also generates a certain apprehension because of the difficulties related to the:
 - Supervision of their use
 - Evaluation of their benefits
 - Determination of their price
- Current methods for evaluating these new digital solutions, whether stand-alone or combined with a drug, are ill-suited
- Digital communication tools help strengthen pharma companies' interactions with the authorities

Sources: Preparing pricing and market access teams for the digital future (Simon-Kucher & Partners 2019) – This is how pharmaceutical industry will look like in 2030 – Market Access Pathways for Digital Health Solutions – Smart Pharma Consulting analyses

¹ Pricing & Market Access

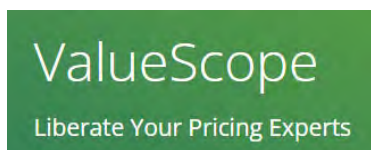
Artificial intelligence has a strong potential of use within Market Access as illustrated by the ValueScope tool, capable of generating price forecasts through data analysis

Market Access

Market Access digitalization: case study

Okra technologies' ValueScope tool

- Okra technologies, a UK-based company, has been developing **AI-based solutions in P&MA¹**, Sales and Medical since 2015
- The ValueScope tool allows teams to perform **scenario analysis** of negotiations with payers to determine the pricing outlook for a new treatment
- It uses **deep learning algorithms** that analyze millions of data points (e.g., clinical trial results, latest pricing data, regulatory submissions)
- The system allows to:
 - Generate price forecasts with over **90% accuracy**
 - Model **customized** scenarios (e.g., profile analysis vs. competitors)
 - Drastically reduce **analysis time**



The use of digital technology in clinical trials facilitates patient recruitment and retention, reduces associated costs and generates real-world data



Medical Affairs digitalization: clinical data generation



Real-world data generation

- Digital technology represents an opportunity to generate **real-world data** and thus allows patients to play an increased role to determine the value of marketed drugs and to design next-generation products
- Their development has been facilitated by **rapid advances in technology tools**¹
- The generation of these data offers a better understanding of **real-world care pathway** with the help of new indicators such as PROMs (Patient-Reported Outcomes Measures) and PREMs (Patient-Reported Experience Measures) enabling to evaluate the quality of care as perceived by patients

Case study: VERKKO trial application

- A Phase IV trial has been launched, fully digitally using a **connected blood glucose meter**, by Sanofi in collaboration with Mendor and eClinicalHealth
- 60 patients **recruited via Facebook** with an 81% conversion rate (recruitment/application), which is better than typical recruitment results
- The digitalization of the study resulted in a:
 - High patient satisfaction
 - Reduced coordination time by 2/3
 - Patient-centered study design

Sources: eClinicalHealth Announces Successful Results for an Entirely Remote Online Clinical Trial (Businesswire 2016) – From recruiting to data collection, the impact of connected digital health in clinical trials (Nadir Ammout 2016) – Smart Pharma Consulting analyses

¹ Smartphones, tablets, electronic medical records, big data analysis through AI, etc.

Digital solutions have recently been developed to treat or support treatment, as illustrated by Moovcare in lung cancer and mySugr in diabetes



Medical Affairs digitalization: e-health



E-health solutions

- E-health solutions offer new opportunities in prevention, diagnosis, treatment and patient care...
- ...and represent a differentiation axis for pharma companies with patients and HCPs
- Among these technologies, **Digital Therapeutics (DTx)** are therapies developed in digital formats, clinically validated, allowing to complement or replace traditional drugs
- They are subject to a MA and can potentially be reimbursed

Movecare

- **Digital therapeutic** based on a weekly questionnaire to detect recurrence or complication during **follow-up of lung cancer**
- Patient data analyzed by artificial intelligence and results transmitted to the HCP
- Significant improvement in **overall survival** (+7.6 months)

MySurg

- **Application connected** to blood glucose monitoring devices acquired by Roche in 2017
- Blood glucose management dashboard can be shared with the physician and **provides personalized recommendations** to the patient (e.g., nutrition, insulin dose calculation)

Sources: Digital therapeutics as a new way of healing for the 21st century (Capgemini Invent 2021) – Moovcare website – MySugr website – Smart Pharma Consulting analyses

Digital tools and channels offer a wider choice of innovative ways to deploy medical communication strategy and have changed the profile of KOLs

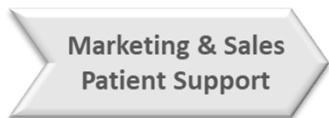


Medical Affairs digitalization: medical communication

Digital channels	Content personalization	KOL / DOL
<ul style="list-style-type: none"> ▪ Use of innovative formats to communicate with HCPs (e.g., chatbots, podcasts, webinars) is increasing ▪ Digitalization of MSL activities and of interactions with KOLs has become increasingly important ▪ Post-Covid-19, 66% of KOLs surveyed by the MSL Society indicated that they preferred to use digital tools over face-to-face visits with MSLs ▪ Thus, more and more MSLs and medical advisers adopt an omnichannel approach with KOLs 	<ul style="list-style-type: none"> ▪ As for medical reps, AI-based tools provide a better understanding of HCPs' needs (e.g., habits, learning preferences)... ▪ ...and advanced analysis of interactions allows to propose the most engaging and impactful content for HCPs ▪ Digital tools are particularly useful to disseminate specific data to KOLs because they facilitate the identification, collection, storage and structure of scientific and medical information 	<ul style="list-style-type: none"> ▪ The emergence of digital channels has changed the landscape of medical influencers: <ul style="list-style-type: none"> – DOLs (Digital Opinion Leaders) who have an influential role in sharing medical information on social networks, coexist with... – KOLs, knowing that less than 30% of the latter have a social media presence ▪ Ideally, companies will identify experts that combine the strengths of traditional and digital thought leaders and develop relationships with the most relevant of them

Sources: Transforming Medical Affairs: Tapping the alchemy of storytellers and digital start-ups (McKinsey 2019) – Medical Affairs Digitization (PharmExec.com 2021) – Digital Medical affairs with a human touch – To maximize KOL impact, Medical Affairs needs a digital strategy too (PharmaSpectra resources 2021) – How to digitalize MSL teams for increased efficiency (Pharmafield) – Medical affairs: Key imperatives for engaging and educating physicians in a digital world (McKinsey 2018) – Smart Pharma Consulting analyses

Digital technology has facilitated the development of a pharmaceutical marketing that is more focused on HCPs' needs and that allows to individualize the approach



Marketing digitalization: strategy

Segmentation

- Digital technology, completed by specific insights generated by a closed-loop feedback process, enables to develop precise profiles of HCPs
- The profiling of each HCP is thus continuously enriched by different sources of information that are combined
- Segmentation criteria will include:
 - Prescribing potential
 - Willingness to interact with pharma companies
 - Sensitivity to marketing and sales activities

Targeting

- Leveraging big data analysis with AI¹ can help pharma companies better target HCPs through a:
 - More precise identification of their needs and field of interest
 - Dynamic segmentation based on a real-time information
- The targeting criteria along with the nature and level of interactions can be adjusted on a continuous basis
- Such a dynamic targeting is based on a dynamic segmentation that will significantly improve the impact of marketing and sales activities

Positioning

- The analysis of the multiple sources of data collected regarding HCPs prescribing behavior, needs and field of interest will be particularly helpful to design an optimal positioning of the marketed drugs
- If the attributes of the drugs cannot be changed from one HCP to another, or for the same HCP overtime...
- ... however, it is possible to adjust the communication considering each individual HCP profile, experience and opinion at a given point of time

Sources: kcsitglobal.us – digitalcommerce360.com – [Deloitte Centre for Health Solutions](https://deloitte.com), “The future awakens” – smartdatacollective.com – annalec.com – digitalblog.exlpharma.com – [Dynamic segmentation IQVIA \(2021\)](https://dynamicsegmentation.com) – [Smart Pharma Consulting analyses](https://smartpharma.com)

¹ See for instance the solutions offered by [Eularis \(eularis.com\)](https://eularis.com) or [Axtria \(axtria.com\)](https://axtria.com) which integrate AI as an enabler to improve the impact of marketing and sales decisions

Digital technology has facilitated the development of pharmaceutical marketing that has become more focused on the needs of "customers" thanks to tools allowing an individualized approach

Marketing & Sales
Patient Support

Marketing digitalization: contents & channels optimization






Contents & Channels



- Deployment of digital approaches and tools such as **CLM**¹ and **CRM**², powered by **AI**, has enabled to adopt an individualized customer-centric marketing strategy based on big data analysis
- Data collection and analytical tools facilitate the identification of "**insights**" from which companies can:
 - Develop personalized and engaging content for HCPs
 - Define the most relevant "next-best" actions to follow
 - Measure the relevance and efficiency of the proposed actions / services
- **AI enables** pharma companies to **develop** and **deliver** more **appropriate contents** and to **optimize** the **use** of different communication **channels** to the **right audience**, such as HCPs, for an **improved engagement**
- Digitalization will facilitate the **integration, combination** and **interconnection** of the various **contents**:
 - Coming from **various** pharma companies' **departments** (e.g., corporate communication, medical, marketing, sales)...
 - ... conveyed through **various channels** (e.g., face-to-face interactions, remote meetings, webinars, podcasts, chatbots, e-mails, social networks, etc.)...
 - ... towards **various customers** (e.g.; patients, PAGs, payers, health authorities)
- If marketing interactions are becoming increasingly digital, the **human touch remains essential to ensure excellence in execution**

If digitalization of pharma sales forces contributes to increase productivity, it remains an enabler to support medical representatives who are determinant to engage physicians

Marketing & Sales
Patient Support

Promotion digitalization: sales force effectiveness

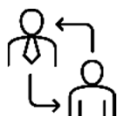
-  The **access** to HCPs is becoming more and more **restricted** due to a **lack of time and interest**
-  Although the digitalization of medical calls or e-detailing **complements** face-to-face interactions, it remains modest (<10% of calls) outside the crisis period linked to the Covid-19 pandemic
-  Most of HCPs consider **remote calls** to be of **insufficient quality** and **impractical**
-  However, practices are tending towards a **hybrid digital / physical** model that must be part of an **omnichannel** coordinated **approach**
-  For several decades, pharma companies have equipped their sales representatives with **digital tablets** (e.g., iPad) to replace traditional visual aids

-  These tablets are **only used** in ~25% of face-to-face calls because they are **not practical** and available **information** during calls are **limited by regulations**
-  **Big data** and **AI** technologies **help med reps enhance** their **productivity** by:
 - 1. Analyzing data interactions** to understand the **needs** and **fields of interest** of each HCP and make **recommendations** on what **content** will have the most impact during the future calls
 - 2. Optimizing message and channel sequencing** to engage HCPs with the right content and support
 - 3. Automating administrative¹ and operational² tasks** with **CRM systems³** will help **maximize** the **time medical reps can spend preparing interactions** with HCPs or **interacting** with them

The relationship between pharma industry and patient advocacy groups is evolving and is reinforced by the development of digital communication tools

Marketing & Sales
Patient Support

Patient support digitalization: PAGs relationships



Pharma companies & PAGs

- Pharma companies often collaborate with PAGs but, historically, many of these relationships have been **transactional rather than strategic**
- Digital technology creates **new opportunities** for collaboration through **new communication channels**
- **Personalization of content** is an important strategic axis for communication with patients who search medical information **on blogs, forums and social networks**
- Search engine optimization is essential to gain visibility
- **Social listening¹ tools** gather real-life patient insights and strengthen their relationships

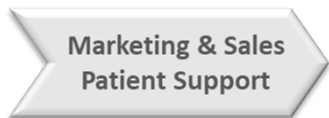
Case study: BMS platform

- **Bristol-Myers Squibb** and the digital health company **GRYT Health²** have partnered to develop **virtual Advocacy Exchange** to bring together patient advocacy groups, patients, HCPs and pharma companies, in the US
- The virtual platform will provide access to **educational content**, as well as the ability to **participate** in weekly **interactive live sessions**
- The objective is to **synchronize efforts**, facilitate the **sharing of resources** among stakeholders and **foster increased collaboration**

Sources: Digital tech and strong patient-advocacy partnerships could be a win-win-win for pharma, advocacy groups, and patients (Deloitte) – How Pharma Can Build Better Relationships With Patient Advocacy Groups – BMS launches digital Advocacy Exchange (Pharmaphorum) – Smart Pharma Consulting analyses

¹ Analysis of patients on social networks – ² Company specialized in digital oncology

Podcasts are innovative and fast-growing medical communication formats for patients and healthcare professionals, recently used by Pfizer



Patient support digitalization: Podcasts



Podcast format

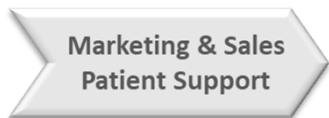
- Podcasts are **100% audio format** to be listened to on demand, the consumption of which is **growing exponentially**
- The **health crisis** has particularly **raised** the profile of **podcasts** dealing **with health issues**
- Podcasts can be **created by expert patients, patient advocacy groups, healthcare professionals or pharma companies**
- Content focuses on **raising awareness** of a pathology or **sharing scientific content**

Pfizer: “Science will win”

- Since 2021, **Pfizer** has been offering a **series of podcasts** such as **“Science will win”**, a four-part **miniseries** exploring the **science behind gene therapy**
- Through **conversations** with scientists, experts, patient advocates and, most importantly, patients themselves...
- ...each miniseries **focuses on** policy challenges and potential to transform **patients’ lives by innovation**
- The podcast is **hosted by** Adam Rutherford, a **geneticist**, writer, broadcaster **from the University College London**

Sources: Podcasts: Expert & Patient Stories (Pfizer website) – Smart Pharma Consulting analyses

With the arising of Big Data, the communication ways of pharma companies using KOLs is shifting to the use of Digital Opinion Influencers on social media



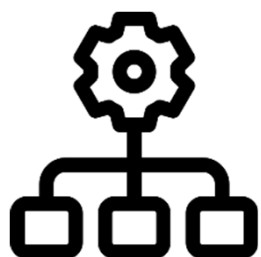
Case study: Big Data to identify Digital Opinion Influencers (DOI)

Context	Big Data development	Opportunity
<ul style="list-style-type: none"> ▪ Today, pharma companies leverage the influence of KOLs – expert physicians and researchers – to conduct projects and increase their drug influence at all levels ▪ Pharma companies select KOLs based on two metrics: <ul style="list-style-type: none"> – Publication of articles/studies – Number of prescriptions for a given drug ▪ The main problem with KOLs is that they are typically identified according to outdated metrics in today's hyper-connected world 	<ul style="list-style-type: none"> ▪ Advancements in data analytics technologies allow pharma companies to measure influence in much more meaningful and valuable ways ▪ Such a detailed analysis can help to learn more about the extent of influence a key influencer has ▪ Additionally, pharma companies can dig deeper into the quality of those relationships 	<ul style="list-style-type: none"> ▪ HCPs and patients are acquiring information about disease and treatment in the digital world ▪ This creates an opportunity – strategic DOI identification, outreach and management – for brand, communications and medical teams that is often overlooked or poorly addressed ▪ A well-planned and supported DOI program offers the potential to amplify those efforts by disseminating key messages through digital channels

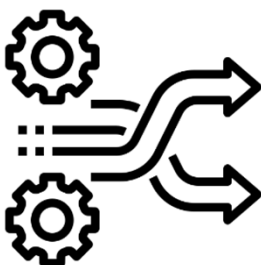
Sources: pharmexec.com – digitalblog.exlpharma.com – Smart Pharma Consulting analyses

The successful implementation of pharma companies’ digital strategy requires to adapt its activities, structures, processes and change its culture

Digital transformation: landscape and organization impact



- **Pharma companies** have understood the challenge of fundamentally **changing** their **organization, talent and capabilities** to **embrace digital transformation** across the **value chain**, including the development of the Chief Digital Officer position
- **Data management** is an **important** activity to develop when implementing big data capabilities and, for so doing, it is necessary to:
 - Develop a **data governance plan**
 - Create **standards and business rules**
 - Comply with the **regulations**
- Access to big data and data management technologies (e.g., AI) are often acquired through **partnerships with GAFAM¹** or start-ups



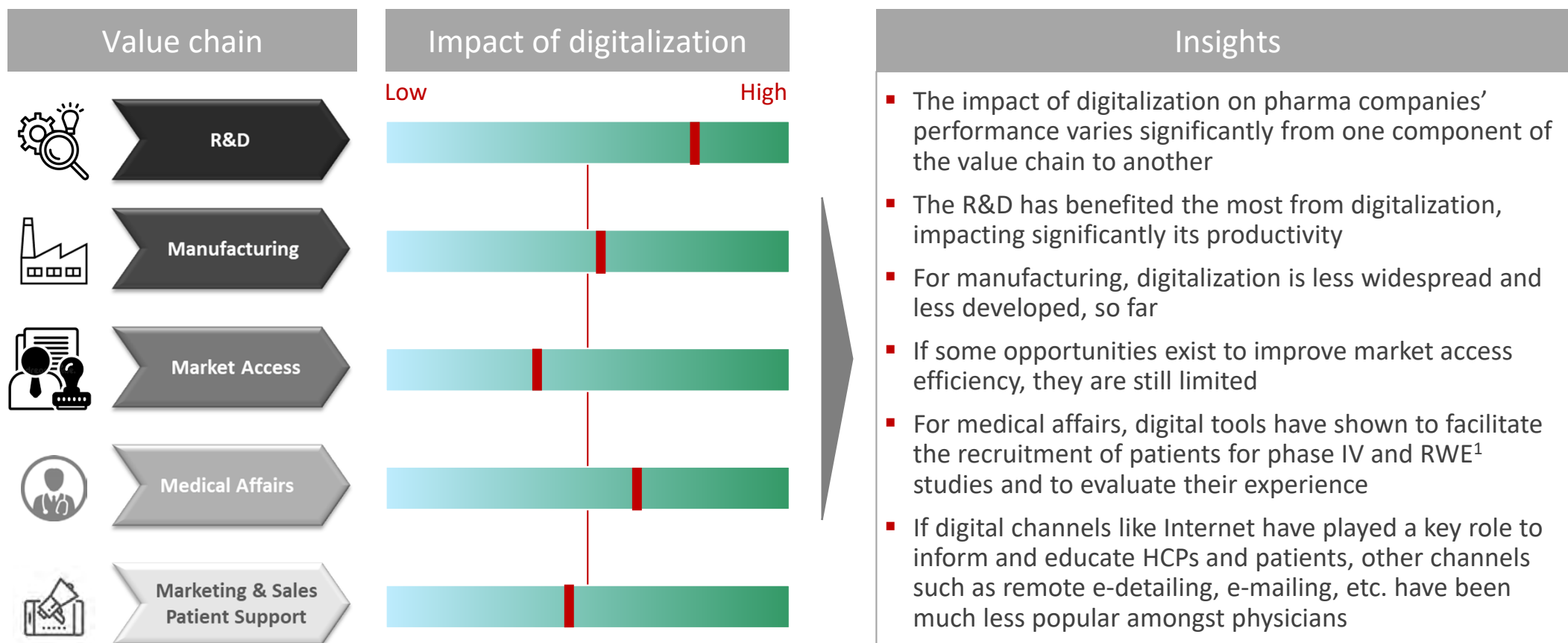
- Pharma companies need to put in place a **new structure** that facilitates **collaboration** and **distribution of resources** in order to avoid a **siload organization**, an obstacle to digital development
- **Once** big data and AI **technologies** are **in place**, pharma companies must **build a data driven culture** that drives tangible business outcomes
- If it is important to **demonstrate** the **power of digitalization** by showing its value
- It is also essential that it **remains an enabling tool** and **not a substitute** for **decision-making**
- The **final decision** should be **in the hands of collaborators**

Sources: Google, Apple, Amazon, Microsoft: How Tech Giants Target Healthcare (Direct Industry 2021) — Multichannel Closed Loop Marketing Digitally transforming life sciences industry (Capgemini 2012) — New group to tackle data governance and guide digital transformation in pharma (2021) — Smart Pharma Consulting analyses

¹ Google, Apple, Facebook, Amazon, Microsoft

The question is not whether digitalization of pharma companies' value chain is essential, but how to best leverage digital technologies and innovations to boost business performance

Key takeaways



Sources: Smart Pharma Consulting analyses

¹ Real-world-evidence

Digital Therapeutics

— BEST-IN-CLASS SERIES —

What Opportunities for Pharma Companies?

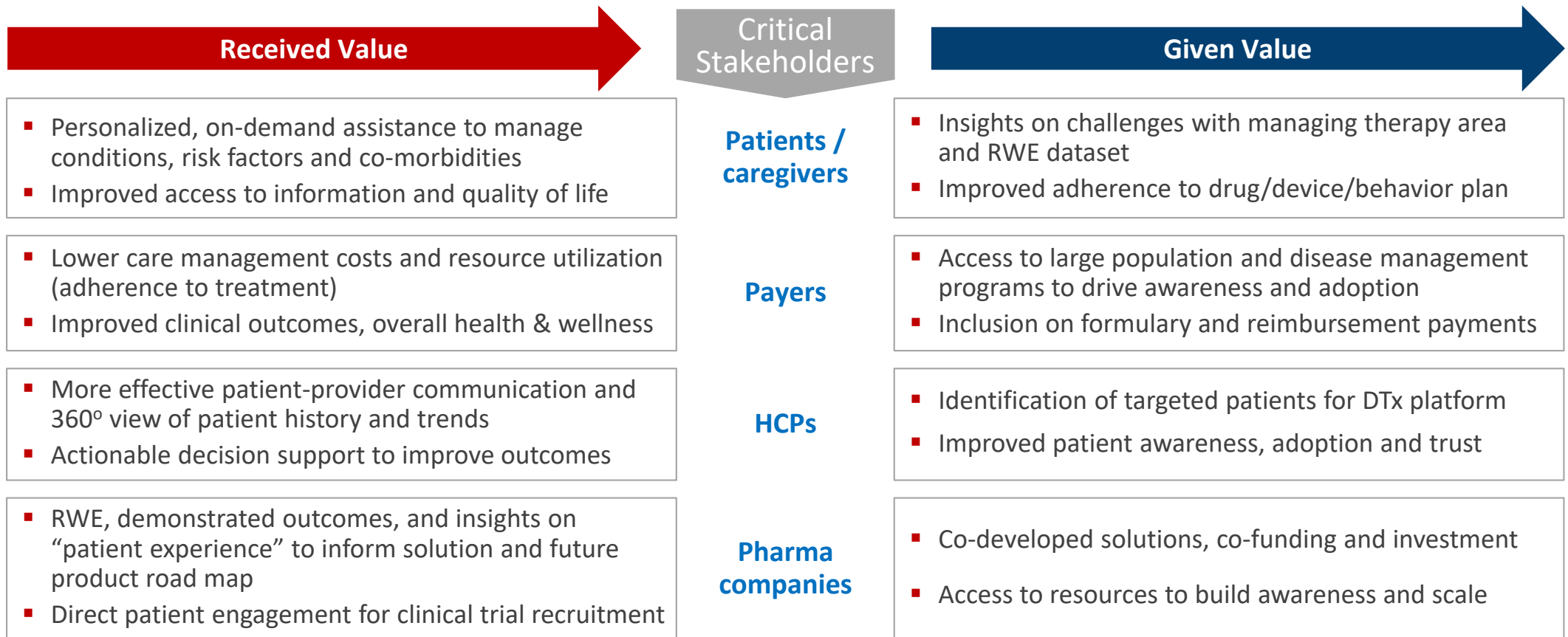
Digital therapeutics are evidence-based software-driven interventions addressing a wide range of conditions – independently or in combination with existing treatments

Definition

- Digital therapeutics (DTx) are **evidence-based, software-driven** interventions which can:
 - **Prevent** by improving **lifestyle management** and **nutrition**,
 - **Manage** by encouraging patients' **adherence** by adding **services**,
 - **Treat** by collecting and analyzing patients' data to **personalize** their treatments or by replacing traditional treatments (e.g., cognitive behavioral therapy)...... a medical disorder or a disease
- DTx are used **independently** or **combined** with drugs, medical devices, or other therapies to **optimize patient care** and **health outcomes** and...
- ... can be subject to a **reimbursement**
- Digital therapeutics empower **patients, HCPs, and payers** with intelligent and accessible tools for addressing a **wide range of conditions** through **high quality, safe, and effective** data-driven interventions

In the DTx ecosystem, critical stakeholders provide products and services, information and emotional value exchanges that improve clinical outcomes

DTx ecosystem: value exchanges



Sources: Realizing the potential value of DTx (EY 2021) – Smart Pharma Consulting

DTx solutions have a multitude of uses and wide-ranging implications for both individuals and society, allowing to move closer from a model treating diseases to a model treating patients

Potential value of DTx

DTx added-value <i>(Provided proposed solutions are acceptable to and accepted by end-users)</i>	Direct beneficiaries		
	Patients	HCPs	HC ¹ System
<ul style="list-style-type: none"> Empower patients to monitor and self-manage their health 	X		
<ul style="list-style-type: none"> Improve medication management and treatment adherence 	X		
<ul style="list-style-type: none"> Provide predictive, preventive, personalized and participatory care 	X		
<ul style="list-style-type: none"> Support collection and analysis of health data 		X	X
<ul style="list-style-type: none"> Lower the burden of care 		X	X
<ul style="list-style-type: none"> Reduce health inequalities (e.g., for homeless, underserved populations) 	X		X
<ul style="list-style-type: none"> Complement other forms of therapy 	X		
<ul style="list-style-type: none"> Support collection and analysis of health data 			X
<ul style="list-style-type: none"> Reduce costs to healthcare system 			X

Sources: After Graphite Digital website (Sep. 2021) – Smart Pharma Consulting

¹ Health Care

DTx can be used for a wide variety of applications leveraging different kinds of technologies and digital capabilities

Typical DTx applications

Patient monitoring and self-management

- Tracking and monitoring of patients' symptoms that are analyzed and sent to HCPs who can ensure the follow-up (e.g., Voluntis' Theraxium to monitor cancer patients' symptoms to better manage side effects)

Digital behavioral intervention

- Apps providing digital cognitive behavioral therapy (CBT) for mental health conditions or personal habits to change to prevent / delay the development of chronic diseases (e.g., GAIA's vorvida program – based on CBT – aimed at reducing alcohol consumption)

Artificial intelligence and machine learning

- Apps using AI and machine learning algorithms to enable real-time interventions or early diagnosis of certain diseases (e.g., Cognoa's Canvas Dx has been granted MA by the FDA for early diagnosis of autism in children)

Apps connected to sensors and wearables

- Apps connected to a sensor or a wearable device to monitor or track specific biomarkers (e.g., Propeller Health system for asthma and COPD¹ tracking when and how patients use their inhaled medications)

Gaming and virtual reality

- These DTx work by providing patients with a video game or a virtual reality-based experience (e.g., Akili's EndeavorRx prescribed for children with attention deficit hyperactivity disorder (ADHD) based on video gaming)

Ultimately, as DTx aimed at changing patients’ behavior to improve their health, they should be designed – with the collaboration of users – so that to influence their behaviors over time

What makes a good DTx?

PREMs ¹	PROMs ²	Clinical Best Practice
<ul style="list-style-type: none"> PREMs measure the experience (the whole or individual interactions) of patients when engaging with healthcare services Patients heal quicker when their experience is positive 	<ul style="list-style-type: none"> PROMs are evidence-based healthcare questionnaires which identify change in health status They help understanding patient’s perspective and gauge their health status and should be a feature of DTx 	<ul style="list-style-type: none"> Clinical Best Practice combines: <ul style="list-style-type: none"> Clinical pathways (management tool detailing the way to treat patients) Care plans (specific instructions on how to care for a patient)
Behavioral elements	User-Experience (UX)	
<ul style="list-style-type: none"> Applying knowledge of factors that determine human behavior (e.g., COM-B³) ensures that... ... DTx designers can engage users according to their motivational needs and situational contexts to alter target behaviors over time and improve health status 	<ul style="list-style-type: none"> The most appropriate methods to understand the contexts and lived experiences of users should be utilized Performance indicators and objectives should be set It is also essential to test and evaluate the solution with real users over multiple design iterations 	

Sources: After Graphite Digital website (Sep. 2021) – Smart Pharma Consulting

¹ Patient Recorded Experience Measures – ² Patient Recorded Outcome Measures – ³ The COM-B model considers that for behavior change to occur three factors are requested: capability, opportunity and motivation

Attractiveness of DTx for pharma companies – at national level – is driven by local regulations, competitive intensity, opportunities to partner and position of different key customers

Market determinants driving DTx attractiveness

Health authorities

- Market access and regulatory processes should be adapted to properly evaluate DTx benefits
(Germany which is the most advanced country may pave the road to a pan-European DTx approval and reimbursement process)

Competitors

- Limited number of players (pure players or pharma companies having signed partnerships with digital companies)
- High-quality and pro-active players contributing to shape and develop the DTx market



Customers

- Payers¹: willingness to pay for DTx that prevent, manage or treat diseases
- HCPs: convinced by the medical value of DTx, engaged to prescribe them and to use them to monitor their patients
- Patients: accept to pay² for DTx and show a high degree of adherence and persistence

Partners

- Presence of digital companies inclined to partner with pharma companies which are familiar with market access requirements and have access to HCPs to promote DTx

Germany is the most advanced country re. the registration process for DTx market authorization, ahead of the USA where a specific pilot program is on-going, and of other European countries

DTx registration conditions

US regulations

- Several pathways can be used to register DTx:
 - 510(k): one must demonstrate that the DTx is as safe and effective as a legally marketed device
 - De Novo: used to evaluate novel devices of low to moderate risk, having no comparator and requiring stronger clinical evidence evaluation (e.g., Pear’s reSET)
 - Premarket approval (PMA): this is the most stringent FDA process to evaluate Class III devices
 - Precertification (Pre-Cert) program: as SaMDs¹ continuously change, FDA is exploring a faster and iterative release of digital health products model
- Pre-Cert program focuses on patient safety, product quality, clinical and cybersecurity responsibility, proactive culture
- The Pre-Cert program is a pilot program which will require legislation from Congress to be fully implemented

EU regulations

- The new MDR (Medical Device Regulation) which entered into force in May 2021 applies to all medical devices – including software – to be introduced on the EU market
- However, no specific legal regulation exists on DTx
- The European Medicines Agency and the European Commission are starting exploring DTx solutions and will work on application and evidence generation processes²
- On national level, the new German Digital Healthcare Act (DiGA) regulates specific requirements for the use of DTx:
 - A list of requirements defines which features any DTx application must have
 - Factors such as quality, security and data protection must be proven with scientific evaluation
- Several other countries (e.g., Belgium, France, Italy, the UK) are moving forward to implement a DiGA-like process

Sources: DiGA website July 2022 – EU website on DTx – Digital Therapeutics 101: Blue matter (2021) – Smart Pharma Consulting

¹ Software as a Medical Devices – ² Clinical validation of studies either comparing DTx to a control drug or where the submitted indication for a DTx is comparable to that of a drug

DTx can generate direct revenue and indirect non-revenue benefits, but the overall value of the latter is speculative and require to build a compelling business case

DTx monetization strategies

Revenues

- DTx with proven clinical efficacy should produce revenues
- Monetization can come from health insurance companies, consumers or even employers
- DTx companion (e.g., digital pen for insulin with its app) can boost revenues through higher rate of prescription by physicians and/or better adherence rate of diabetic patients

Data

- The patient’s digital exhaust from using DTx (via ePRO¹ or utilization patterns) could provide real customer insights that can help improve the product, expand the label and/or the product design and development
- This value could be monetized directly while keeping to all necessary privacy rules and regulations
- Indirect value could also come from the intelligence alone

Competencies

- DTx can also provide indirect value through its use of cutting-edge technology and techniques
- Learnings from AI / ML² to data analytics to patient-centricity – which are central techniques in DTx – could disseminate across the organization as valuable skills and best practices for use in R&D, digital marketing, customer support, etc.
- These products may even provide compelling recruitment for highly coveted data and tech talent

Sources: Digital Therapeutics 101: Blue matter (2021) – Smart Pharma Consulting

¹ Electronic Patient Reported Outcomes platforms – ² Artificial Intelligence / Machine Learning

Engagement of pharma companies in DTx should be, firstly, consistent with their corporate vision and ambition, and then, be part of their corresponding strategy and capabilities required, to do so

Pharma companies' determinants driving DTx attractiveness

Corporate vision & ambition

- DTx are seen as a “beyond-the-pill” and/or “around-the-pill” differentiator to enhance their current value proposition
- Thus, DTx are seen as an opportunity to raise de value of drugs rather than to compete against them, by:
 - Improving the appropriateness of prescribed drugs by personalizing treatments based on patients’ monitoring
 - Enhancing the patient adherence and persistence with the help of special coaching programs powered by AI

Corporate strategy

- Pharma Companies should focus on TAs where they are active, and where...
- ... DTx are clearly a valuable complement to drugs – addressing unmet needs, undeserved populations – and not a potential competitor¹
- To win the “battle”, in this fast-moving market, it is essential to co-develop and co-market DTx with digital companies



Corporate capabilities

- In-house capabilities:
 - Management of regulatory and Price & Reimbursement hurdles
 - Interactions with and communication to HCPs and PAGs
- External capabilities:
 - Software development including AI
 - “Start-up” culture²
- Ability to partner with digital companies

DTx represent an opportunity for pharmaceutical companies to improve their value proposition, provided they develop their skills and adapt their processes

DTx: Opportunities & Challenges for Pharma Companies

Opportunities

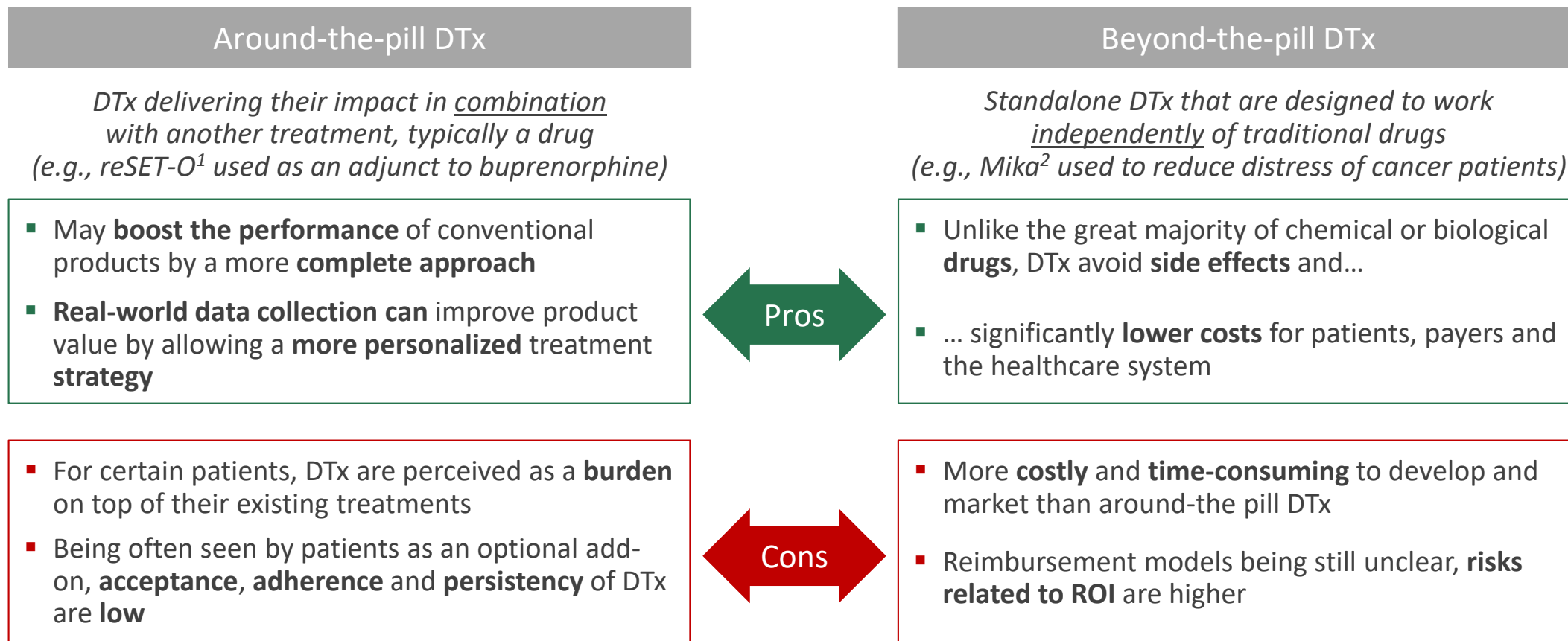
- Combining a digital solution with a conventional therapeutic product can improve the **value proposition** to patients / HCPs...
- ... and allow to **claim a better price level** and **reimbursement condition** (e.g., through real-word data monitoring, improved outcomes)
- DTx also have the potential to **address unmet needs** (e.g., poor adherence of patients) that conventional treatments and therapies have been unable to provide...
- ... allowing companies able to address this field to gain a **significant competitive edge**

Challenges

- **Cross-industry connections** and robust **alliance management competencies with digital start-ups** and **incubators** need to be developed
- It is essential to establish **new trial designs** and **operational processes** to demonstrate **DTx value** for patients, HCPs, health authorities and payers
- **Pricing & reimbursement models** may need to differ from traditional ones
- Current authorities and payers' **methods for evaluating** these solutions, are ill-suited and...
- ... **data privacy** remains a **main concern**

Around-the-pill DTx contribute to enhance the value of conventional associated products, while beyond-the-pill DTx, more difficult to develop, avoid traditional costs and side effects concerns

Strategic options for Pharma Companies




Sources: DTx at eyeforpharma 2020: Successful pilots, but a need for new partnership models – ZS: Barriers to broad DTx adoption and ways to overcome (2022) – MIT Technology review: can DTx be as good as drugs (2017) – Smart Pharma Consulting

¹ From Pear Therapeutics – ² From Fosanis

Metabolic Diseases, Mental health and Respiratory Diseases are the 3 most relevant therapeutics areas for DTx, especially for disease management purpose

Main therapeutic areas

Therapeutic area	Prevention	Management	Treatment	Example applications
Metabolic Diseases				<ul style="list-style-type: none"> App to help prevent type 2 diabetes App to help manage insulin
Mental health				<ul style="list-style-type: none"> Digital Cognitive Behavioral Therapy (CBT) Game training improving attention for ADHD¹
Cardiovascular				<ul style="list-style-type: none"> Digital program for acute coronary syndrome Patch to detect early symptoms of worsening heart failure
Respiratory				<ul style="list-style-type: none"> Self-management app to relieve COPD² symptoms at home Recording and monitoring of inhaled medications
Oncology				<ul style="list-style-type: none"> App for follow-up of breast and ovarian cancer patients Symptom-capturing adherence app for follow-up
Immunology				<ul style="list-style-type: none"> Self-assessment app to monitor rheumatoid arthritis Personalized recommendations to manage side effects
Gastrointestinal				<ul style="list-style-type: none"> Integrative approach to manage irritable bowel syndrome
Other ³				<ul style="list-style-type: none"> Acceptance and Commitment Therapy for chronic pain Analysis of fertility level through basal body temperature

Least pertinent  Most pertinent (based on number of players)

Sources: Deloitte: Digital Therapeutics Catalyzing the future of health (2021) – Smart Pharma Consulting

¹ Attention deficit / hyperactivity disorders – ² Chronic obstructive pulmonary disease – ³ Chronic pain, women's health

Omada is a DTx developed by Omada Health to provide personalized programs to help manage chronic condition to reduce the risks of complications

Examples of DTx (1/3)



Omada Health

- Since 2011, **Omada Health** has been a US-based industry leader in virtual care
- The company offers evidence-based solutions that help people manage **chronic conditions**, such as diabetes, hypertension and musculoskeletal diseases and live healthier lives
- Omada Health works with over **1,600 companies** and counts **half a million members**
- The company has partnerships with **major US employers** and **leading health plans**, such as Cigna and Kaiser

Omada for prevention

- Omada’s product is geared towards employers with large populations of at-risk employees
- The program provides **personalized coaching and trainings to lose weight and prevent users at risk of type 2 diabetes**
- The solution leads to a **30% reduction of risks** for type 2 diabetes, **16%** for stroke and **13%** for heart disease
- Omada led to **medical cost savings** of \$1,169 per member in the first year and the solution is paid only if members enroll (Success-Based Pricing model)

Sources: Capgemini Engineering: Getting Digital Therapeutics Right (2021) – Omada health website – Smart Pharma Consulting

Mika is a management DTx developed by the German company Fosanis, providing personalized support to cancer patients in their emotional condition, allowing to reduce distress and fatigue

Examples of DTx (2/3)



Fosanis

- **Fosanis** is a German-based digital health company founded by Dr. Finke and Dr. Raue in **2017**
- The company’s goal is to accompany individuals with cancer through quality of life and outcomes of therapy improvement
- Mika has been developed in collaboration with **public actors** (e.g., University hospitals) and **industrial actors** (e.g., Amgen, BMS, Pfizer)
- Debiopharm Innovation Fund invested in May 2022, **€10M to broaden patient access** to the DTx Mika

Mika

- Mika is a personalized DTx that supports **cancer** patients in their **emotional distress**
- Mika consists of **AI-powered monitoring** and **coaching tools** allowing continuous tracking of patient distress and symptoms
- **Daily check-ups** are done through **e-PROs¹**
- A **coaching section** is available with hundreds of **articles, videos** and **courses** to provide people with the information and emotional support they need, **completely tailored**
- The solution allows a **42% distress reduction** and a **23% fatigue reduction**

Sources: Mika website – Smart Pharma Consulting

¹ Digital electronic patient-reported outcomes

Somryst is a treatment DTx based on CBT intended to treat chronic insomnia, developed by Pear Therapeutics, a US-based leading company specializing in DTx development and commercialization

Examples of DTx (3/3)



Pear Therapeutics

- **Pear Therapeutics** is a **US-based** leading company in developing and commercializing DTx
- Pear’s DTx, **reSET**, for the treatment of substance use disorder, was the **first to receive marketing authorization** from the FDA to treat the disease
- The company also commercializes **reSET-O**, for opioid use disorder, and **Somryst** for chronic insomnia
- A **partnership agreement** has been signed with **Novartis’ Sandoz unit** to expand sales and Marketing for the DTx reSET and reSET-O...
- ...and to **develop novel prescription DTx** for schizophrenia and multiple sclerosis

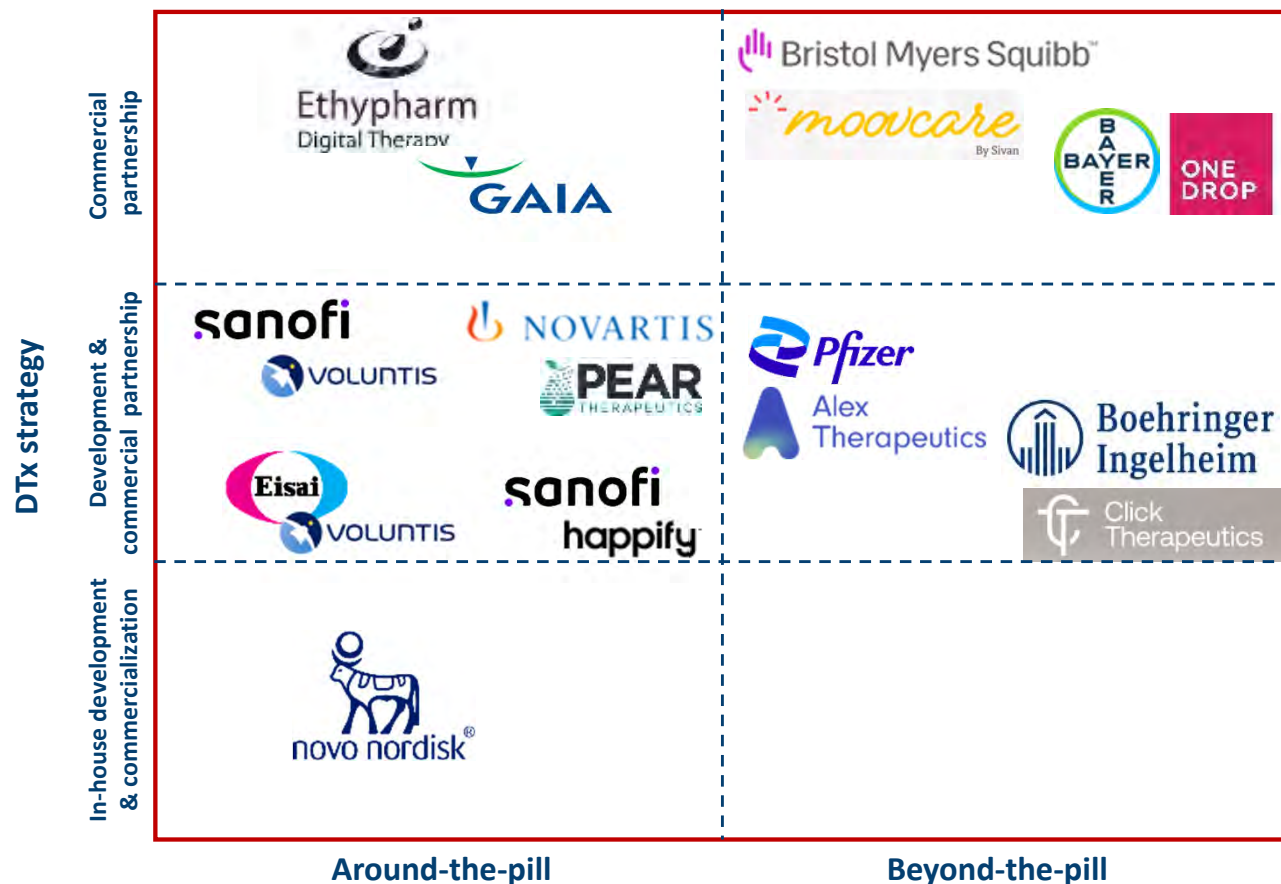
Somryst

- Somryst is a **treatment DTx**, FDA-authorized, intended for use in **chronic insomnia** and available on **digital devices**
- The 6- to 9-week program provides **digital cognitive behavioral therapy (CBT)** to improve the sleep through a 45 to 60 minutes use per week...
- ... while providing clinicians with **real-time data** on patient progress through a dashboard
- The solution has proven **persistent benefits** at **6- and 12-months follow-up** and is recommended by the **American Academy of Sleep Medicine** and the **American College of Physicians**

Sources: Pear therapeutics website – Somryst website – Smart Pharma Consulting

Currently, pharma companies mainly opt for co-development of their DTx with expert players, for their around-the-pill and beyond-the-pill solutions

Pharma Companies DTx strategies



- Ethypharm, BMS and Bayer have opted for the licensing of a solution already developed by a DTx player to strengthen their value proposition
- Other pharma companies (e.g., Sanofi, Novartis) have opted for co-development of DTx with expert partners
- Development and commercial partnerships are currently the preferred entry strategy for pharma companies
- The 2 categories of DTx, "around-the-pill" and "beyond-the-pill" are of interest to pharma companies

Sources: Digital Therapeutics and Pharma: How Novartis, Sanofi and al. embrace DTx (2021) – Smart Pharma Consulting

Pfizer signed a commercial partnership with Alex Therapeutics, with an initial focus on Germany to develop a DTx for nicotine addiction

Examples of strategies implemented by Pharma Companies (1/3)



Alex Therapeutics

- **Alex Therapeutics** is a **Swedish platform** providing an operating system enabling a quick and effective development of DTx
- The company utilizes the **most well-established** and **evidence-based form of psychotherapy** to create treatments for psychiatric and somatic disorders
- Patients are supported through **exercises**, development of **coping skills**¹ and **educational content**
- Alex therapeutics develops DTx in partnership with **Pfizer** and **Vicore Pharma** in **nicotine addiction** and **depression** respectively



Pfizer partnership

- In 2022, Pfizer signed a **commercial partnership** with Alex Therapeutics, with an **initial focus on Germany**
- The joint effort consists in an AI-based platform integrating **Cognitive Behavioral Therapy (CBT)** and **Acceptance and Commitment Therapy (ACT)** to provide personalized standalone treatments
- The solution is a DTx, named Eila, treating nicotine addiction
- Pfizer is conducting a clinical trial to further validate the medical benefits of the solution and be available as a **reimbursable prescription DiGA**

Sources: Alex Therapeutics (2022 press release) – Smart Pharma Consulting

¹ Coping skills help people tolerate, minimize, and deal with stressful situations in life

BMS signed a partnership with Sivan, a DTx expert to deploy the Moovcare app, indicated to monitor patients with lung cancer

Examples of strategies implemented by Pharma Companies (2/3)



Sivan

- Founded in 2014, **Sivan Innovation** co-creates and develops solutions for early disease detection and improved management
- The company is a pioneer in **e-PROs** (Patient-Reported Outcomes)
- Sivan Innovation ambition is to become a leader in digital health solutions for patients with chronic diseases
- The company currently offers 2 digital applications, **Moovcare** for lung cancer and **Smokecheck**, to help smokers monitor their health and alert them to problems



Bristol-Myers Squibb partnership

- BMS, which is a leading oncology player, signed in 2020 a partnership with Sivan to **deploy the use of Moovcare amongst HCPs**
- Moovcare, which is a reimbursed **application** in France, provides a weekly questionnaire to **detect recurrences or complications** of lung cancer patients
- **Data are analyzed by the algorithm** and transmitted to HCPs in case of detected anomaly
- Improvement in **overall survival of +7.6 months** was observed (resulting from earlier detection and optimized treatment of patients) with a reduction of the care costs

Ethypharm has signed a license agreement to market in four European countries a DTx indicated for depression and developed by the German DTx expert Gaia

Examples of strategies implemented by Pharma Companies (3/3)



Gaia

- Gaia is a **German company** focusing on evidence-based, safe and accessible DTx that help patients restore and maintain their mental and physical health
- Gaia focuses on neuroscience, depression, anxiety and immunology
- The company has:
 - Over **20 years** of experience
 - More than **70 products**
 - Clinically proven effectiveness in more than **19 RCTs¹** and **2 meta-analyses**



Ethypharm partnership

- Deprexis is a DTx developed by Gaia, and **licensed to Ethypharm**, indicated for the treatment of depression
- Ethypharm commercializes Deprexis in France, Spain, Italy and the UK
- The solution offers **personalized techniques** and **exercises** based on **CBT²** in **addition to the usual care**
- The 90-day program is **reimbursed in Germany³**, but not yet in France, where it is currently available at the patient's expense
- Deprexis showed to effectively reduce symptoms of depression in 13 RCTs as well as in real-life

Sources: Deprexis website – Ethypharm 2022 Deprexis press release – Smart Pharma Consulting

¹ Randomized Controlled Trials – ² Cognitive Behavioral Therapy – ³ In Germany, the license has been granted by Gaia to the pharma company Servier

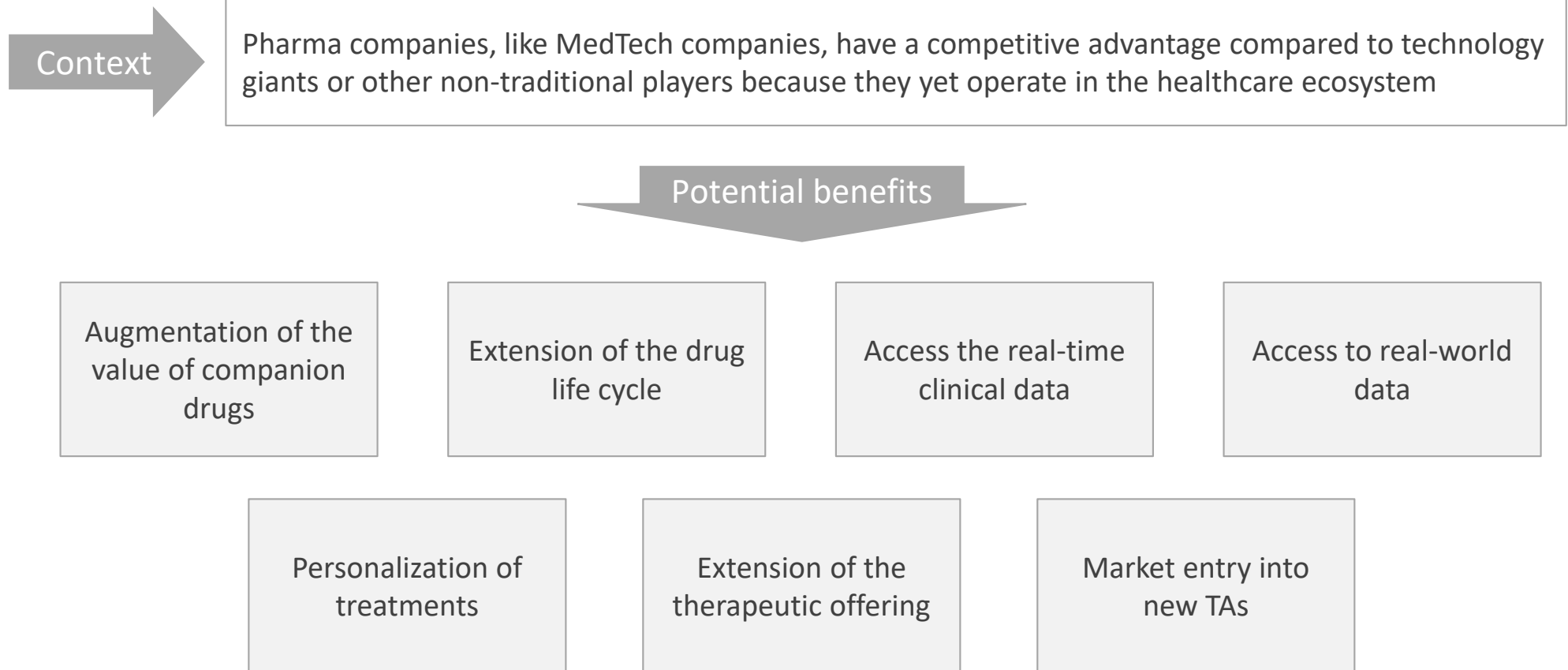
Advanced SWOT analysis (2022 – 2025)

DTx market Opportunities	Rate	DTX market Threats	Rate
Authorities		Authorities	
<ul style="list-style-type: none"> ▪ Governments are willing to accelerate digitalization of the healthcare system and thus facilitate the development of DTx 	3	<ul style="list-style-type: none"> ▪ Regulatory frameworks and market access processes are not yet clearly defined in most countries, slowing down the development of the DTx market 	4
Customers		Customers	
<ul style="list-style-type: none"> ▪ Unmet medical needs (e.g., access to healthcare, patients' adherence, treatments' monitoring, healthcare efficiency) 	4	<ul style="list-style-type: none"> ▪ Low HCPs and patients' adoption and engagement 	4
<ul style="list-style-type: none"> ▪ Fast-growing development (e.g., AI¹, ML²) and access (e.g., smartphone, internet) to digital technologies 	4	Competitors / Partners	
Competitors / Partners		<ul style="list-style-type: none"> ▪ Most of the leading pharma companies entering in the market 	4
<ul style="list-style-type: none"> ▪ Willingness of / need for digital companies to partner 	4	<ul style="list-style-type: none"> ▪ Coexistence of free DTx solutions 	3
Pharma companies Strengths	Rate	Pharma companies Weaknesses	Rate
Products		Products	
<ul style="list-style-type: none"> ▪ Opportunities to leverage synergies between the product portfolio and DTx in certain TAs to enhance the global value 	4	<ul style="list-style-type: none"> ▪ Not all the products in all TAs may benefit equally from DTx added-value (e.g., acute treatments like anti-infectives) 	2
<ul style="list-style-type: none"> ▪ Know-how and expertise in clinical development process, regulatory environment and market access hurdles 	3	Services & Reputation	
Services & Reputation		<ul style="list-style-type: none"> ▪ Insufficient knowledge, expertise and culture in IT and digital technologies across the value chain 	4
<ul style="list-style-type: none"> ▪ Large access to HCPs 	4	<ul style="list-style-type: none"> ▪ Unclear vision and strategy re. the DTx opportunity 	4
<ul style="list-style-type: none"> ▪ Marketing skills to promote healthcare products 	3	<ul style="list-style-type: none"> ▪ Lack of agility and sense of urgency from pharma companies 	3
<ul style="list-style-type: none"> ▪ Culture of risk-taking through major investments 	2		

Rate from 1 to 5 according to the importance of the criteria

Pharma companies should evaluate the opportunity to enter DTx market considering the potential synergies with their existing business and their favorable position in the healthcare ecosystem

The potential added-value of DTx for pharma companies



Sources: Deloitte: Digital Therapeutics Catalyzing the future of health (2021) – Smart Pharma Consulting

If there is no doubt about the development of the DTx market, pharma companies should carefully evaluate the real value of taking part in it and the most successful and least risky model to adopt

Key takeaways

DTx Market

- Despite the exponential affluence of DTx solutions developed by e-health start-ups...
- ... **few** have yet **demonstrated** robust **clinical evidence** and **real-world outcomes**
- So far, DTx innovations address **mainly cardio-metabolism, CNS** and **oncology diseases**

Key barriers

- Current medico-economic **evaluation** processes are **not well-adapted** to DTx
- The number of **DTx reimbursed** by public and/or private health insurers is still **very limited**
- Most of **HCPs** do **not** consider DTx as **serious** therapeutic **options**
- In real-world conditions, **patients** are **not very compliant**, nor **persistent**, while using DTx

Business strategy

- Pharma companies have the choice to develop “**around-the-pill**” digital companions, to complete and improve the value of (their) existing products or...
- ... “**beyond-the-pill**” solutions offering an alternative to existing treatments

Recommendations

- Pharma companies must keep in mind that **DTx is a tough market** with **no easy money**
- Thus, before deciding to enter this new business, they must **develop** a **robust business case**
- At this stage of the market maturity, **partnerships with start-ups** seem to be the **best option**

Hospital Value-based Procurement

MARKET INSIGHTS

Application to Pharmaceuticals in France

*“Price is what you pay &
value what you get”*

Warren Buffett

Smart Pharma Consulting explored to which extent the development of services associated with pharmaceuticals enables to win hospital tenders without been the lowest bidder

Context – Objective – Methodology

Context

- Competition on pharmaceuticals is intense, leading to **drastic decrease of purchasing prices** through the hospital tender process
- The performance of pharma companies on the hospital market is strongly altered, especially for their brands competing with me-too, biosimilar or generic products

Objectives

- To slow down the erosion of purchasing prices, pharma companies have proposed services directly related to their product procurement and use
- Smart Pharma Consulting wishes to explore the opportunity to apply the concept of Value-based Procurement to pharmaceuticals sold to hospitals in France

Methodology

- Literature search regarding the concept of value (e.g., economic, perceived, experiential, social, relational) and...
- ... its application to medical devices and pharmaceuticals bought by hospitals
- Interviews of stakeholders operating on the French hospital market:
 - 2 pharma companies
 - 6 purchasing groups (national – regional)
 - 1 central referencing office

The Value-based Procurement (VBP) is part of the Value-based Health Care (VBHC) which put into perspective the best outcomes for patients at the best possible cost

Key definitions

Value

- The term “Value” refers to the benefit one gets for a certain cost
- It is a notion relative to efficiency

$$\text{Value} = \frac{\text{Benefits}}{\text{Costs}}$$

Value-based Health Care (VBHC)

- Value-based Health Care is about achieving the highest health gains (outcomes) for patients, against the total cost of care
- The most powerful lever for reducing cost is improving outcomes

VBHC = Health outcomes that matter for patients
Total costs over the full cycle of care

Value-based Procurement (VBP)

- Value-based Procurement, in line with the VBHC approach, considers the price of a product, or a service, the outcomes for patients, the reduced total cost of care, and the benefits for HCPs, hospitals, the health care system and the society

VBP = Outcomes for patients and other stakeholders
Total costs (incl. care delivery)

The Value-based Procurement is a purchasing approach that considers the global value of an offer, with respect to the actors of the value chain, beyond the price criterion

Value-based Procurement – Key principles (1/2)

- Health care systems continue to face escalating costs, low-value care, and huge disparities in patient outcomes
- In this context, Value-based Procurement (VBP) can have a significant impact
- VBP is defined as the attempt of procurers to use their purchasing power to stimulate competition on **criteria other than price or on price in combination with other criteria**
- This approach focuses not only on the **price** of a particular product or service but also on the **overall value of the solution** it can create, in terms of improved outcomes for patients, reduced total cost of care, and benefits to stakeholders (e.g., hospital workers)
- As a result, it is becoming an **important lever for improving the quality of care and the financial sustainability of providers and health care systems**
- In 2014, the European Parliament and Council passed a directive on public procurement that encourages contracting authorities to **move away from price-focused procurement**
- Therefore, many buyers are shifting from a traditional approach based on single-unit cost-saving to a more **holistic approach**, encompassing long-lasting performance evaluation, including the highest possible number of stakeholders and wider sets of indicators
- In France, the DGOS¹ has launched in October 2011 the program **PHARE**² to generate “**intelligent savings**”, including the implementation of the **Total Cost of Ownership**³ (TCO) approach, as described in ARMEN⁴ 6 project (2019), representing a **first step towards the Value-based Procurement**

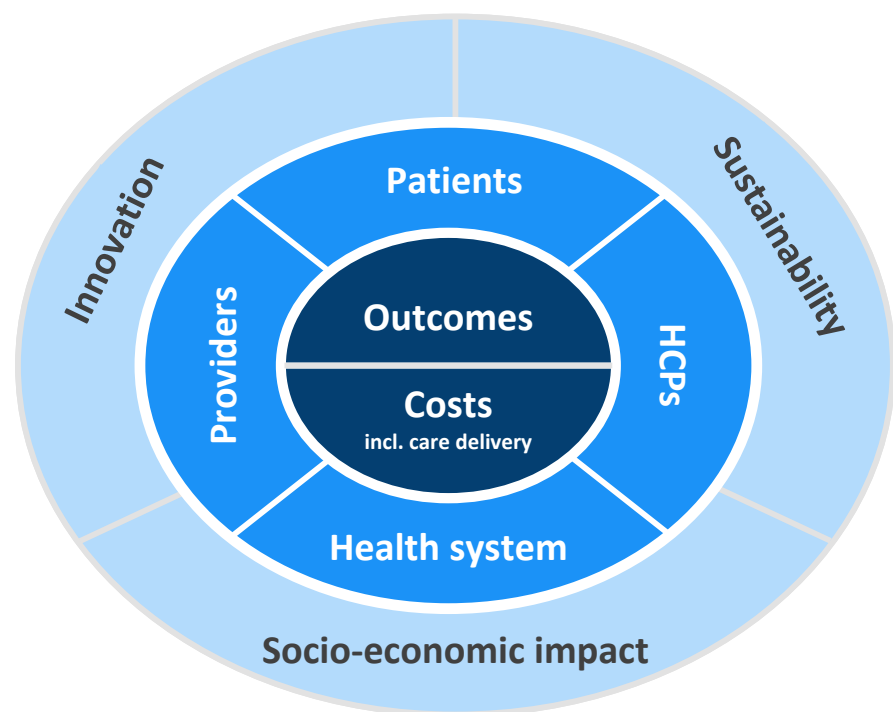
Sources: BCG: How Procurement Unlocks Value-Based Health Care 2020 – Pay less and spend more: the real value in healthcare procurement 2019 – Value-based procurement of hospital Medicines Denmark (VIVE 2018) – Smart Pharma Consulting analysis

¹ Direction Générale de l’Offre de Soins (General Directorate of Health Care Offer) – ² Performance Hospitalière pour des Achats Responsables (Hospital Performance for Responsible Purchasing) – ³ Includes costs related to the product procurement and use – ⁴ Consists in identifying initiatives of savings coming from best practices

For procurers and providers, Value-based Procurement leads to improved patient outcomes, lower total costs¹ and increased benefits for other stakeholders, such as HCPs

Value-based Procurement – Key principles (2/2)

Value-based healthcare



Core value:
outcomes vs. costs

Other benefits for
key stakeholders

Broader impact on
society

- In the EU, the costs of care delivery (e.g., HCPs time spent preparing or dispensing drugs, usage of infrastructures) account for ~70% of total health care costs
- Thus, focusing on cutting the cost of procured drugs is not the most effective strategy to contain costs
- A more holistic approach is needed, considering:
 - Costs (e.g., purchasing, ordering, storage, decommissioning, care delivery)
 - Patient outcomes (clinical efficacy and safety, quality of life)
 - Other benefits for key stakeholders:
 - Secondary patient benefits (e.g., convenience, adherence)
 - HCPs’ benefits (e.g., secure usage, ease-of-use, training)
 - Providers’ benefits (e.g., support on administration, storage or logistics, in improving efficiency along the patient pathway)
 - Health care system benefits (e.g., reduce rehospitalization, # of treatments, of hospital days, long-term costs of treatment)
 - Broader impact on society (e.g., development of innovations, sustainable development, corporate social responsibility, socio-economic impact, such as on absenteeism)

Sources: BCG: How Procurement Unlocks Value-Based Health Care 2020 – Smart Pharma Consulting analysis

¹ Through reduced complications and inefficiencies

The hospital in Bordeaux has included, in its call for tender for infliximab, 60 points out of 100 to measure the value-added services, beyond the economic and therapeutic criteria

Application to pharmaceuticals (1/3)

Context	Hospital of Bordeaux VBP arrangement								
<ul style="list-style-type: none"> ▪ A tender for infliximab at the University Hospital of Bordeaux, France included both, the originator (Remicade) and a biosimilar (Remsima) ▪ The tender process comprised a points-based weighting system that addressed factors related to therapeutic and technical interest, economic factors and Value-added services (VAS) 	<ul style="list-style-type: none"> ▪ Criteria for Value-added services beyond price¹ for tendering for Infliximab were: <table border="0" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> – Adaptation of the packaging to the use – Readability of the labeling – Health traceability support – Stability data </td> <td style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td style="vertical-align: middle;"> Product presentation Total score (points): 25 </td> <td style="vertical-align: middle; text-align: right;"> 5 5 5 </td> </tr> <tr> <td style="vertical-align: top; margin-top: 10px;"> <ul style="list-style-type: none"> – Information from the prescriber on latest scientific data – Provision of information to patient re. the drug – Help in clinical follow-up of treatment, including measurement kits of infliximab concentration </td> <td style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> <td style="vertical-align: middle;"> Contribution to product good use Total score (points): 35 </td> <td style="vertical-align: middle; text-align: right;"> 10 10 15 </td> </tr> </table> 	<ul style="list-style-type: none"> – Adaptation of the packaging to the use – Readability of the labeling – Health traceability support – Stability data 	}	Product presentation Total score (points): 25	5 5 5	<ul style="list-style-type: none"> – Information from the prescriber on latest scientific data – Provision of information to patient re. the drug – Help in clinical follow-up of treatment, including measurement kits of infliximab concentration 	}	Contribution to product good use Total score (points): 35	10 10 15
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▪ **Value-added services** could play an important part in the **sustainability of biosimilars**, and better address patient needs where tendering predominates

Sources: *Tendering and Biosimilars: What role for value-added services 2019* by S. Simoens et al – Smart Pharma Consulting

¹ On a total of 100 points, services accounted for 60 points

Novartis has set up a VBP arrangement, based on the efficacy results of its innovative drug product, Entresto, indicated in severe chronic heart failure by developing associated measurement tools

Application to pharmaceuticals (2/3)

Context	Novartis VBP arrangement
<ul style="list-style-type: none"> Entresto (sacubitril/valsartan) is an innovative drug for treating severe chronic heart failure Novartis claims this is the first new drug that can demonstrably lower mortality rates when compared to other treatments 	<ul style="list-style-type: none"> In February 2016, Novartis signed VBP agreements with US-based health insurers, with payments depending on the reduction in proportion of patients admitted to hospital for heart failure Novartis developed metrics to measure “reduced hospitalization” <ul style="list-style-type: none"> Incorporating “hospitalization” as a clinical endpoint Novartis developed a tracking tool to measure outcomes <ul style="list-style-type: none"> Before the launch, they developed a remote monitoring device to overcome the lack of technology infrastructure
<ul style="list-style-type: none"> Launch sales were below the forecasted sales (USD 20 M) but according to analysts, global sales will reach USD 5 B in 2025 Getting VBP right is likely to be a crucial factor in the growth potential for this drug, which should ideally benefit all stakeholders 	

Sources: KPMG: Value-based pricing in pharmaceuticals (2019) – Smart Pharma Consulting

The Herlev-Gentofte hospital, in Denmark, has set up a VBP partnership, to implement patient treatment monitoring in renal carcinoma and optimize patient pathway

Application to pharmaceuticals (3/3)

Context	Herlev-Gentofte VBP arrangement
<ul style="list-style-type: none"> Non-clear-cell renal carcinoma care led to clinical problems such as patients with relatively bad prognosis, treatment complications and side effects and treatment insufficiently patient-centric Economic problems also occurred with a focus on direct treatment costs only 	<ul style="list-style-type: none"> In 2018, Herlev-Gentofte hospital signed a partnership agreement with Roche, the selected vendor, and additional agreements on home-monitoring devices and monitoring software Outcomes: increased PFS¹ and O/S², reduced treatment complication, reduced hospitalizations and visits VBP criteria focus on total cost of care cycle: diagnosing, patient monitoring, treatment, medication, hospitalization, hospital visits
<ul style="list-style-type: none"> As a result, patients benefited from a prolongation of life expectancy and an improved quality of life Regarding the hospital, it had access to a wider range of treatment options, improved RWE data and insights into patient home condition and medical teams can compare the holistic value of treatments, and thus select the best option 	

Cost containment policies tend to make hospital prescribers increasingly concerned about the costs induced by their prescriptions either for in- or out-patients

Cost of hospital-prescribed drugs

Drugs dispensed at hospitals

- Since 2004, hospital expenditures are covered by the National Health Insurance Fund according to their **activity level**, based on a fixed fee-for-service model, called **T2A**¹
- Thus, hospitals have a **strong incentive to pay the lowest price**, for drugs to achieve a balanced budget
- For drugs on “top of T2A” and/or on the retroceded list, hospitals are reimbursed by the National Health Insurance Fund, at the reference price set by the CEPS²
- However, hospitals may buy at a lower price, and in such a case, **the savings will be equitably distributed** between hospitals and the National Health Insurance Fund

Drugs dispensed at retail pharmacies

- In 2010, the Social Security Act introduced a measure to **contain the cost of drugs** dispensed in retail pharmacies, but **prescribed by hospital physicians**, as this cost was increasing faster than the primary care prescriptions costs
- This measure sets an **annual maximum growth rate** of drug expenditure related to hospital prescriptions that are delivered at retail pharmacies
- If exceeded, the **ARS**⁴ may place the offending hospital under its supervision to compel it to **improve prescribing practices**, and may possibly demand **financial penalties**

Lower cost drugs (i.e., biosimilars, generics) may contribute to **reduce hospitals costs**, but in a limited proportion, knowing that drugs account for ~2% of total hospital budget³

Prescription of biosimilars may help **better control** the cost evolution of **drugs prescribed by hospital physicians and delivered in retail pharmacies**

Sources: sante.gouv.fr/tarifcation-a-l-activite.html – LFSS 2010 (article 47) – Smart Pharma Consulting

¹ Tarification à l’activité – ² Drug pricing committee – ³ Salaries account for ~72%, food, accommodation and general expenses for ~11%, and other medical expenses for ~15% (including on-top of T2A and retroceded, drugs, that are not funded under hospital budget) – ⁴ Regional health agency

Tenders are generalized in public hospitals and non-for-profit private hospitals¹ when products are not in a monopolistic position, in other cases negotiations take place on a one-to-one basis

Hospital drug purchasing

Tender procedures²

- Invitations to tender are published in the Gazette
- Tender procedures are **mandatory** in the **public sector**²
- The supplier is selected in view of the **best price and service offer** (e.g., training, medical information, etc.)
- Tenders can be broken when there is a major change in the market (e.g., entry of generics, biosimilars, major innovation)
- **4 selection criteria** are used with different weights³:
 1. The technical and therapeutic value of the product (therapeutic indications, safety profile, dosage forms, etc.) [**~50%**]
 2. The economic aspects (price, commercial conditions) [**~30%**]
 3. The manufacturer performance (e.g., logistic, reliability of supply) [**~18%**]
 4. The manufacturer CSR⁴ initiatives [**~2%**]

The price reduction offered through invitations to tender can reach: **40% or more with the original brands; 80% for biosimilars and 99% for generics** depending on competition and original brand's alignment strategy

One-to-one negotiations

- One-to-one negotiations **quasi-exclusively concern private hospitals** and are usually done through central purchasing offices
- Needed volumes are sent to the company that the hospital wants to work with
- These negotiations usually happen for drugs in a **monopoly**, most often in the private sector
- Negotiations are based on **prices and services provided** to the hospital
- In the public sector, one-to-one negotiations are mandatory for orders superior or equal to € 40,000 (excl. taxes) and inferior to € 214,000 (excl. taxes)

The price cut, through one-to-one negotiations, can reach **40% with the original brands**

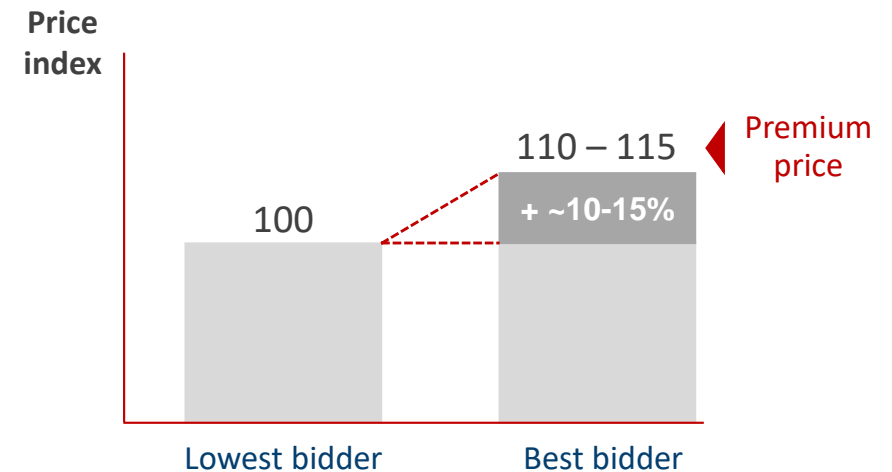
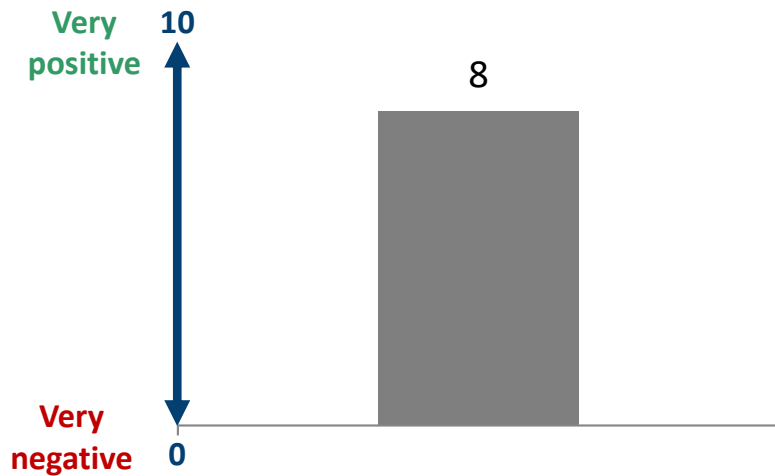
If hospital buyers are positive regarding VBP applied to hospital drugs, the number of cases on which best bidders have won over lowest bidders are not frequent

VBP & premium price for hospital drugs

What is your opinion regarding VBP applied to hospital drugs?

Are you ready to pay a premium price for associated services?

Hospital buyers



- “It is yet the case for SC¹ and IV² forms for the same product”
- “I am opposed to buy a product on the sole economic criteria”
- “The valuation is limited to the hospital boundaries”
- “It is difficult to objectify and thus compare the value of services”
- “For biosimilars or generics we compare other criteria than molecules, which are identical”

- “I wish I could carry out full cost analyses, including pharmaco-economic studies, with real world data, at hospital level”
- “Services are used to differentiate competitors with similar prices”
- “The service proposed, for a higher drug price, should be useful for all or most of the hospitals subscribing to the buying group”
- “Legal aspects must be checked. We don’t want to be sued for discriminating requirement specifications”

Sources: Interviews of 8 hospital buyers – Smart Pharma Consulting analysis

¹ Subcutaneous – ² Intra Venous

Services related to drug procurement are routinely assessed by hospital buyers, reconstitution aspects may differentiate certain drugs and sustainable development is becoming important

Services directly impacting hospital pharmacists

Procurement¹

- The components of procurement are evaluated on a routine basis by buyers
- They are a prerequisite to be fulfilled to avoid disqualification
- Payment terms (e.g., cash discounts, end-year rebates, compensable drug gaps³) may create a difference

Reconstitution²

- Ready-to-use formulations vs. lyophilizates can win bids with a premium price of up to 20%, but it is not guaranteed
- Preservation at room temperature and longer stability are valued while selecting drugs
- However, amongst generics or biosimilars there is no much differences

Sustainable development

- Not yet significantly discriminatory...
- ... but the pressure from politics is increasing
- Manufacturing location, quantities of cardboard, recycled materials, etc. are increasingly valued and could weigh 3 to 5 points⁴

Sources: Interviews of 8 hospital buyers – Smart Pharma Consulting analysis

¹ Ordering, delivery, storage, returns, payment terms – ² Of drugs such as anticancer drugs
 – ³ Ecart Médicament Indemnisable (EMI) – ⁴ Out of 100

Services related to drug dispensing, time saving, and patient care optimization do not enable to differentiate similar drugs¹; while those impacting patients are not considered to select drugs

Services directly impacting nurses – physicians – patients

Nurses

- When there are different formulations (e.g., SC and IV) for the same product in general, they are bought separately
- Time savers like unitized packaging, SC vs. IV, ready-to-use formulations are a plus to win a bid, but not necessary at a better price
- A non-proven benefit will not be considered

Physicians

- The potential benefit of a given product on patient care must be demonstrated
- Comparative studies should be carried out
- As per current public call for tender regulations, it is difficult to associate such a benefit in the evaluation of drugs

Patients

- | | |
|--|--|
| <ul style="list-style-type: none"> ▪ Little importance is given to patient opinion in hospital care ▪ In rare cases, convenience of a drug vs. another | <ul style="list-style-type: none"> one can be considered, but mainly for day care ▪ Different devices will play a possible role for drugs used in ambulatory care for chronic diseases |
|--|--|

Sources: Interviews of 8 hospital buyers – Smart Pharma Consulting analysis

¹ Such as certain me-too products or products facing generics or biosimilars competition

The Value-based Procurement applied to drugs will contribute to improve the efficiency of the healthcare system, provided sellers and buyers collaborate fulfill four well-identified prerequisites

Vision & Recommendations

- It should take 5 years or more of joint collaboration between health authorities, hospital buying groups and suppliers, to define the rules to extend the Value-based Procurement approach beyond procurement and use criteria
- The implementation of the Value-based Procurement approach to patient journey, hospital and healthcare systems will require to:
 1. Change the performance indicators of hospital buyers which are currently mainly based on reduction in purchasing costs
 2. Evaluate the value of purchases over a 3- or 4-year period
 3. Develop a reliable and accepted set of measurement tools to objectify the benefits created by the purchased drugs and their possible associated services
 4. Demonstrate a mutual and balanced benefit for the seller and the buyer
- The Value-based Procurement approach, unlike the cost-based approach, represents a serious option to contribute to improve the global healthcare system, in the interest of citizens

Patient-centric Strategy

————— BEST-IN-CLASS SERIES —————

What Patient Services Pharma
Companies should propose?

This section proposes guidelines to define a patient-centric strategy and the corresponding initiatives to create value for all stakeholders

Key issues addressed

1. **What** does patient centricity **mean**?

2. **Why** is patient centricity **essential**?

3. **How** to **craft** a patient-centric **strategy**?

4. **How** to **implement** patient-centric **initiatives**?

“Put patients first and profits will follow” – George W. Merck¹

¹ Adapted from the following quote of George W. Merck, Former President & Chairman of Merck & Co: “We try never to forget that medicine is for the people. It is not for the profits. The profits follow, and if we have remembered that, they have never failed to appear. The better we have remembered it, the larger they have been”

More and more pharma companies have been communicating over the past years that patients are at the heart of their strategy

Is it a buzzword? (1/3)

Illustrative¹



“Our business is focused on making the most meaningful difference to patient health through great medicines”

“We are dedicated to improving the quality of human life by enabling people to do more, feel better and live longer”



“Driven by our commitment to patients, we bring innovative products, services and solutions to people throughout the world”

“We make products and services with the purpose of making a difference and having an impact in people’s everyday lives”



“Our mission is to discover new ways to improve and extend people’s lives”

“UCB is inspired by patients and driven by science. Patients are at the heart of everything we do”



“Everything we do - from producing pharmaceuticals to offering numerous other relevant services - is patient-driven”

If patient-centricity is a stated priority, it has taken on different meanings and led to different types of projects of variable scope, depending on the pharma companies

Is it a buzzword? (2/3)

- The concept of patient centricity is widely used in the pharma sector and can be defined as:

“Offering solutions (products and/or services) – directly or indirectly – to patients from which they can benefit in terms of medical results and / or quality of life”

- In practice, patient-centric strategies have been materialized in business initiatives very different in nature and importance, ranging:
 - From publishing disease-related documents
 - To involving patients in key decisions all along the life cycle of a drug
 - Via bringing a support along the patient journey with specific services

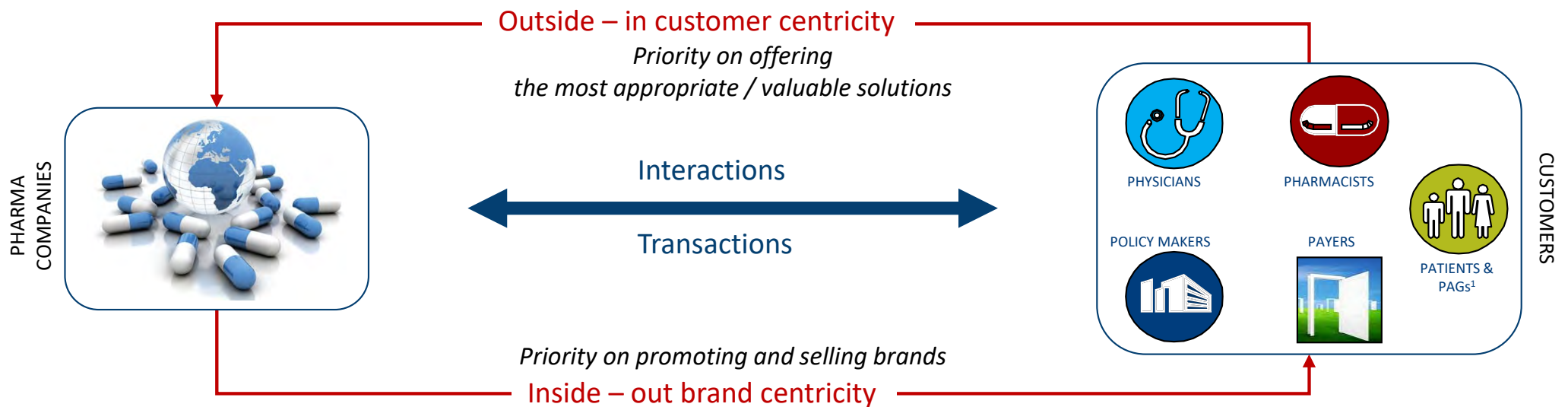


- Patient-centricity should not be just another buzzword because it is relevant for pharma companies:
 - To craft their business strategy, based on the end customers’ needs and wants, i.e., the patients
 - To make sure that patients will get the best medical outcomes and quality of life, considering their disease and the treatment they have been prescribed by physicians and this, along the patient journey

Patient centricity is one component of the customer centricity strategy which consists in going that extra mile to provide entire satisfaction to customers

Is it a buzzword? (3/3)

- Patient centricity is part of the customer centricity concept which has become one of the strategic pharma companies' priorities for a decade or so
- Customer centricity is about building positive experiences with customers through the quality of interactions and/or the benefits provided by products or related services offered by the companies
- Amongst the different customers, patients occupy a particular position in the sense that they are the end customers and as such the customers of all the other stakeholders of the pharma market



Sources: Smart Pharma Consulting

¹ Patients advocacy groups

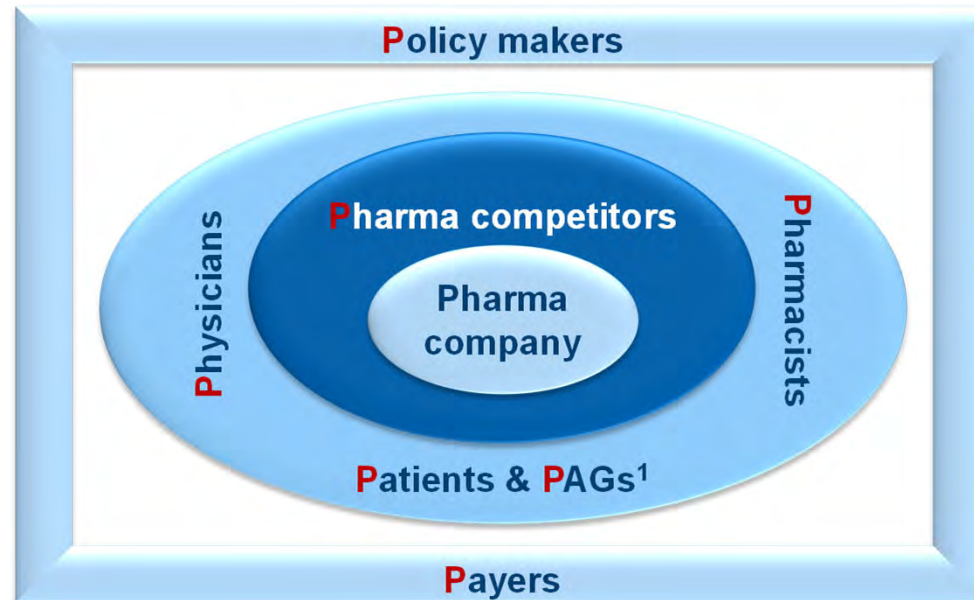
Patients and patients' advocacy groups represent two of the seven key pharma stakeholders groups whose power of influence has recently increased

Importance of patients & PAGs¹ in the pharma business model

Key pharma stakeholder groups: The 7Ps

Patients

- Patients are becoming more aware and knowledgeable (medical information is easily accessible on the Internet)
- Their power is increasing with digital technologies, social networks and the support of PAGs
- Patients are more demanding:
 - They want the most effective and best tolerated drugs...
 - ... that are easy-to-use...
 - ... and available at an affordable price



PAGs

- Patient organizations are also more influential
- They exert a growing power of influence and may be part of the policy-maker / payer decision-making processes
- Thus, PAGs can support pharma companies they have partnered with if they adhere to their strategy
- On the contrary, they can damage the corporate reputation of companies with which they don't have good relationships and with which they don't share the same strategic vision

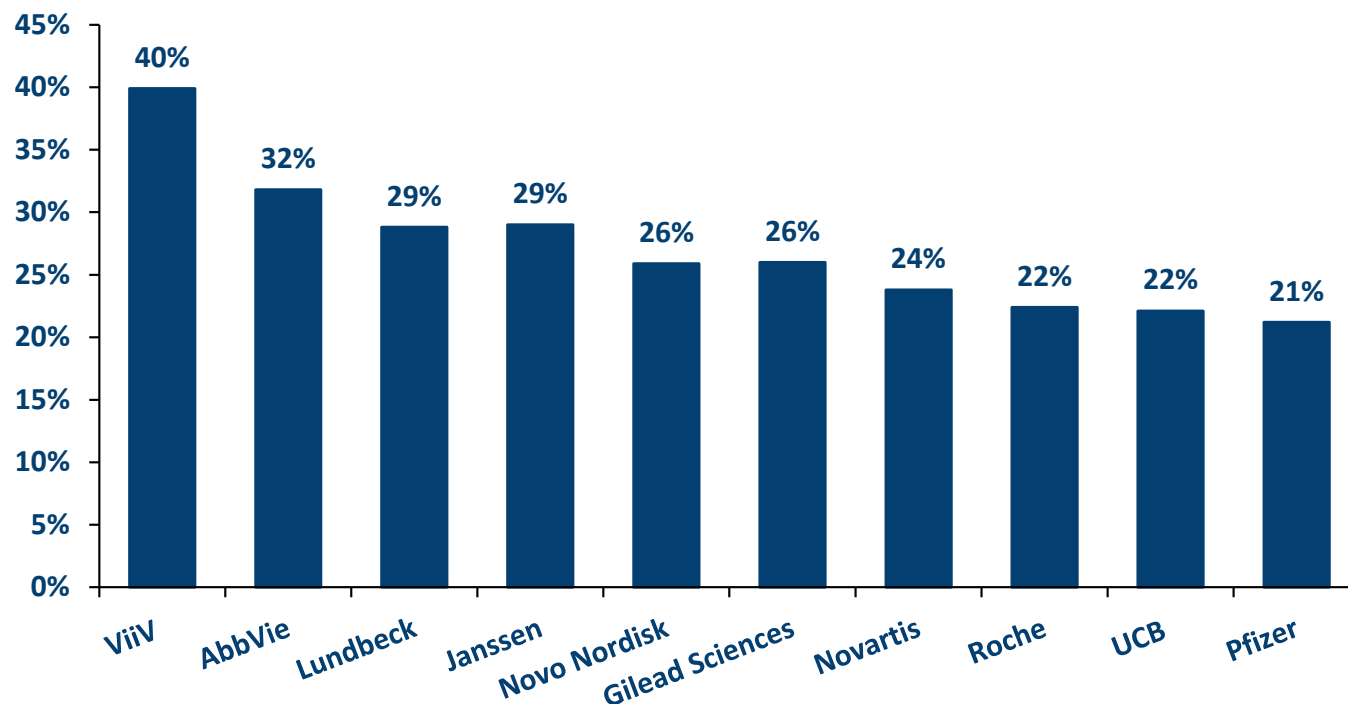
“The patient voice gaining power and reach, it is going to play an increasing role on corporate reputation and will impact the products all along their life cycle”

A recent survey has shown that pharma companies having the best reputation, from the patient perspective, are very active in supporting patient-centric projects

Pharma company reputation assessment by patients

Corporate reputation – Ranking of the 10 performers

Average score¹



ViiV has built strong relationships with patients by funding numerous patient-centric projects to support communities affected by HIV, across the world, especially in Europe and Africa

- The corporate reputation of pharma companies from the patient perspective has been assessed through six indicators:
 1. Patient centricity
 2. Patient information
 3. Patient safety
 4. Usefulness of products
 5. Transparency
 6. Integrity
- Patient groups’ opinion is mainly driven by:
 - Number and value of new drugs
 - Post-patent expiry strategy (e.g., pricing, generics defense initiatives, etc.)
 - Mergers & Acquisitions (e.g., financial / tax optimization vs. strategic rationale)
 - Drug pricing and market access
 - Corporate behaviors (e.g., transparency, ethics, etc.)

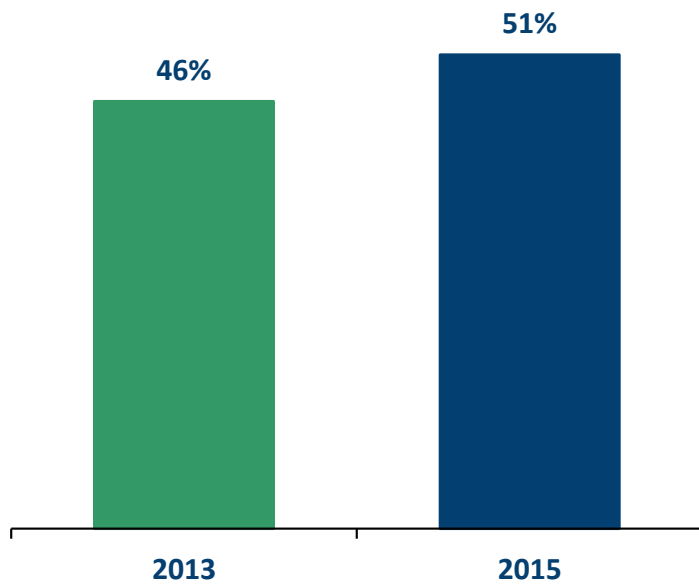
Sources: PatientView 2016 (1,075 patient groups from 72 countries have been interviewed from November 2015 to January 2016 to assess 48 pharma companies)

¹ The average score is obtained by adding and averaging the percentage scores (i.e., percentage of patient groups stating that the company is “best”) attained by the companies across the six indicators of corporate reputation

According to pharma companies' executives, patient-centric capabilities are slightly improving while they offer a large variety of patient-centric services

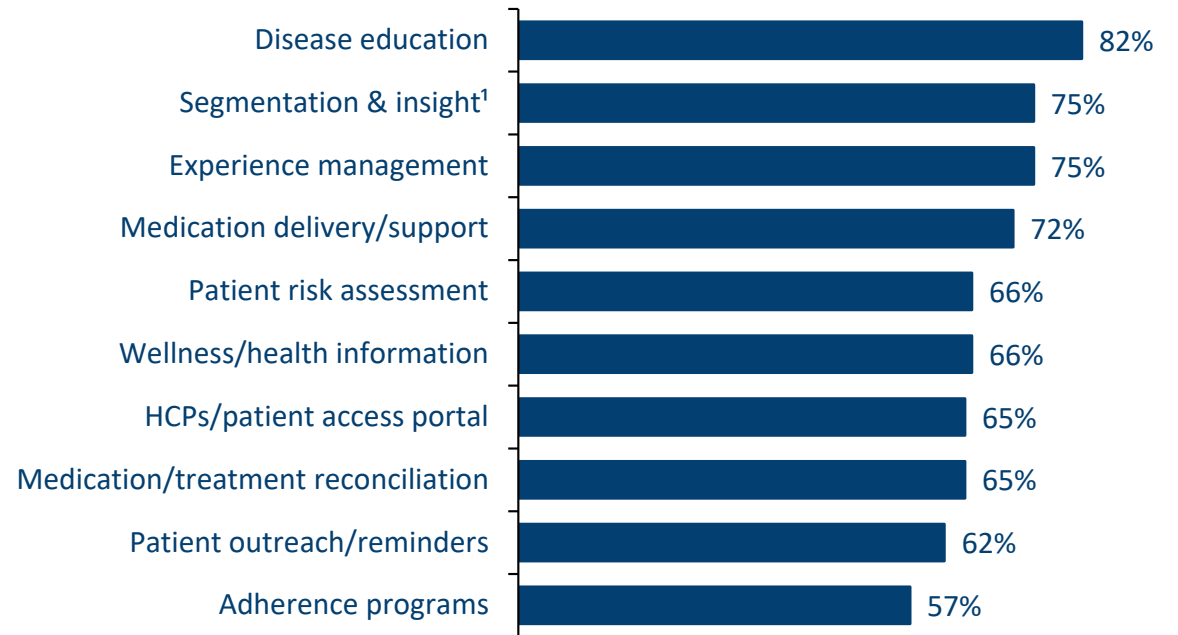
Patient-centricity viewed by pharma companies

Patient-centric capabilities with pharma companies



% of respondents rating capabilities as strong

Top 10 patient-centric services offered by pharma companies



% of respondents having cited these services amongst the top three

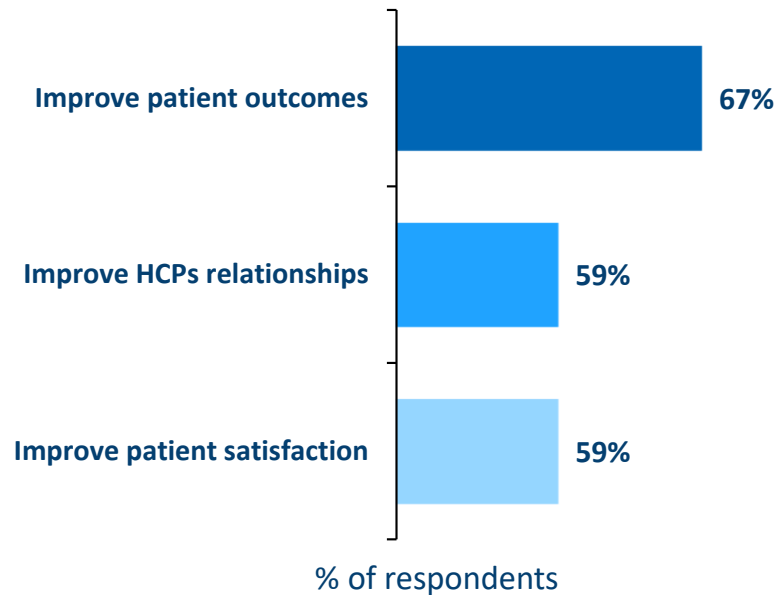
Sources: Accenture 2015 Survey regarding Patients Services delivered by pharmaceutical companies (interviews of 203 pharma executives based in the USA and Europe) – Smart Pharma Consulting analysis

¹ Refer to the segmentation of patients into groups sharing the same behavioral profile to better fulfil their individual needs

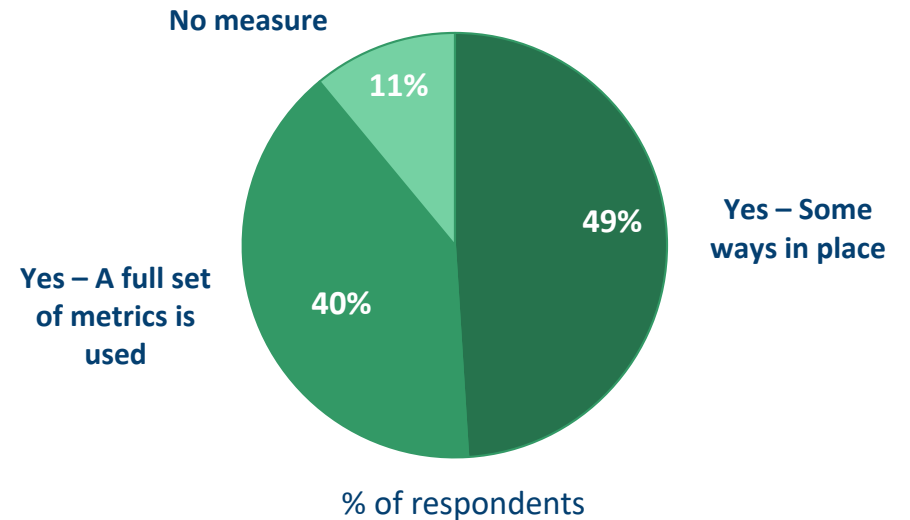
Offering patient services is a good decision, provided these services are used and they demonstrate their positive impact with the help of reliable metrics

Objectives & impact measurement as viewed by pharma companies

What are your objectives in offering patient services?¹



Are you able to measure the impact of these services?¹



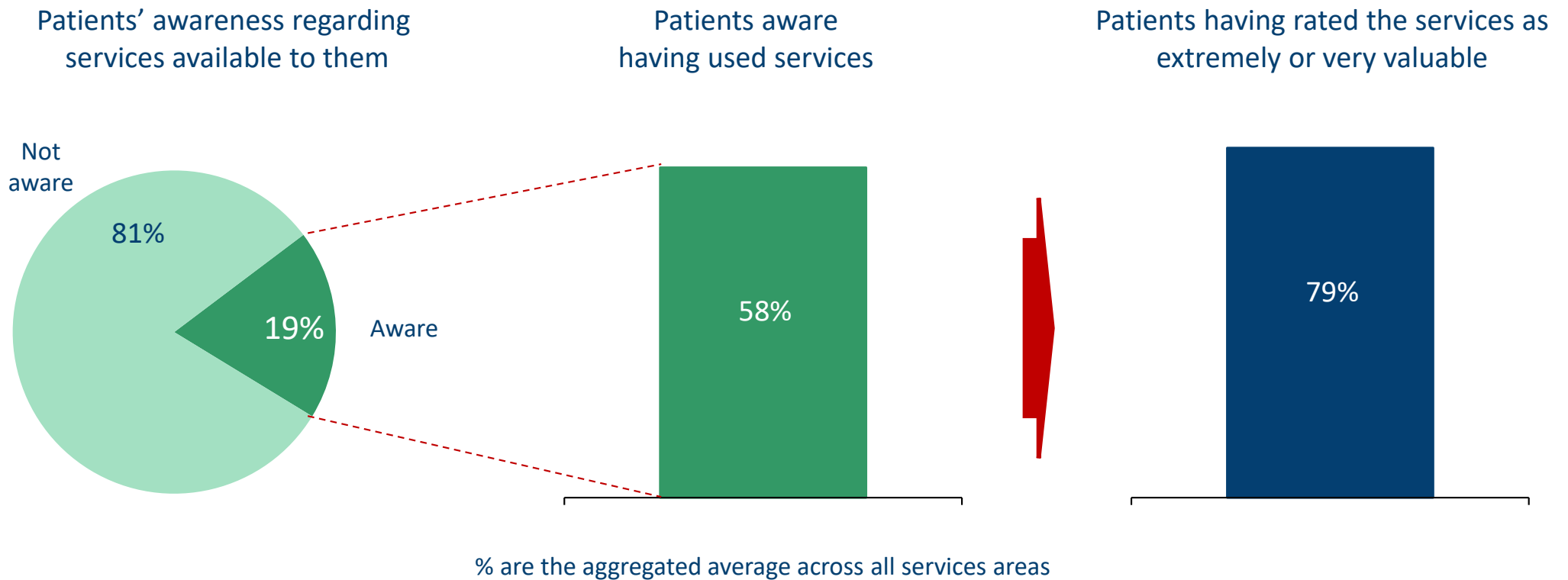
- Offering services is a good start, but it is not sufficient
- Pharma companies must prove with tangible and reliable data that the patient services they invest in have a positive impact for the patients and create value, in return, for the company

Sources: Accenture 2015 Survey regarding Patients Services delivered by pharmaceutical companies (interviews of 203 pharma executives based in the USA and Europe) – Smart Pharma Consulting analysis

¹ Multiple responses are allowed

Patients' awareness regarding services available to help them is low, but when they are aware, they use them and are in general very satisfied

Awareness – Usage – Valuation of patients' services

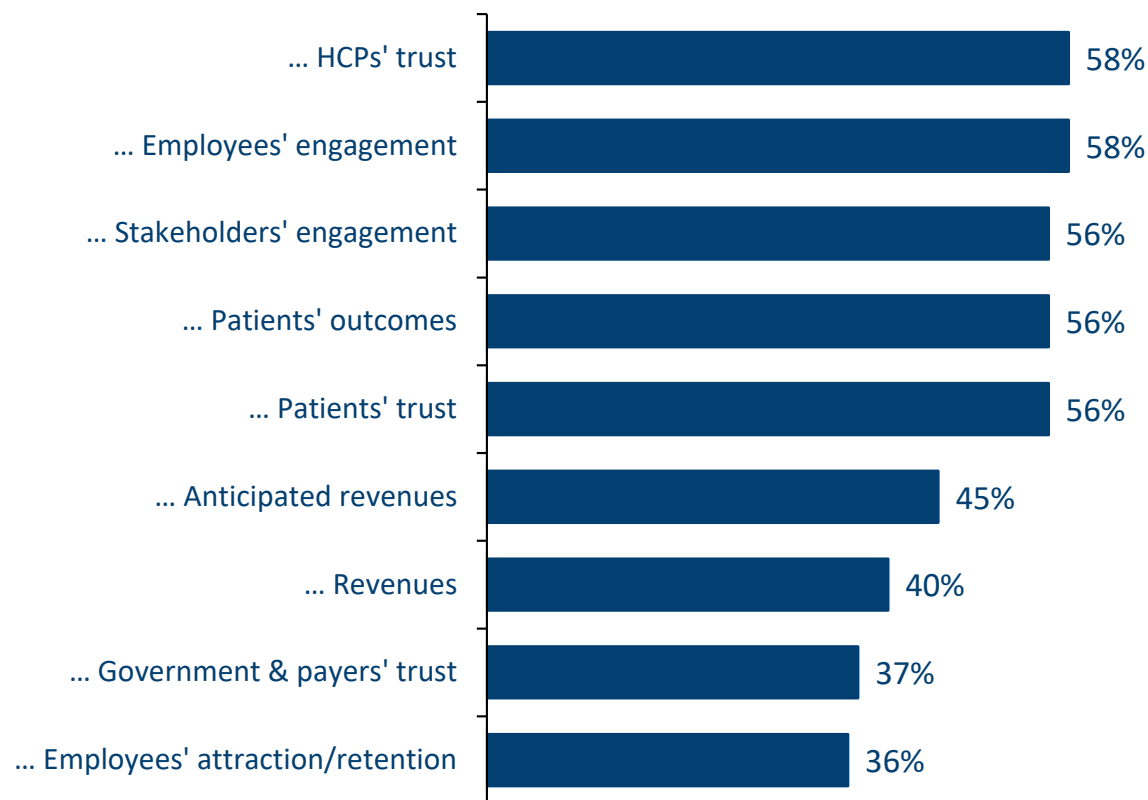


If services are associated with products marketed by pharma companies, they may expect to gain trust and respect amongst the stakeholders (e.g., policy makers, payers, HCPs, PAGs)

There is a growing body of empirical evidence to support the fact that patient-centric initiatives may have a positive impact on pharma companies' profitability

Impact of patient services on pharma companies' profitability

93% of the 2,346 respondents believe that patient-centric strategy improves the overall pharma companies' business outcomes by increasing...

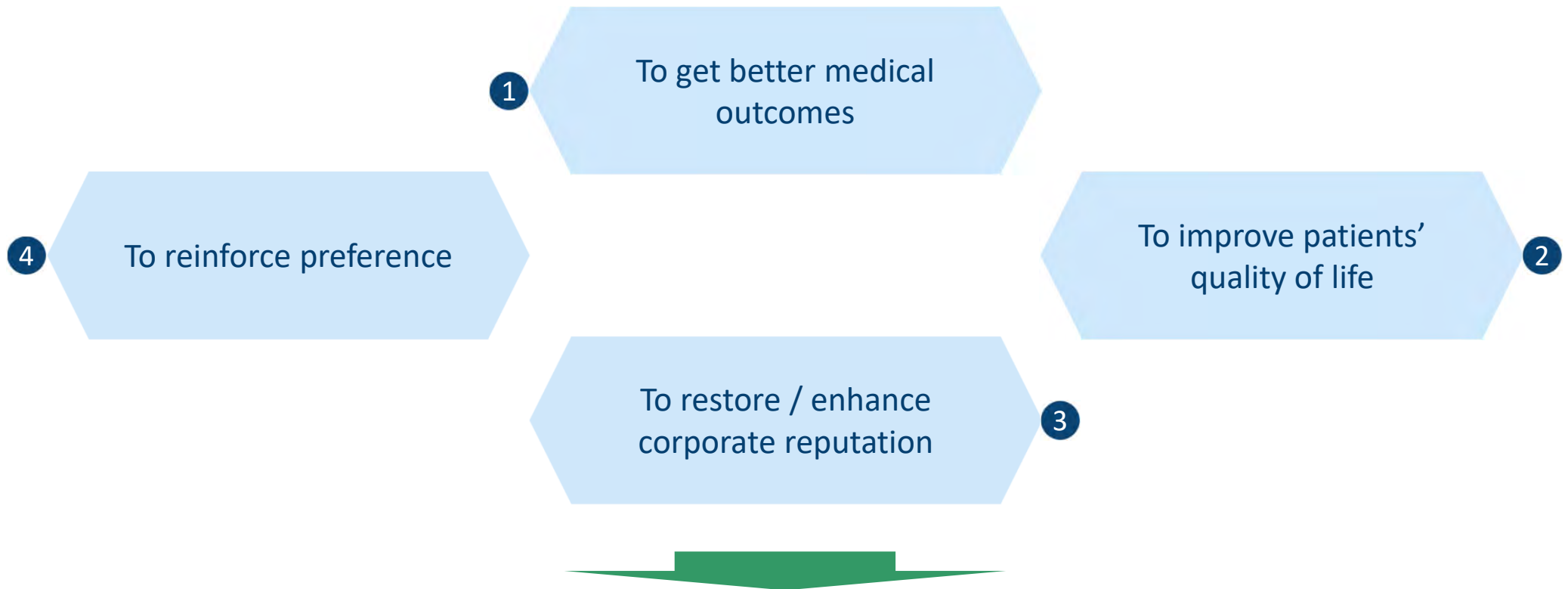


- Patient-centric strategy and the corresponding offered patient services should, in principle, fulfill:
 - Patients' ultimate needs for better health outcomes and improved quality of life
 - Pharma companies' needs for a better usage of its drugs and an increased patient satisfaction leading to an enhanced corporate reputation and a market share gain
 - HCPs' needs to prescribe the most appropriate drugs to their patients with the assurance of having a follow up along the patient journey for better results and safety conditions
- The issue for pharma companies is not anymore to wonder if they should offer patient services...
- ... but to decide which services they want to offer to create the best value for patients, HCPs, policy makers, payers, and ultimately for themselves

Sources: Eyeforpharma, Aurora Project: "Pharma's Global Patient Centricity Survey & Analysis" 2015 – Insights collected from 2,346 respondents from 84 countries, including pharma companies' executives, patients and patient groups, solution providers, etc. – Smart Pharma Consulting analysis

Relevant and effective services to patients can contribute to improve the corporate reputation of pharma companies and thus increase stakeholders' preference

The four key objectives of patient services



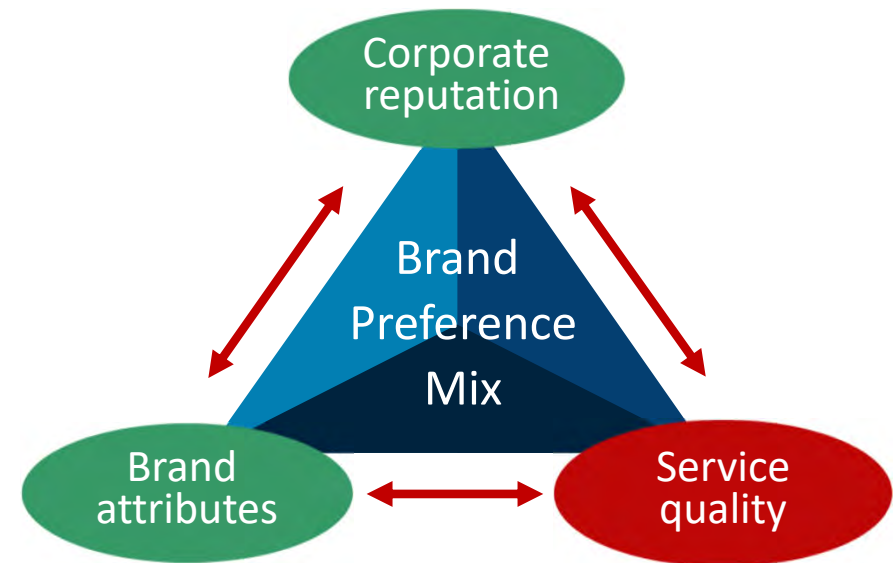
*“Why is the patient so important?
Simply because he is the final customer and, as such, has the last say!”*

With dwindling product differentiation, patient services contribute to strengthen the brand preference of stakeholders (e.g., patients, physicians, policy makers, payers)

Contribution of patient services to brand preference strengthening

“The more robust is the brand preference the more exceptional is the brand performance”

- To strengthen the preference of customers (stakeholders) to their brands, pharma companies must, better than their competitors, optimize the three basic components of the preference mix:
 - Corporate reputation
 - Brand attributes
 - Quality of customer services (incl. patient services)
- Thus, patient services ensuring a more positive patient experience will lead to:
 - Patients’ better medical outcomes and quality of life
 - Physicians’ (and other HCPs¹) increase confidence in the brand
 - Payers’ better value for money
 - Policy makers’ (and government) better fulfilment of their role



“Offering valuable services to customers – especially to patients – reinforces corporate reputation of pharma companies and preference to their brands”

Patient services strategy should preferably focus on “around-the-pill” services, likely to strengthen brand preference by improving medical outcomes and quality of life

“Beyond-the-pill” vs. “Around-the-pill” strategy

- While most pharma companies claim to be patient-centric and to offer patient services, they are not very clear, nor aligned on what to do in practice
- Should they provide services “beyond-the-pill” or “around-the-pill”?

Services “beyond-the-pill”

- “Beyond-the-pill” services are not linked to the drugs marketed by pharma companies and therefore have no direct impact on their value, nor on their preference
- They have been imagined as a new source of revenues to compensate the risk associated to drug patent expiries
- Example of services “beyond-the-pill”:
 - Commitment of GSK to reinvest 20%¹ of its profits made in LDCs² and to lower drug prices³
 - Co-development of smart lenses⁴ by Novartis and Google
 - Roche taking majority stake in Foundation Medicine, which develops solutions for genomic profiling of cancers

Services “around-the-pill”

- “Around-the-pill” services can be adjacent or directly linked to drugs marketed by pharma companies
- The purpose of these services is to optimize medical outcomes and patient quality of life while strengthening the preference of the brands marketed by the companies
- Examples of services “around-the-pill”:
 - Trainings/tools to help physicians prescribe the right drug to the right patient
 - Programs/tools to improve adherence to medication
 - Devices to monitor treated patient condition

- Services “beyond-the-pill” correspond to a longer-term strategy for which the business model is not yet clearly set...
- ... while services “around-the-pill” should deliver short-term results through a better usage of marketed drugs

Patient services, as part of pharma companies' customer-centricity strategy, should be focused on initiatives to enhance medical outcomes and quality of life

Examples of "around-the-pill" services

Disease management & progression monitoring



In 2014, Biogen partnered with PatientsLikeMe to distribute Fitbit¹ to 248 multiple sclerosis patients to collect data to help them create improved treatment protocols and prove the value of their medication to payers, physicians and other patients

Connected-device to improve adherence



In 2014, Merck launched a new device to inject Rebif, for patients with multiple sclerosis, which collects and stores data that can then be sent to a secure server. The system can prompt patients to a better adherence to treatment

Community web site for lung cancer patients



After completing a patient research survey, AZ co-developed with >100 patients a website dedicated to build a community for lung cancer patients where they can share their emotional journeys and everyday experiences and feel better

Patient support program



Cornerstones4Care[®] is an online service from Novo Nordisk providing diabetic patients with personalized tools, resources and information to help them reach their diabetic management goals and improve their quality of life

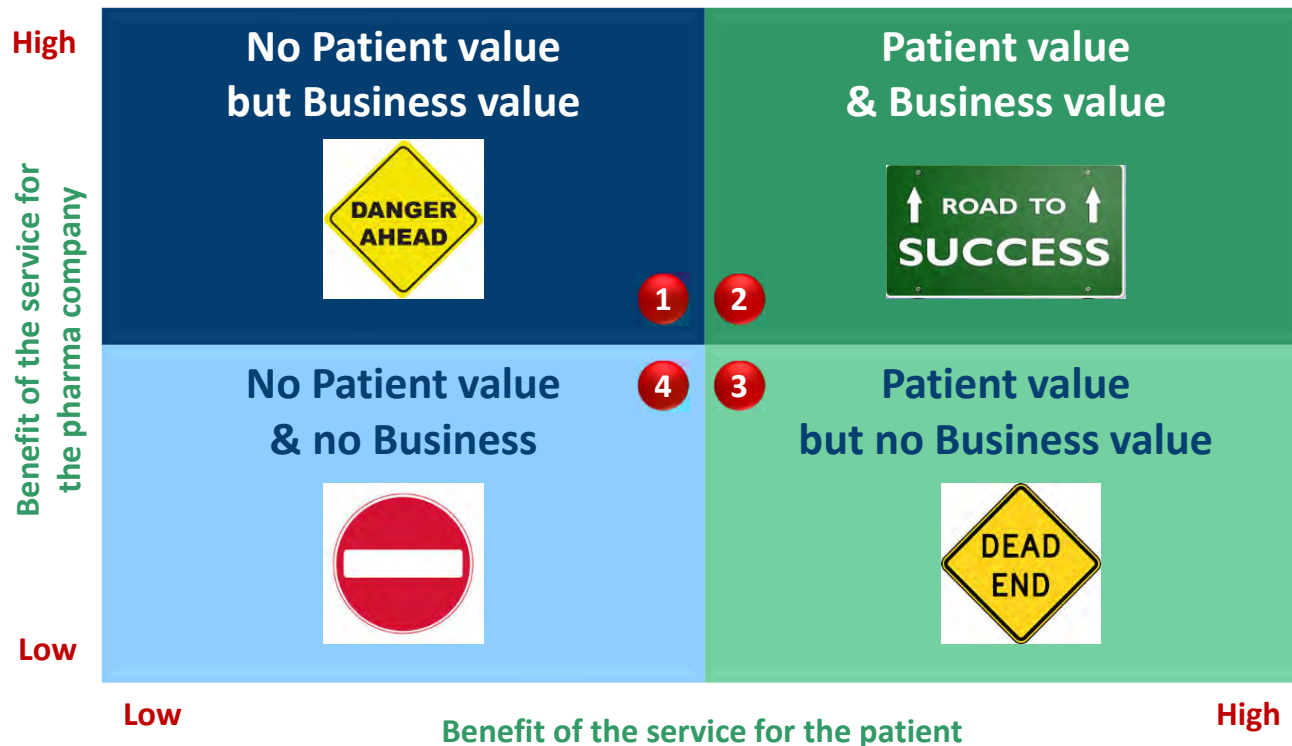
Sources: Smart Pharma Consulting

¹ A wearable activity tracker

While crafting their strategy, pharma companies should give the priority to services that create tangible value for patients and that contribute to boost their performance

Selection of a patient-centric strategy (1/2)

Patient service strategy matrix



“Patient-centric strategies must improve patients & companies’ outcomes”

- While crafting their patient-centric strategy, pharma companies should keep in mind their ultimate objective:
 - The services which create value for the pharma company but not for the patients (quadrant #1) are not recommended because they represent a short- to mid-term reputational risk for the company
 - The services which create value for both patients and the pharma company (quadrant #2) should be favored because they represent a “win-win” option
 - The services which create value for patients but not for the pharma company (quadrant #3) should either be excluded or redefined if the problem comes from poor implementation
 - The services which do not create value for patients nor for the pharma company (quadrant #4) should be avoided because they are irrelevant

The “win-win” patient-centric strategies proposed by pharma companies should create value for all stakeholders, be perfectly carried out and deliver tangible results

Selection of a patient-centric strategy (2/2)

Features of services delivering value for patients & pharma companies

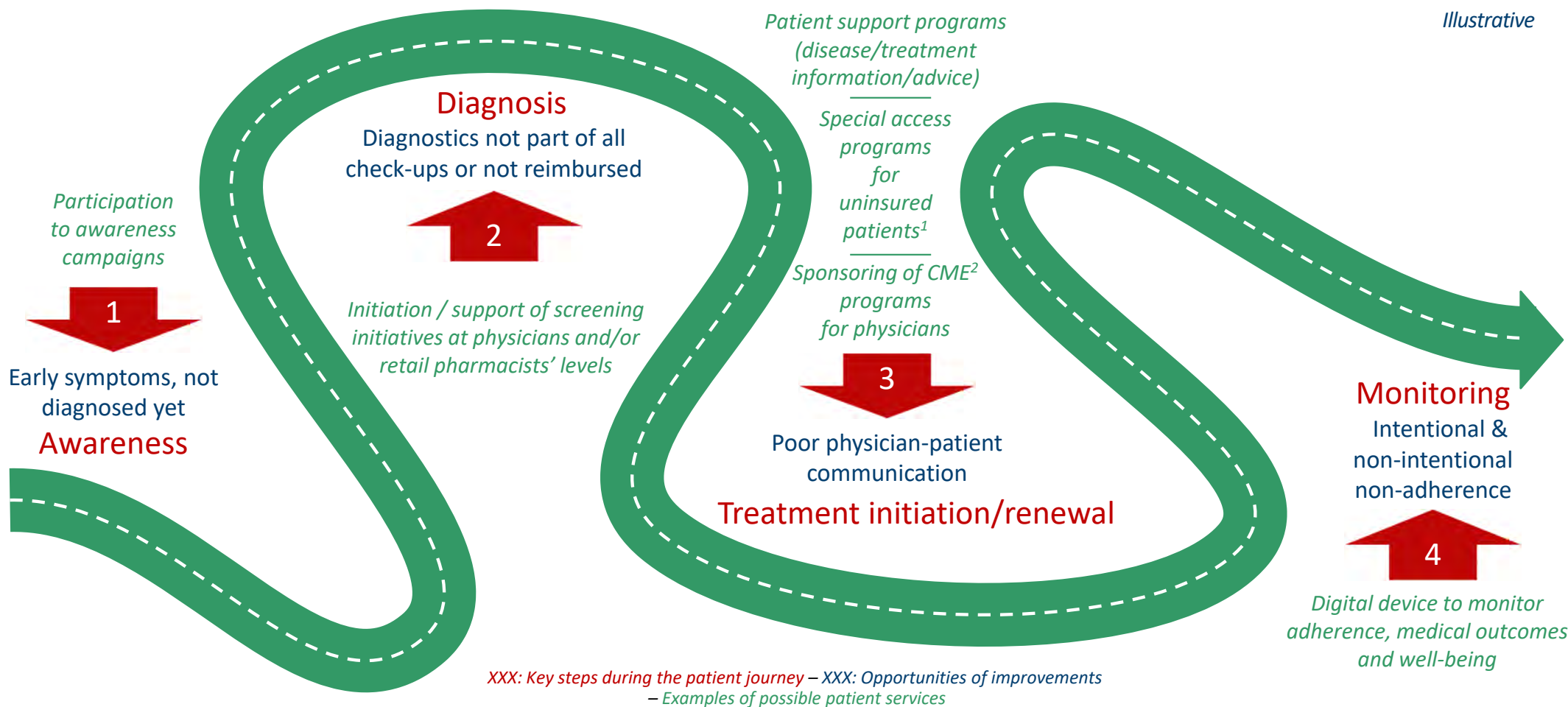
- The service should correspond to a need expressed by the great majority of patients and acknowledged by the other key customers of the pharma company (i.e., HCPs, policy makers, payers)
- Thus, the patient service must create value for:
 - Patients through better medical outcomes and improved quality of life
 - HCPs through better and easier management of their patients
 - Payers through improved cost-effectiveness results
 - Policy makers / government through improved public health outcomes and management
 - The pharma company by reinforcing its reputation and increasing the preference of stakeholders to its brands
- The service must be reasonably easy to implement¹ and the quality of execution irreproachable
- The expected results on patients must be significant and measurable

Patient value
& Business value



Services likely to be proposed to patients by pharma companies can be considered at different steps of the patient journey to address dysfunctions in patient management

Examples of possible patient services along the patient journey



Sources: Smart Pharma Consulting

¹ In the USA, pharma companies help poorer patients finance their drugs through coupons and vouchers - ² Continuous medical education (e.g., Improvement of physician-patient dialogue)

It is key to make sure that the service will create value for patients, other customers and the pharma company, with the help of a specific selecting tool




How to select patient services?

Patient service selecting tool

Illustrative

Targeted patients	Who?	How many?	Objective	For patients	Description of the service
				For company	

Estimated value ... for Patients			... for HCPs			... for Payers / Policy makers		
Metrics*		Rationale	Metrics*		Rationale	Metrics*		Rationale
Interest	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5		1 2 3 4 5	
Usefulness	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5			
Convenience	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5			
Execution	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5			
Total	1 2 3 4 5		1 2 3 4 5		1 2 3 4 5			

Feasibility		Rationale	Patients KPIs ¹	Company KPIs	Decision	Rationale
Technical		• Implementation	<ul style="list-style-type: none"> • Biological indicators • Medical outcomes • Quality of Life • MPR² • Etc. 	<ul style="list-style-type: none"> • Corporate reputation • Brand Preference Mix index • Brand market share • Etc. 	GO	
Regulatory		• Compliance			No GO	
Economic		• Estimated cost and return				

* 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors

The successful implementation of patient-centric initiatives requires to adjust the organization, communicate extensively and measure the impact in a rigorous way

Key challenges: Overview

The three challenges to be addressed to successfully implement patient-centric initiatives

Organization	Communication	Execution & Measurement
<ul style="list-style-type: none"> ▪ Patient-centric initiatives are most often managed by the marketing or medical department... ▪ ... which are not necessarily the optimal options to establish a cross-functional team... ▪ ... which is a “must have” to ensure an effective and efficiency implementation 	<ul style="list-style-type: none"> ▪ 81% of pharma companies go through healthcare providers to make patients aware of their services... ▪ ... 19% of patients are aware of patient services proposed by pharma companies ▪ Patient services may be viewed by stakeholders as a means to sell more drugs by delivering (free) services 	<ul style="list-style-type: none"> ▪ Patient services are often complex and poorly executed ▪ 60% of pharma companies do not measure the impact of their patient services on medical outcomes ▪ In the absence of reliable data and systematic measurement, the investment made will not be valued by stakeholders and... ▪ ... therefore, will not be sustainable

The question is not anymore: “Should we offer patient services”, but “Which ones to offer and how to execute them?”

A patient services department, managed by a senior executive, should be defined to work cross-functionally with other departments to develop high value initiatives

Key challenges: Patient-centric organization (1/2)

Cooperation

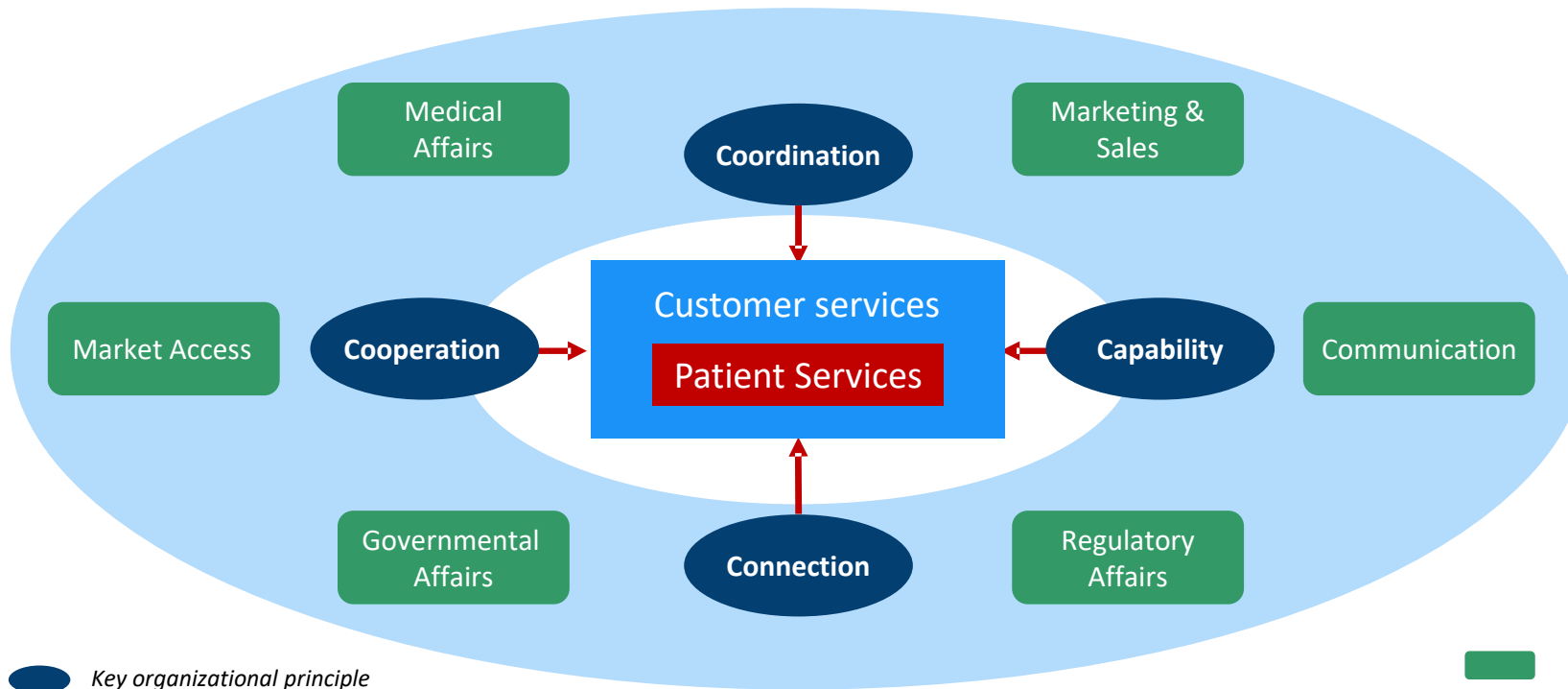
Project teams including members from various departments and centered around patient services

Coordination

- Knowledge- and experience-sharing
- Harmonization of activities

Capability

- Skills to develop and deliver highly valued patient services
- Ability to explore and discover customer insights (deep knowledge of their needs, wants, behaviors)
- Motivated and empowered collaborators



Connection

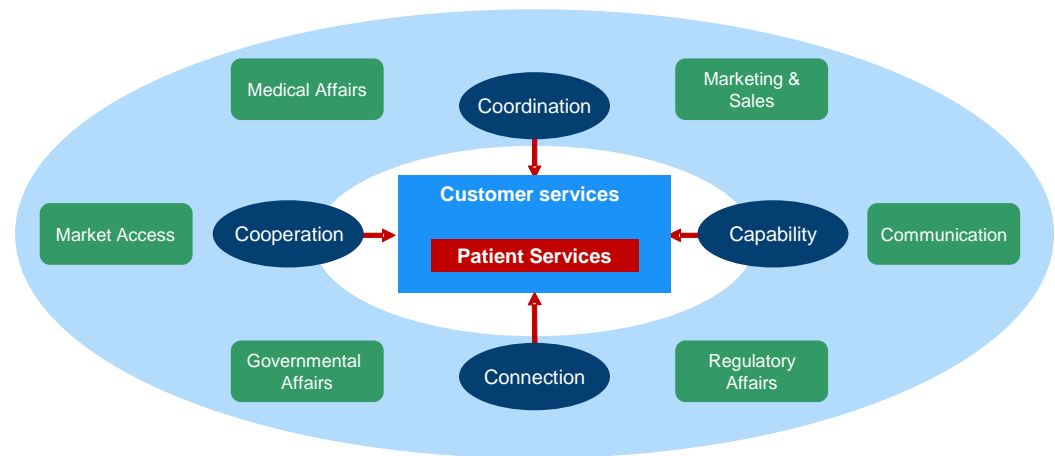
Partnership with external players to propose unique and highly valued patient services

Sources: Smart Pharma Consulting – Adapted from R. Gulati (HBR 2007)


A customer-centric mindset should be pervasive at every level of the organization, from customer-facing collaborators to the management committee level


Key challenges: Patient-centric organization (2/2)

- A patient-centric organization must be **communicated without any ambiguity** – internally and externally – by the senior management as a long-term strategic priority
- To remain engaged in a patient-centric culture, **collaborators should regularly be kept informed** about the initiatives put in place and their outcomes
- The head of the customer (or patient) service department must be a member of the management committee and **work cross-functionally** with the other key departments heads of the company (e.g., medical, marketing, etc.)
- Besides, collaborators dedicated to patient services must be part of the brand teams to **ensure that the services benefit not only to patients but also to the brand**, directly, or indirectly by reinforcing the corporate reputation
- Irrespective of the department they belong to, of their activities (front vs. back office) or their experience (senior vs. junior position), all collaborators of pharma companies should be committed to deliver **high service quality to customers**, and especially to patients



“Patient services being in general delivered in partnership with other customers of the pharma companies, they require the alignment and coordinated efforts of all departments”

 Key organizational principle

 Key departments directly involved in customer services / patients' services departments

It is essential for pharma companies to communicate their patient-centric strategy clearly and precisely to internal and external customers, in order to get their support

Key challenges: Communication

Illustrative

- Pharma companies should define and share their vision – mission – ambition related to their customer-centric strategy with their internal (their collaborators) and external customers (their stakeholders)

Vision

- Being recognized by patients and other customers (HCPs, payers, policy-makers) as the company offering the most valuable patient services*

Mission

- Improve medical outcomes and quality of life of patients treated with our drugs or affected by a pathology for which we propose drugs*

Ambition

- Get tangible results demonstrating the value of the patient services and, as a result, increase the preference of stakeholder for our brands*

“Communicate openly about your patient services: What are your intentions? What are the results you obtained? Don’t be afraid, if you do the right things right, your reputation will be strengthened!”

Patient services being complex to execute, skillful collaborators with a robust experience in transversal and project management are required

Key challenges: Execution & Measurement (1/2)

Patient service execution

- **Challenge #1:** Engage HCPs, payers and policy makers, as appropriate, to execute the patient services
- **Challenge #2:** Make patients aware of the services offering and of the benefits they will get
- **Challenge #3:** Keep patients as users and other relevant customers¹, as partners (e.g., HCPs may recommend a website, enroll patients in adherence programs, track the clinical outcomes, etc.) engaged over the long run in the service
- **Challenge #4:** Collect reliable data, on a regular basis, to be able to objectivize the value brought by services to patients, other customers¹, and to the pharma company
- **Challenge #5:** Collaborate with many partners, internally (from different departments) and externally (social networks, data integrators, apps developers, HCPs, etc.) to deliver the service
- **Challenge #6:** Position the patient services to avoid head-to-head competition
- **Challenge #7:** Execute the service to create superior value than competitors, in a context of commoditization of patient services

Rigorous measurement of relevance, quality of execution and outcomes of patient services are essential to objectivize the value created for stakeholders

Key challenges: Execution & Measurement (2/2)

Patient service measurement tool

Targeted patients	Who?	How many?	Objective	For patients	Description of the service			
				For company				
Customers valuation						Pharma company self-valuation		
Metrics*	Patients	HCPs	Payers / Policy makers	Rationale	Metrics*	Rationale		
Interest	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5			
Usefulness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5			
Convenience	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5			
Execution	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5			
Total	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5		1 2 3 4 5			
Patients KPIs ¹		Gap analysis	Recommendations	Company KPIs ¹			Gap analysis	Recommendations
Metrics	O ²			A ³	Metrics	O ²		

¹ Key performance indicators – ² Objective – ³ Achievement

* 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors

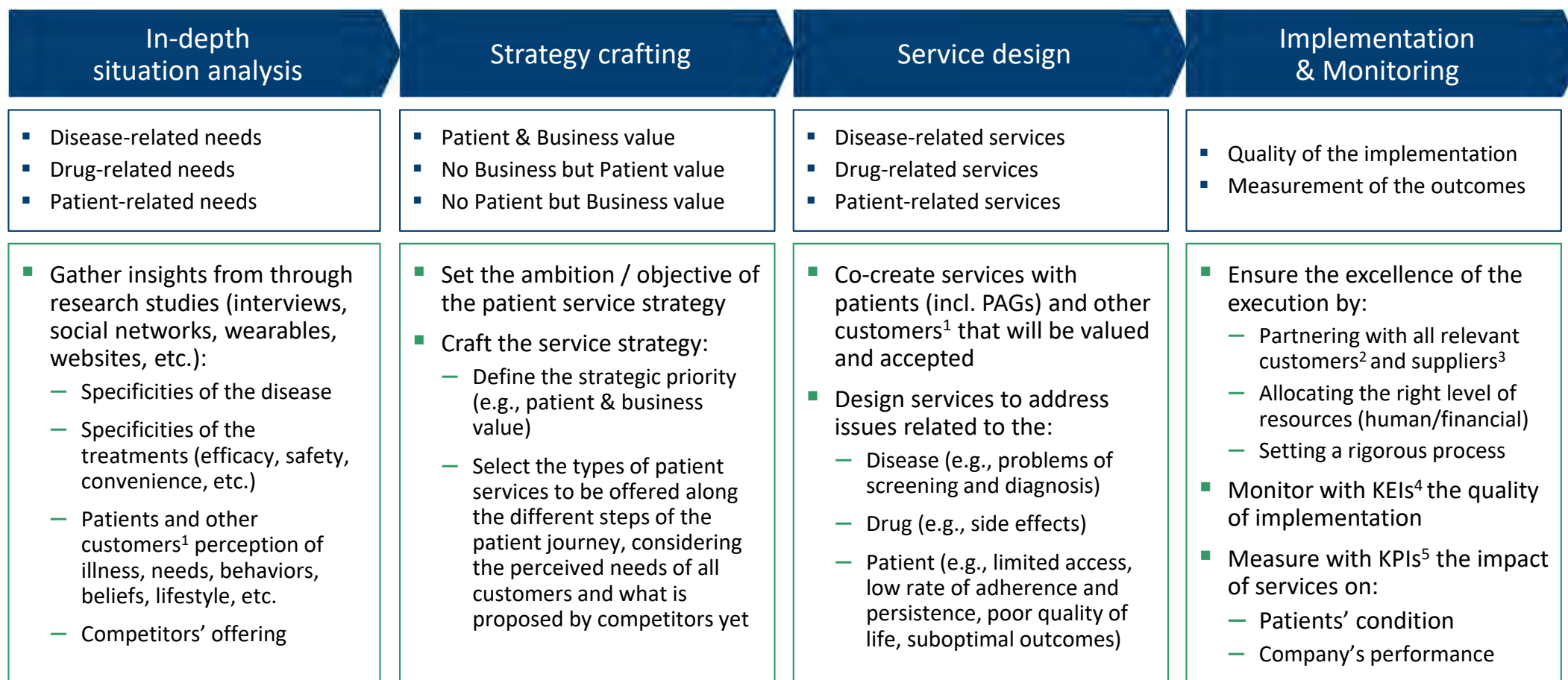
“If you can’t measure it, you can’t manage it”

– Peter Drucker –

- To objectivize the value created by patient services, for the different customers and the pharma company, it is recommended to combine qualitative and quantitative metrics to measure the quality of execution and the impact of the initiatives:
 - Interest and usefulness metrics to assess the relevance of the service
 - Convenience and execution metrics to assess the quality of implementation of the service
 - Patients’ key performance indicators (KPIs) include metrics such as: medical outcomes, quality of life, adherence and persistence rates
 - Pharma key performance indicators include metrics such as: corporate reputation, Brand Preference Mix Index¹, market share dynamics
- The performance gaps (between objectives and achievement) should be carefully analyzed and lead to specific decisions (i.e., adjustment of the execution, drop-out, continuation)

Smart Pharma Consulting proposes a four-step process to define and implement a patient-centric strategy likely to create a sustainable competitive advantage

Strategic patient service process

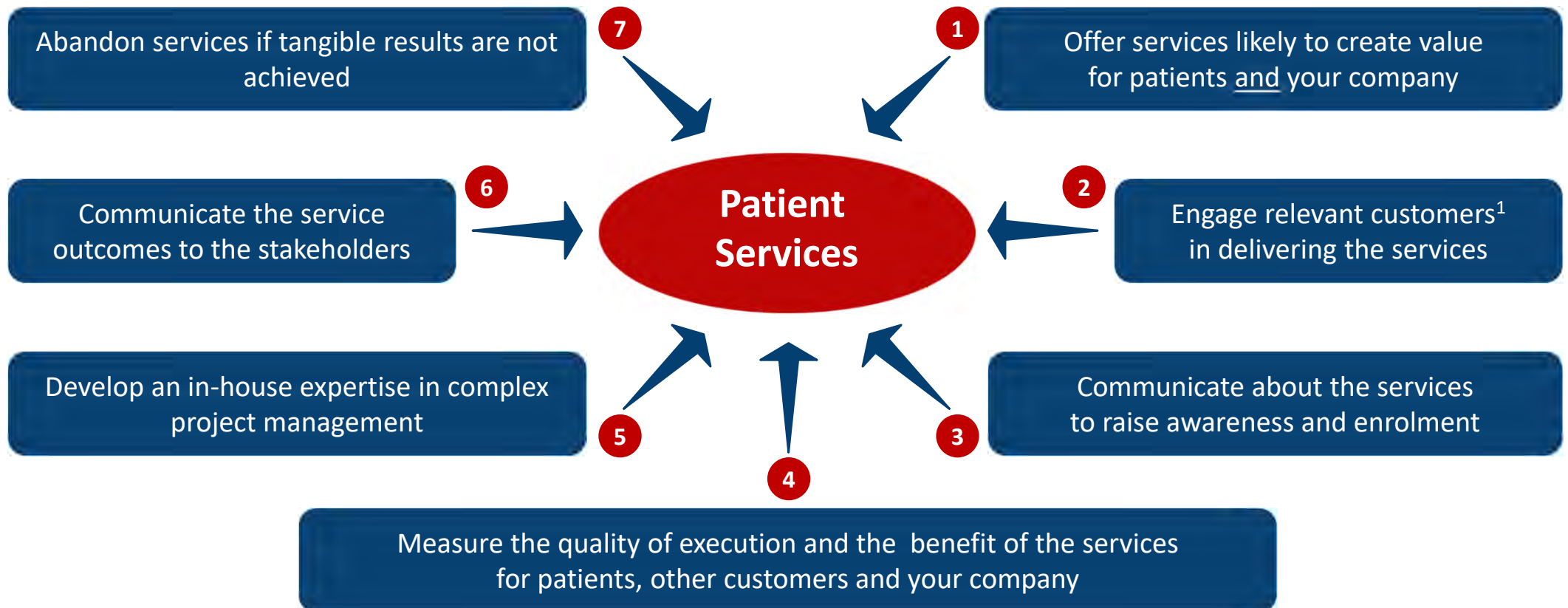


Sources: Adapted and enriched by Smart Pharma Consulting from Executiveinsight

¹ HCPs, payers, policy makers – ² PAGs, HCPs, payers, policy makers, caregivers, etc., depending on the service to be proposed – ³ IT companies, data integrators, E-health agencies, etc. – ⁴ Key execution indicators – ⁵ Key performance indicators

Patient services must deliver significant and concrete results to get stakeholders' esteem and therefore enhance their preference for the pharma company and its drugs

7 tips to create and implement a patient-centric strategy



“The right patient-centric strategy maintain a proper balance between the patient and the pharma company interests”

Smart Pharma Consulting can help you strengthen the impact of your patient-centric strategy by stimulating your thinking process and bringing specific methods and tools

5 ways Smart Pharma Consulting can boost your patient-centric strategy



How can Creativity Boost Performance?

————— BEST-IN-CLASS SERIES —————

Application to Pharma Companies

*“The true sign of intelligence is not in
knowledge but imagination”*

Albert Einstein

Pharma companies are facing a paradigm shift which forces them to reinvent in a creative way their strategy, the corresponding tactics and their organization

Context – Objective – Approach

- Pharmaceutical companies must urgently rethink creatively their business model to face the paradigm shift that is occurring:
 - Health authorities keep on raising barriers regarding drug registration and marketing conditions
 - Payers have no choice but to put more pressure on drug price, including on innovative ones
 - Healthcare professionals tend to reduce their number of interactions and to become less and less sensitive to promotion
- To help pharma companies figure out how to leverage creativity to boost their performance, Smart Pharma Consulting will attempt to answer the following questions:
 - Why is creativity so important?
 - How to craft a creative strategy?
 - How to build a creativity-driven organization?

“We are continually faced with great opportunities, brilliantly disguised as insoluble problems” – John W. Gardner

In the business context, creativity stimulates discoveries, inventions and innovations that could potentially result in highly valuable products, services, organizations, etc.

Role of creativity in business

- Creativity is the development of ideas about products, services, organizations, business models or theories that are novel and potentially valuable
- Creativity involves the ability to break down and restructure conventional knowledge to produce different viewpoints and insights
- Creativity can potentially lead to various discoveries, inventions and innovations

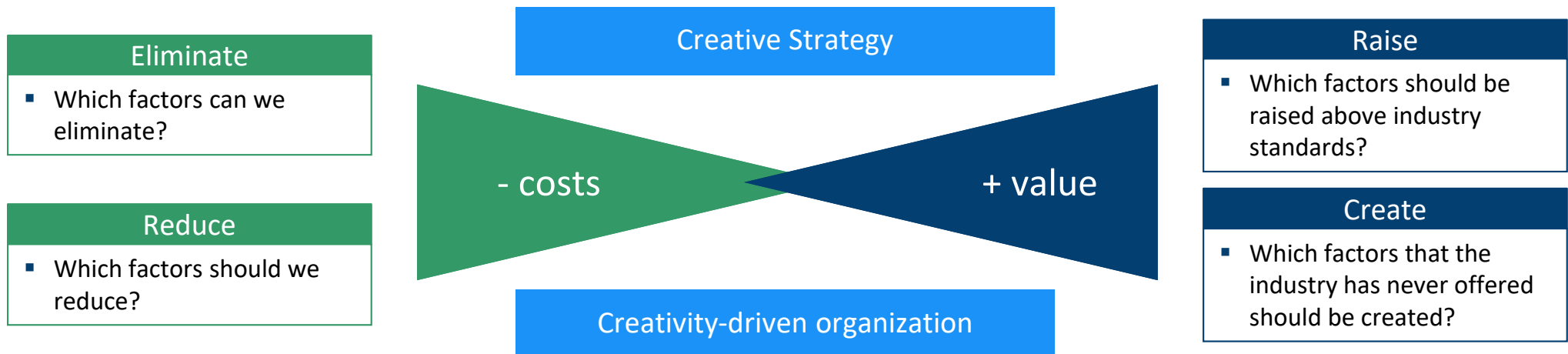
Creativity

Discovery	Invention	Innovation
<ul style="list-style-type: none"> ■ Discovery consists to be the first to find or observe an existing place, substance or scientific phenomenon ■ Discovery can help explain knowledge that is acquired through previous scientific evidences ■ Discoveries can be accidental (e.g., penicillin by Alexander Fleming) or sought after through exploration (e.g., the molecular structure of DNA) ■ Some discoveries result in invention of objects, processes or techniques 	<ul style="list-style-type: none"> ■ Inventing is an act of creativity that results in new products, services, organizations, business models or theories, starting from scratch ■ Inventions could be accidental (e.g., Viagra) or intentional (e.g., Mosquirix¹) ■ Some inventions result from discoveries (e.g., vaccines) ■ Inventions usually require a process where experimentation, “trial and error” and alternations are required in order to create the perfect invention 	<ul style="list-style-type: none"> ■ Innovation is to make changes in existing products, services, organizations, business models or theories in order to improve them (e.g., long-acting vs. short-acting drugs, calendar packs, etc.) ■ These changes may be required to increase efficacy, reduce cost, improve convenience, etc. ■ Business innovation intends to improve products, services, organizations, etc., to create more value for stakeholders

To cope with a deteriorating competitive environment, pharma companies must build a creative business model to reduce costs and/or offer better value to customers

New pharma business model

- The new business model that pharma companies must craft should simultaneously:
 - Reduce costs by eliminating less valuable features or services
 - Increase customer value (and in return company value) by offering new benefits and services
 - Rethink the organization so that functional and operational activities be fully aligned to support the associated strategy



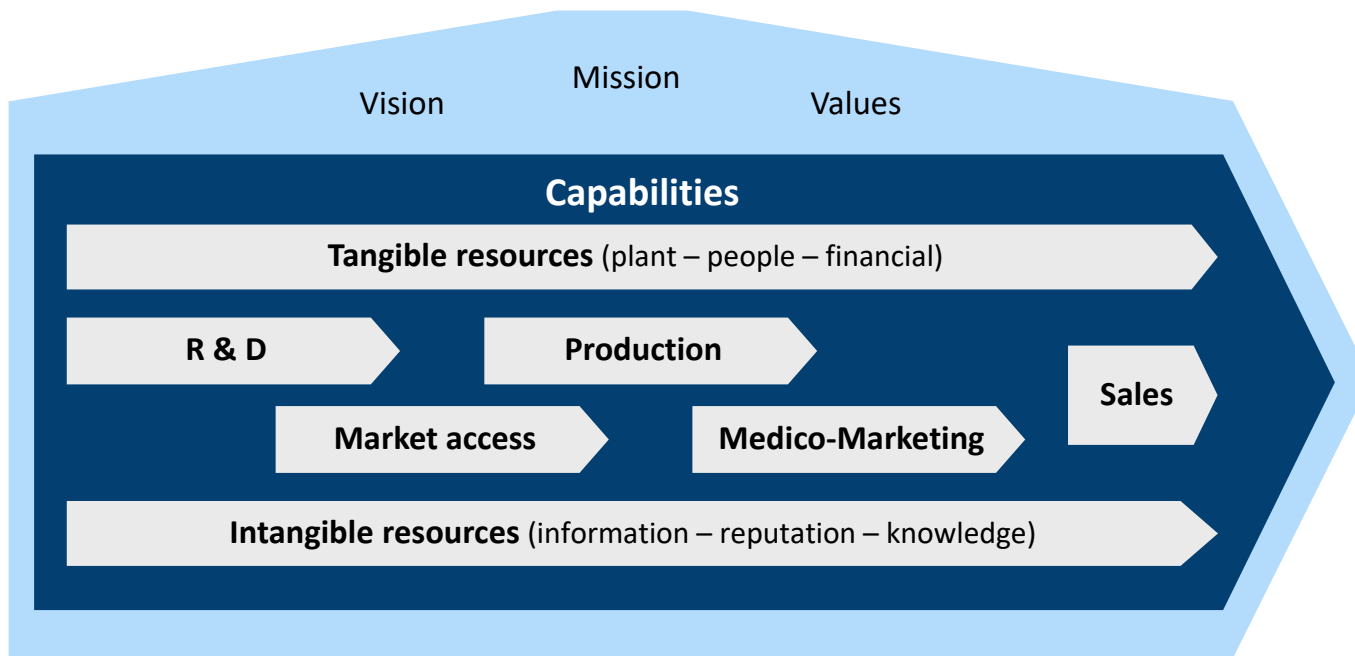
*“New business models consist in doing things differently...
... while new business strategies consist in doing different things”*

Sources: Adapted after A. Osterwalder et al., 2010 and after C. Kim et R. Mauborgne 2005

To craft a successful creative strategy, pharma companies must identify the business opportunities where they could have the strongest competitive advantage

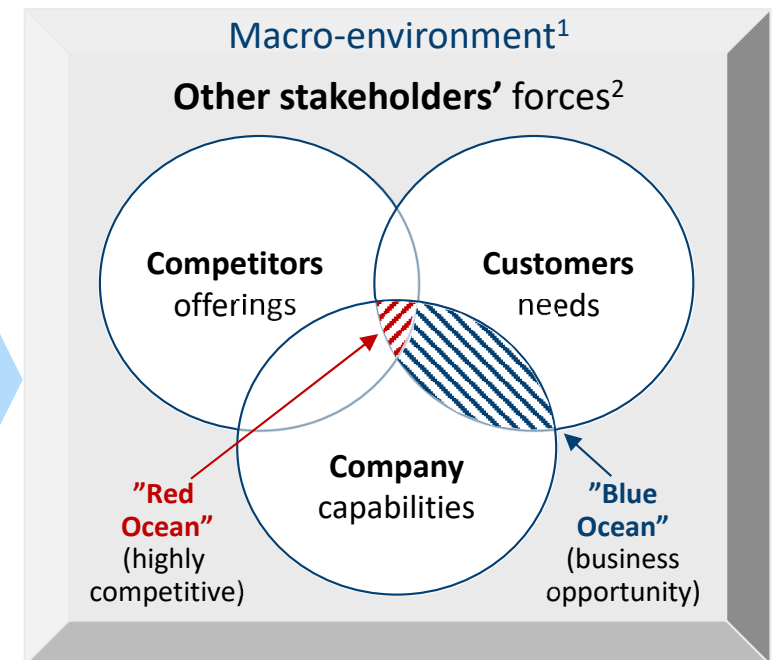
Creative strategy crafting (1/3)

Company's business model



Strengths & Weaknesses
(Competitive advantage)

Strategic segments



Opportunities & Threats
(Attractiveness & Key success factors)

Ambition & Strategic priorities

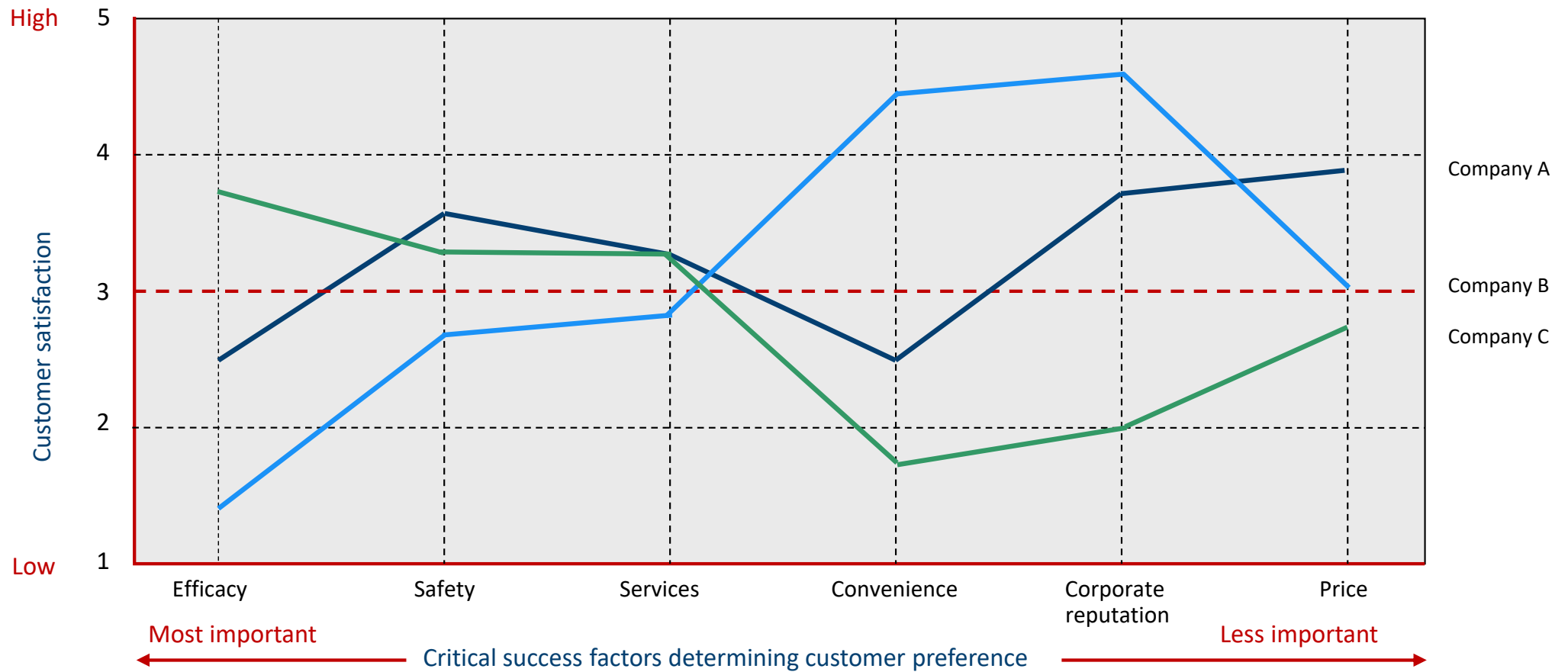
Sources: Adapted after C. Kim et R. Mauborgne 2005 - D.J. Collis, HBR April 2008, M. Porter 1985 - Smart Pharma Consulting

¹ Political / legal, economic, socio-demographic and technological factors –
² Including suppliers, new entrants, substitutes, complements

The Strategic Canvas is both a diagnostic tool to identify gaps not fully exploited by competition and a decision-aid to select which ones to fill up, to meet customer needs

Creative strategy crafting (2/3)

Strategic Canvas (Value curves)



Sources: Adapted after C. Kim et R. Mauborgne 2005

“Blue Ocean” strategies, based on value innovation, consist in creating new market spaces, making the competition either “irrelevant” or weak

Creative strategy crafting (3/3)

New market space conception

Red Ocean Strategy

1. Compete in the existing market space
2. Beat the competition
3. Exploit the existing demand
4. Make the value-cost trade off
5. Align the organization with its differentiation or low-cost strategy

Structuralist approach

Blue Ocean Strategy

1. Create an uncontested market space
2. Make the competition irrelevant
3. Create & capture new demand
4. Break the value-cost trade off
5. Align the organization in pursuit of differentiation and low-cost strategy

Reconstructionist approach

“Develop a strategy that structures the market and not a strategy that adjusts to the market structure”

To exploit new business opportunities, companies must develop new strategies consisting in doing different things that will be highly valued by customers

“Blue Ocean” strategic examples

Price & Performance



Since 2009, GSK is committed to reinvest 20%¹ of profits made in LDCs² and to heavily lower drug prices³ to increase patient access and then grow on a strategic segment disregarded by most of big pharma companies

Functional vs. Emotional focus

Viagra was not positioned by Pfizer as a treatment of erectile dysfunction but as a solution to enhance patients’ life-style, putting the emphasis on emotional appeal



Around-the-pill services

In 2014, Merck launched a device to inject Rebif, for patients with MS⁴, which collects and stores data that can then be sent to a secure server. The system can prompt patients to a better adherence to treatment



Physicians vs. Patients focus

NovoPen, the first insulin pen injector, was introduced in 1985 by Novo Nordisk, to make injection more convenient and easier for patients, improving their quality of life and their adherence to treatment



Sources: Adapted after C. Kim et R. Mauborgne 2005, companies’ websites

¹ Representing a total amount of € 25.4 million reinvested in training 40,000 health workers and building infrastructures, having contributed to improve healthcare access to 11 million people over the 2009-2015 period – ² Least developed countries – ³ Prices of patented products are capped at no more than 25% of their UK or French price and as low as their manufacturing cost – ⁴ Multiple Sclerosis

The creative power of individuals is based on four key dimensions that vary significantly according to innate and acquired personality of individuals

Key traits of creative individuals

Originality

- They can spot underlying patterns in events
- They produce unique, novel, new, creative or innovative and unusual ideas

Flexibility

- They can shift from one approach to another when addressing issues
- They see relationships between seemingly disconnected elements
- They produce a large variety of ideas

Fluency

- They can produce many ideas
- They cope with paradoxes
- They challenge status quo
- They can mix viewpoints or perspectives

Proactivity

- They are curious
- They look beyond the first “right idea”
- They are not afraid to make mistakes
- They take risks

“Chance favors only the prepared mind” – Louis Pasteur

To free the creative power of individuals, these barriers must be lowered or removed, and a free-wheeling atmosphere generated in which all ideas are acceptable

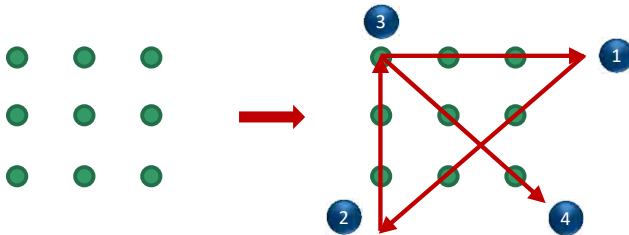
Creativity barrier removal (1/2)

Self-imposed barriers

- Self-imposed barriers are put either consciously or unconsciously
- They are difficult to recognize...
- ... but easy to remove, once they have been recognized

Illustration

Join the nine dots with four straight lines without taking the pencil off the paper

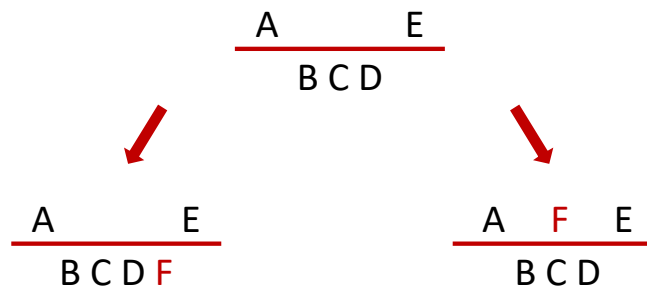


Conventional pattern

- Analytical thinking seeks to establish a conventional pattern to find one solution
- However, several patterns may exist and thus several possible solutions to address an issue

Illustration

Add F to the following letters¹:



Absence of challenge

- Tendency to go for the obvious answer which will be accepted without any question
- However, some other, and possible better solutions, may exist

Illustration

What is the capital of South Africa²?

How to enter the French generic market?
(through acquisition or from scratch by adopting an innovative business model)

How to agree on drug price with payers?
(through conventional price/volume deals or path-breaking value-based models)

Sources: Adapted by Smart Pharma Consulting from J.G. Rawlinson

¹ There are several possible patterns: F may go below the line, if the pattern established is vowels and consonants. However, if the pattern depends on straight lines and curves, F must go below the line – ² There are three capitals: Pretoria (administrative capital), Cap Town (legislative capital) and Bloemfontain (judicial capital)

To free the creative power of individuals, these barriers must be lowered or removed, and a free-wheeling atmosphere generated in which all ideas are acceptable

Creativity barrier removal (2/2)

Too quick evaluation

- This barrier is difficult to remove
- Some people tend to evaluate and reject ideas that are offbeat or new
- Thus, new or original ideas risk to be dismissed right away

Illustration

Replace the static 2-D segmentation matrix by the dynamic 3-D matrix¹

Develop innovate ideas to create “high impact interactions” between physicians and medical representatives²

Adopt the Brand Preference Mix instead of the 4 Ps of the Marketing Mix³

Fear of looking like a fool

- People do not like going against universally accepted views by fear of being wrong and laughed at
- However, a great deal of inventors have taken the risk to challenge the mainstream thought

Illustration

With his equating mass and energy as different forms of the same phenomenon $E=mc^2$, Albert Einstein broke the rules of Newtonian physics

The Polish astronomer Nicolaus Copernicus was the first astronomer to formulate a scientifically-based heliocentric cosmology that displaced the Earth from the center of the universe

“To live a creative life, we must lose our fear of being wrong” – Joseph C. Pierce

The mental attitude of individuals can be modified to stimulate the generation of new ideas by applying simple rules

Creativity stimulation: Practical rules (1/2)

Connect unrelated ideas or things

(e.g., In the 17th century, the German astronomer Johannes Kepler drew attention to the fact that tides are somehow linked to the movement of the Moon¹)

Search for new applications

(e.g., A visual analogue scale designed to assess the pain of patients may as well be used to assess patients' well-being)

See things in different ways

One thing may be seen in different ways as shown by this picture



Use metaphors

The metaphor which connects two different universes of meaning through similarities helps understand one idea by another one
(e.g., Thinking of how to catch a fish in order to find new ideas to attract more customers)

Cultivate a sense of humor

Both Albert Einstein and Leonardo da Vinci cultivated the humorous perspective
*(e.g., How deep is the ocean?
Just a stone's throw)*

“The metaphor is probably the most fertile power possessed by man” – José Ortega y Gasset

The mental attitude of individuals can be modified to stimulate the generation of new ideas by applying simple rules

Creativity stimulation: Practical rules (2/2)

Get rid of excuses

It takes more creativity to get rid of excuses than it does to produce new ideas

(e.g., When the Spanish conquistador Hernan Cortés, arrived at Veracruz in Mexico, he burned his ships and told his men “Now you can either fight or die”. Thus, removing the possibility to give up and return to Spain)

Think ambiguously

If ambiguity causes confusion and communication problems, it can also be a powerful stimulant to imagination

Reverse viewpoints

By turning conventional logic upside down, we may generate new ideas, and thus open our thinking

(e.g., Noting that milkmaids were generally immune to smallpox, Edward A. Jenner postulated that the pus in the blisters that milkmaids received from cowpox - a disease like smallpox, but much less virulent - protected them from smallpox. Then Jenner tested his hypothesis by inoculating people and proved that they were immune to smallpox). Jenner developed and generalized the vaccination technique)

Be persistent

It is important to be persistent when attacking creatively a problem and to keep on searching even when you feel like giving up

Search for alternatives (Knight’s move thinking)

Replace the “either/or” statement by “How to” to find additional options

(e.g., Either you drop your price or lose your customer. The question: “How to retain the customer?” can help find new options)

“Creativity is contagious. Pass it on” – Albert Einstein


Creativity-spurring checklists help open minds and explore new areas to find creative ideas by stimulating imagination

Creativity stimulation: Idea-generating techniques (1/4)

SCAMPER		
S	Substitute	<i>What could be substituted to make an improvement?</i>
C	Combine	<i>What could be combined to make something more useful?</i>
A	Adapt	<i>How could the product or service be adjusted for a better output?</i>
M	Modify	<i>What could be modified, minified or magnified?</i>
P	Put to other uses	<i>Could the product or service be used in another market?</i>
E	Eliminate	<i>What would happen if a component was removed?</i>
R	Rearrange	<i>Is there something that could be reversed or done in a different order?</i>

Kipling's Questions

The Kipling method is one of the most basic way to explore any idea or problem consisting of a list of 6 fundamental questions



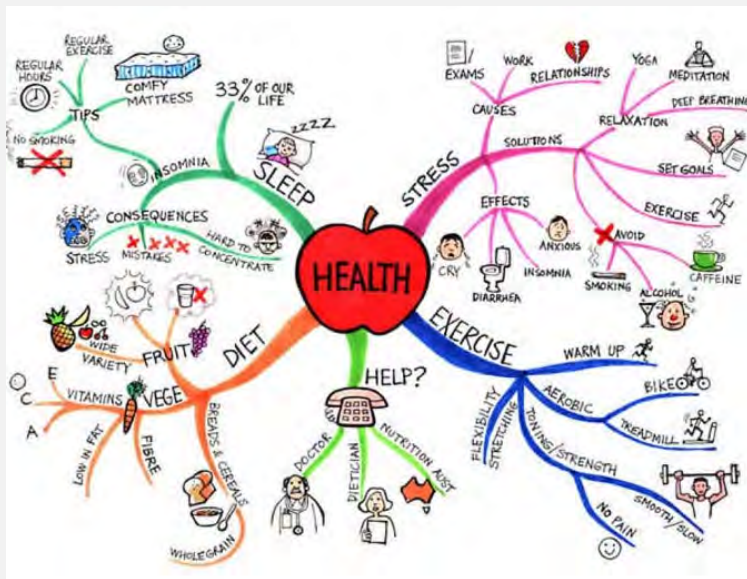
“Questions are the creative acts of intelligence” – Francis Kingdon-Ward

The mind mapping and the relevance tree enable to link thoughts without squeezing them into less natural listing or step-by-step sequence

Creativity stimulation: Idea-generating techniques (2/4)

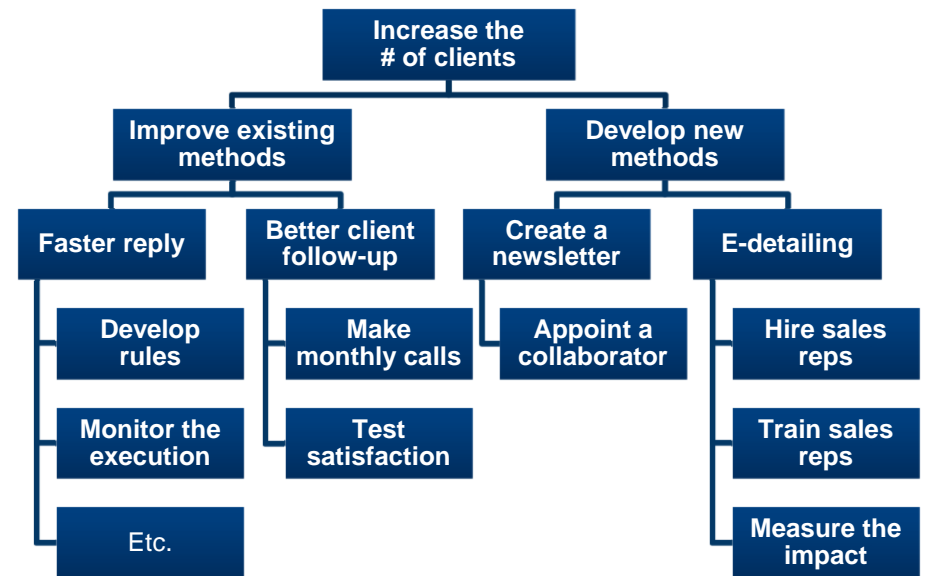
Description

A mind map is basically a diagram that connects information around a central subject



The relevance tree

The relevance tree serves as visual illustration to help understanding and to stimulate ideas



“Creativity is the power to connect the seemingly unconnected” – William Plomer

The creativity is stimulated by “synectics” through metaphors and analogies while the “six thinking hats” approach is based on participants role playing

Creativity stimulation: Idea-generating techniques (4/4)

Synectics

“Synectics” combines elements apparently irrelevant by using metaphors and drawing analogies







The process includes 3 steps:

- Referring: Specific problem definition
- Reflecting: Imaginative manipulation of the problem, exploring alternatives, possible solutions and translations of various types
- Reconstruction: Reinventing or transforming with synectic trigger mechanisms

Add	Transfer	Substitute	Analogize
Subtract	Emphasize	Fragment	Hybridize
Repeat	Animate	Isolate	Disguise
Combine	Parody	Distort	Fantasize

Six thinking hats

Each participant (Thinking Hat) of the creative session has a specific color representing an attitude (role play) leading to parallel thinking:

-  Neutral, objective (facts and figures)
-  Emotional (intuitions, impressions, feelings)
-  Objective, negative (critical, pessimism)
-  Objective positive (optimism, exploration)
-  New ideas (creativity, lateral thinking)
-  Moderator (control, organization, facilitation)

The problem is introduced at the beginning of the meeting and then everyone should use all the hats

This method provides a comprehensive understanding of the issue but is time consuming

“You see things; and you say, ‘Why?’ But I dream things that never were; and I say, ‘Why not’?” – George Bernard Shaw

While the creative thinking enables the generation of many ideas, the latter should then be evaluated and selected through an analytical thinking process

Combination of creative and analytical processes

Creative thinking

- Creative thinking (also called lateral thinking) is:
 - Imaginative
 - Divergent
 - Giving many ideas (including those that could be viewed as wild or foolish, and those that appear not to be linked with the problem)

Analytical thinking

- Analytical thinking (also called vertical thinking) is:
 - Logical
 - Convergent
 - Giving a unique or small number of ideas
- This approach requires deep and narrow probing to identify all aspects

Analytical and creative thinking processes are complement and equally important

Many ideas generated

Few solutions selected

“The creative process is any thinking process which solves a problem in an original and useful way” – H. Herbert Fox

The creativity at various levels of the company can be fostered
by the following key recommendations

Key drivers to develop a culture of creativity

1. Provide objective

- Collaborators must have a purpose and direction for their creativity
- Guidelines and reasonable constraints will enable to ensure some control over time and cost

2. Permit more interactions

- Creative climate is stimulated if individuals take part in project and working groups
- Such interactions encourage exchange of information, flow of ideas and fresh perspectives

3. Encourage new ideas

- Throughout the company, new ideas should be encouraged
- Thus, managers should be willing to listen to suggestions, and organize whenever relevant idea generation meetings

4. Tolerate failure

- Most of new ideas will prove to be impractical or useless
- It is however important to invest in experimenting with these new ideas to identify the ones which will be effective

5. Acceptance of change

- Collaborators should ideally participate in making decisions
- Issues like job security should be carefully handled when changes are planned and implemented

6. Offer recognition

- Creative individuals are most often self-motivated
- However, a monetary and/or non-monetary reward should be granted to demonstrate that creative behavior is valued

Creative companies foresee needs that customers have not yet realized and seize opportunities that competitors have not yet seen or have overlooked

Key learnings

- Creativity is a powerful engine to discover, invent and innovate in products, services, processes, concepts, etc., that can potentially boost the performance of companies
- In a deleterious environment, in which innovation is more and more costly, competition intensifies, and payers keep on increasing their pressure on price, pharma companies should put creativity at the top of their agenda to simultaneously:
 - Reduce their costs and increase their value proposition to optimize the performance of their current business
 - Craft innovative “Blue Ocean” strategies to create and develop market spaces in which competition does not yet exist or is still weak
- For so doing, pharma companies should put in place a creativity-driven organization in which:
 - Individual creativity is encouraged and rewarded
 - Group creativity is favored through the introduction of a formal creative thinking process

“Creativity is inventing, experimenting, growing, taking risks, breaking rules, making mistakes, and having fun” – Mary Lou Cook

3. Market Access



Smart Pharma
CONSULTING

Drug Value & Market Access Optimization

———— BUSINESS REPORT ————

From Drug Cost
to Payer Valuation

EXCERPTS June 2016

The image shows a person's hands interacting with a tablet computer. The background is a blurred office setting. The text is overlaid on the right side of the image.

Drug Value & Market Access Optimization

———— BUSINESS REPORT ————

From Drug Cost
to Payer Valuation

The purpose of this position paper¹ is to provide key information and robust analyses to better optimize drug valuation, from the pharmaceutical companies' perspective

Context & Objective

- To slowdown the increase of healthcare expenditure, governments and public or private payers implement a large array of cost-containment mechanisms
- Drugs are particularly affected by these measures, which include:
 - Drug prices control and regulations to favor the prescription of cheaper products like generics and biosimilars
 - Capping of the prescribed volumes
 - Selective reimbursement of drugs (e.g., limitation to a subset of patients or to the most severe cases)
- However, the way these measures are applied does not allow governments and payers to guarantee access to innovation to the largest number of patients
- Thus, governments and payers have no choice but to increase their pressure on drug prices and “force” pharma companies to accept affordable prices
- In this context, the following questions must be raised:
 - What is the value of innovative drugs for the community?
 - What is a fair price for pharmaceutical companies?
- This report¹ reviews:
 - The economic and healthcare environment
 - The R&D cost of drugs
 - The drug pricing strategic approaches of pharma companies, governments and payers
 - The health economic evaluation methods
 - The market access processes in selected countries
 - The best practices in market access
 - The ways to leverage the corporate reputation of pharma companies
- Smart Pharma Consulting proposes new thoughts likely to help pharma companies to optimize the valuation of their drugs

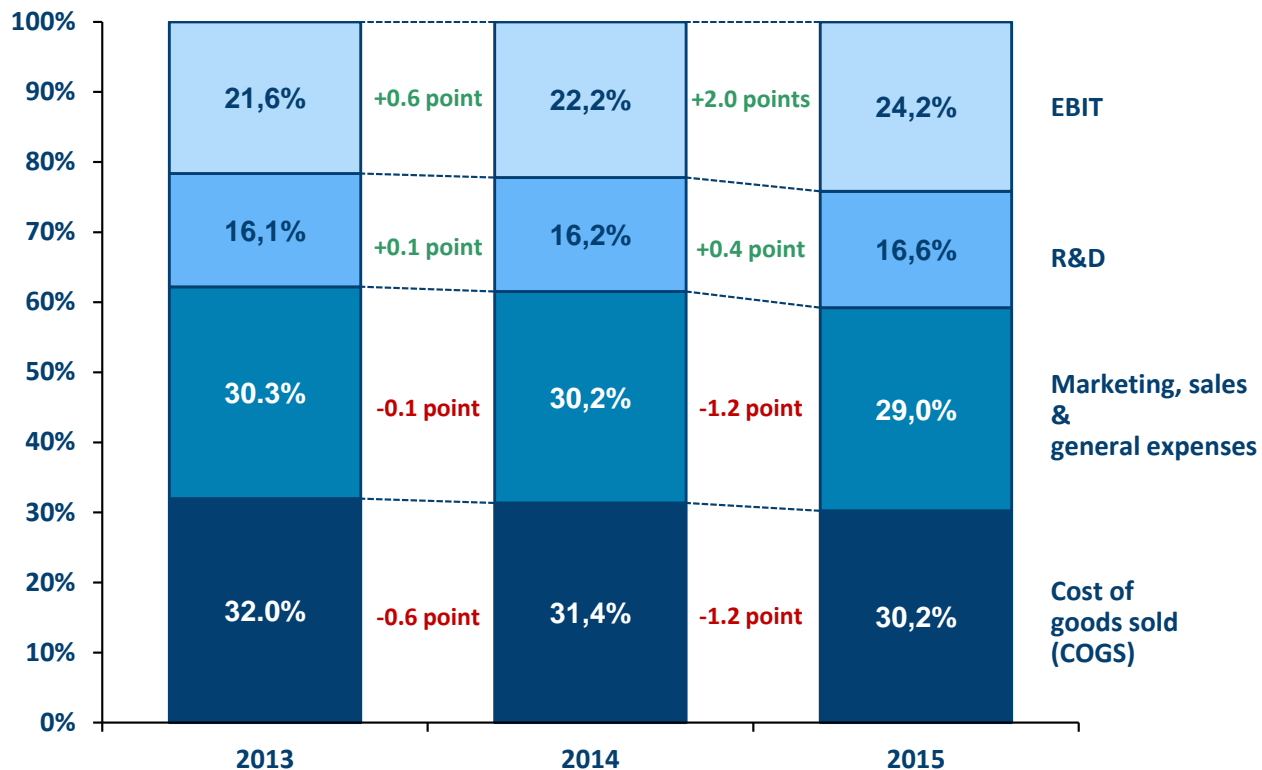
Among the top 30 pharma companies, the trend goes toward an increase of the EBIT and of the R&D expenses while sales and manufacturing costs are slightly decreasing

Global Pharma profitability

Evolution of the top 30 pharma cost structure (2013 – 2015)

Cost structure as a percentage of total revenues¹

Weighted average of total revenues



- The analysis of the top 30 pharmaceutical companies in the world shows that their average profitability has increased by 2.6 points between 2013 and 2015
- This improvement can be explained by the restructuring of their product portfolio in which the weight of high-priced secondary care products has been increasing
- Besides, the marketing and sales investment for these specialist-driven secondary care products is much lower than for GP-driven primary care products
- Restructuring and streamlining initiatives have also contributed to improve the economic performance of these companies
- These good performances are the Achilles' heel of pharmaceutical companies when negotiating price and reimbursement of their drugs with governments and payers

Sources: Companies annual reports – Federal Reserve annual exchange rates – Smart Pharma Consulting estimates

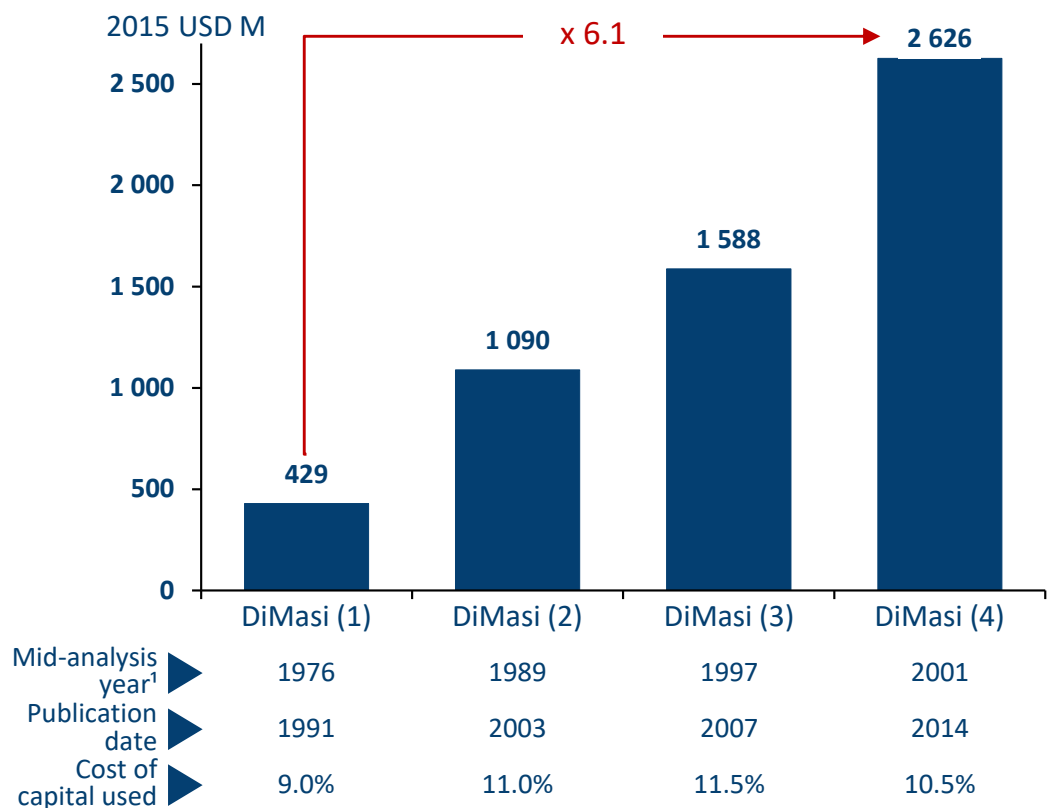
¹ Excluding Astellas, Daiichi Sankyo and Takeda for 2015, which have not published financial results at the moment of the study (due to their fiscal years ending in March) – Excluding for 2015 Actavis which merged with Allergan – Excluding Servier over the whole period for not publishing financial results and Boehringer Ingelheim for publishing non-standardized financial results

The analysis of four studies carried out with the same methodology, shows that the development cost of new drugs has more than sextupled over 25 years

R&D cost estimates

Evolution of R&D costs

Estimated capitalized cost per approved new drug (pre-tax)



■ The evolution of the capitalized R&D costs per approved new drug, after neutralization of the inflation, can be mainly explained by:

- The growth of the out-of-pocket costs, especially the growth of clinical trials spending: x10.8 between the 1991 and the 2014 estimates (vs. preclinical spending which grew less: x3.9)
- The decrease of the success rates to reach approval from phase I, ranging from 23% in the first 1991 estimates to 12% in the 2014 estimates
- The overall increase of the used cost of capital, even if, in the 2014 estimates a 10.5% cost of capital was used, in decrease of 1 point of percentage from the previous estimates. These assumptions of cost of capital seem overestimated compared to available data from NYU Stern School of Business for biotech products (9.2%, based on 411 firms) and for traditional pharma (7.7%, based on 157 firms)

Note: For the sake of comparability, all values are adjusted to USD 2015 prices using data of the US GDP implicit price deflator from the US. Bureau of Economic Analysis. The GDP implicit deflator shows the rate of price change in the economy, being the ratio of GDP in current local currency to GDP in constant local currency

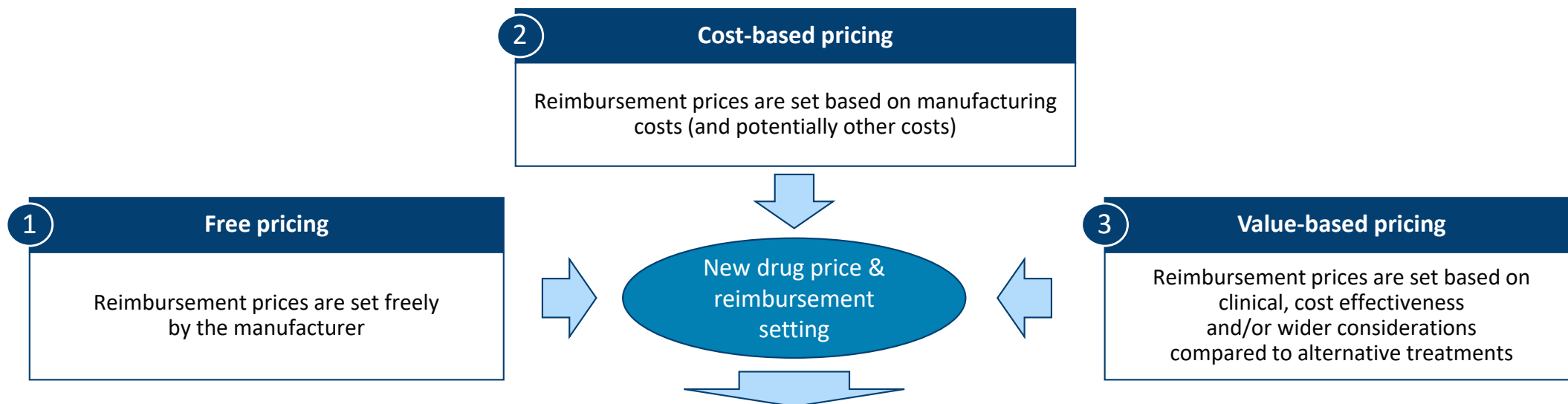
Sources: DiMasi (1991) – DiMasi et al. (2003) – DiMasi, Grabowski (2007) – DiMasi (2014) – Cost of Capital - NYU Stern School of Business, January 2016 – Smart Pharma Consulting analysis

¹ Products with first testing in humans over the analyzed period

The price and reimbursement of drugs are set according to three basic principles and implemented through different mechanisms during all their life-cycle

Drug pricing approaches

Drug price setting approaches and life-cycle evolutions¹



Price & reimbursement setting mechanisms during the drugs life-cycle

Internal price referencing	International price referencing ²	Managed entry agreements	Price cuts	Paybacks	Tenders	Compulsory licensing	Voluntary licensing	Tiered pricing
Reimbursement prices are set compared to prices of drugs of the same class	Reimbursement prices are set compared to prices in other countries	Price / volume agreements, risk-sharing agreements, etc.	Post-marketing reimbursement prices reevaluations	<i>A posteriori</i> rebates to healthcare system (PPRS ³ , safeguard clause, etc.)	Competition between similar products	Licensing imposed by a government to a third-party w/o the consent of the patent holder	Out-licensing by a patent holder to a third party to produce and/or market an invention	Differential pricing reflecting the willingness to pay across countries

Sources: "Access to new medicines in Europe: technical review of policy initiatives and opportunities for collaboration and research", OECD – "Value-based pricing for pharmaceuticals: Implications of the shift from volume to value", Deloitte – Smart Pharma Consulting analysis

¹ Non-exhaustive list – ² Also called External price referencing – ³ Pharmaceutical Price Regulation Scheme

Value-based pricing aims to set drug prices based on multiple criteria to assess their general impact on the healthcare system or on the society, as a whole

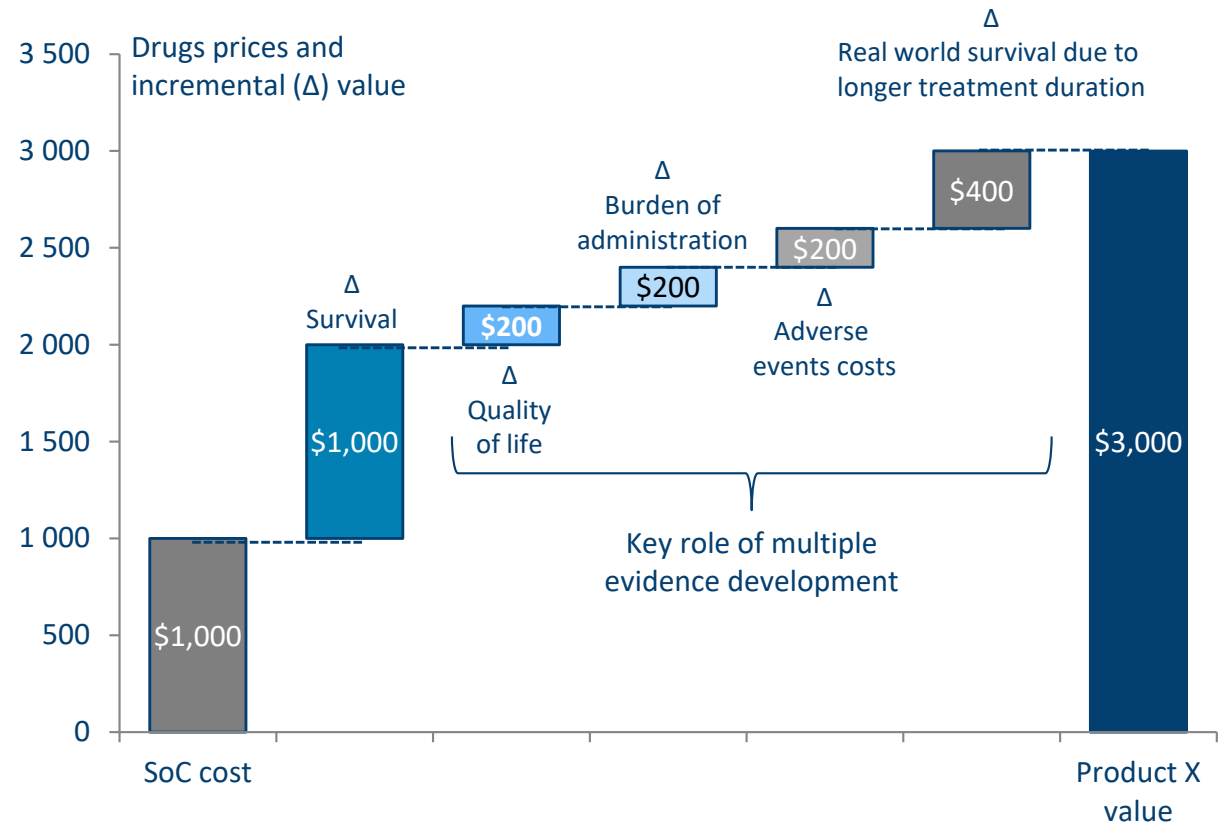
Drug pricing approaches

Value-based pricing – Approach

Definition & analysis

- Value-based pricing (VBP) sets prices based on a value assessment that considers several criteria such as clinical efficacy, cost-effectiveness, or a wider range of criteria including the burden and severity of the disease and the long-term benefits of the treatment
- VBP consists in negotiating prices for new pharmaceuticals based on their value for the society as assessed through Health Technology Assessments (HTA)
- By ensuring access to cost-effective drugs today and incentivizing manufacturers to invest in cost-effective products for the future, VBP seeks to provide a sustainable solution to pharmaceutical price regulation. But while it aims to reward innovation, establishing a clear relationship between the level of innovation and the price is not straightforward

Product X value vs. standard of care (SoC)



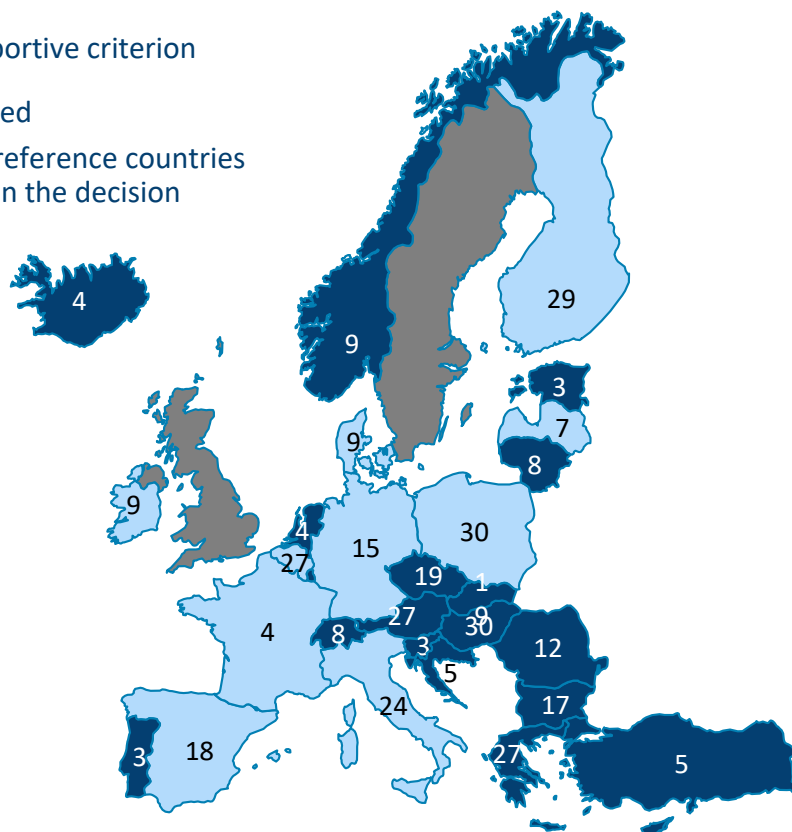
Sources: "Future strategies for pricing and market access in oncology", Analysis Group, Oct. 2014 – "Access to new medicines in Europe: technical review of policy initiatives and opportunities for collaboration and research", OECD – Smart Pharma Consulting analysis

International Price Referencing (IPR) is used in most European countries to set drug prices, but its scope may vary from one country to another

Drug pricing approaches

International price referencing

- IPR is the sole / main criterion
- IPR is a supportive criterion
- IPR is not used
- x Number or reference countries considered in the decision



- If most European countries use the International Price Referencing to set the price of drugs, there are some disparities in its usage and calculation:
 - The scope of the use of IPR may depend on the country. For example, in Italy, all reimbursed medicines are concerned while in Spain only new reimbursed medicines with no comparator available are concerned
 - The calculation may also vary. In France, prices should be like those in the reference countries and should not be lower than the lowest price in one of the four reference countries while in Belgium prices are based on the average price in reference countries
 - The revision frequency might also depend on the country with bi-annual revisions in the Netherlands or annual revisions in Spain
 - Ex-factory prices are considered in most European countries, but Norway, Denmark or the Netherlands consider pharmacy purchasing prices

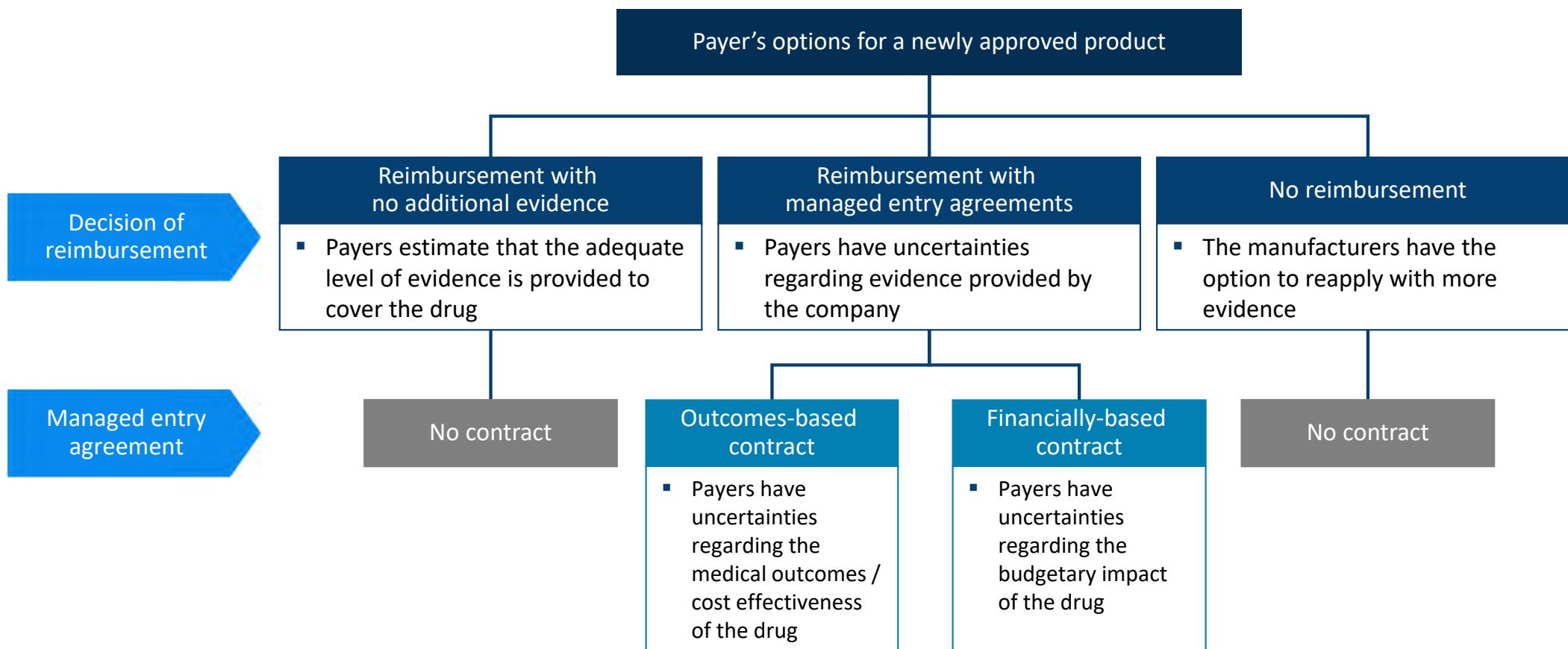
Sources: "Study on enhanced cross-country coordination in the area of pharmaceutical product pricing", European Commission, Dec. 2015 – "External reference pricing of medicinal products: simulation-based considerations for cross-country coordination", European Commission, 2014 – Smart Pharma Consulting analysis

Note: Germany should use the International Price Referencing to set drugs prices, but it is not used in practice

Managed entry agreements may be considered by payers when the level of medical evidence is too low and/or the financial impact is too high

Drug pricing approaches

Payer’s options for a newly approved product



Sources: "Can't Get No Satisfaction? Will Pay for Performance Help? Toward an Economic Framework for Understanding Performance-Based Risk-Sharing Agreements for Innovative Medical Products", Adrian Towse and Louis P. Garrison Jr, 2010 – Smart Pharma Consulting analysis

Managed entry agreements are expanding to reduce the risk for the payer (efficacy, safety, etc.) and/or to enable pharma companies to negotiate better prices

Drug pricing approaches

Classification of the managed entry agreements

	Outcomes-based contracts		Financially-based contracts
	<ul style="list-style-type: none"> Reimbursement consistent with the public interest, based on the results provided by the pharma company 		<ul style="list-style-type: none"> Limit the economical consequences of the negotiated price
Patient level	<p>1 Biomarker-linked payment</p> <ul style="list-style-type: none"> Reimbursement based on the results of biomarker tests e.g.: Herceptin (Roche) Erbitux (Merck) Enbrel, Australia (Pfizer) 	<p>2 Pay-for-performance</p> <ul style="list-style-type: none"> Reimbursement based on clinical endpoints: <ul style="list-style-type: none"> Morbidity-mortality Clinical efficacy Better adherence e.g.: Velcade, UK (Janssen) Imnovid, FR (Celgene) Aclasta, GE (Novartis) Janumet/Januvia, USA (MSD) 	<p>4 Per patient cost capitation deals</p> <ul style="list-style-type: none"> Maximum cost set per patient (number of doses, daily cost of treatment, total cost of treatment, etc.) e.g.: Lucentis, UK (Novartis)
Population level	<p>3 Coverage with evidence development (CED)</p> <ul style="list-style-type: none"> Funding granted if efficacy proven through real life studies Evidence needed to decide whether or not to maintain funding e.g.: Risperdal Consta, FR (Janssen), many high-cost drugs in Italy 		<p>5 Overall sales capitation</p> <ul style="list-style-type: none"> Annual sales volume agreement as part of the initial price negotiation Annual value capping with rebates for exceeding sales e.g.: highest cost drugs in France, Enbrel (etanercept) in Australia

Sources: "Innovation et prix du médicament contrats d'accès au marché des médicaments remboursables : choix des schémas d'étude et des critères de jugement", Réseau d'Evaluation en Economie de la Santé, Jan. 2014 – "Unpacking Risk Sharing and Alternative Pricing Schemes"; Pharmaceutical Commerce, Feb. 2010 – "Mechanism Of Coordinated Access (MOCA) and transparent value framework, managed entry agreements", AIFA – Smart Pharma Consulting analysis

Managed entry agreements enable an early access of patients to innovation while also facilitating reimbursement negotiations and limiting the budgetary risk for payers

Drug pricing approaches

Opportunity analysis

Relative importance¹

		Relative importance ¹
Payers	<ul style="list-style-type: none"> Potential to re-evaluate the effectiveness of the drugs at a later stage and re-negotiate the price based on real-world evidence and thus to move towards a value-based pricing system 	5
	<ul style="list-style-type: none"> Help address post-licensing uncertainty by offering flexibility in dealing with new and often expensive treatments 	5
	<ul style="list-style-type: none"> Improve the cost-effectiveness through a discount or a payback agreement for non-responders 	4
	<ul style="list-style-type: none"> Potential to create synergies with existing initiatives on registries in Europe: pulling evidence from different countries could allow to generate a large pool of data and increase the statistical significance of the results 	3
	<ul style="list-style-type: none"> Enable different types of schemes addressing different needs, both financial and non-financial 	3
Manufacturers	<ul style="list-style-type: none"> Speed up reimbursement negotiations for drugs which were likely to be rejected by drug reimbursement agencies 	5
	<ul style="list-style-type: none"> Potential to benefit from a better corporate reputation as a result of the willingness to take responsibility for the use of the drug in real-life 	4
	<ul style="list-style-type: none"> Potential to reinforce the long-term collaboration between payers, health authorities and pharmaceutical companies 	4
	<ul style="list-style-type: none"> Enables discounts without impacting list prices 	4
Patients	<ul style="list-style-type: none"> Ability to gain faster access to innovative medicines 	5

Sources: "Managed entry agreements for pharmaceuticals: the European experience", Alessandra Ferrario and Panos Kanavos, April 2013 – Smart Pharma Consulting analysis

¹ Rating from 5 = very important to 1 = limited importance

The implementation of managed entry agreements are most often time-consuming and costly for payers and/or pharma companies, outweighing partially their benefits

Drug pricing approaches

Threat analysis

Relative importance¹

Payers	▪ If managed entry agreements proliferate without integrating with other activities and initiatives, the burden is likely to become too high	5
	▪ Additional efforts required to make a new drug available to patients, such as negotiation time, monitoring of patient response, data gathering , development of registries , etc.	4
	▪ Threat that manufacturers could start proposing higher entry prices in the expectancy of having to engage managed entry agreements	4
	▪ Limited capacity to implement and assess evidence , notably if implementation takes place at regional/hospital level	3
Manufacturers	▪ Costs can partially, and in some cases totally, outweigh benefits	4
	▪ Concessions required such as refunds for non-respondent patients, discounts, gathering of additional data	4
	▪ Voluntary versus no voluntary nature of such contracts leading to a variability in stakeholders' perception across countries	3
Patients	▪ Frequent lack of transparency on the agreements implemented, limiting the ability of patient groups to be aware of such contracts ²	4
	▪ Legal issues regarding individual patient data collection and transfer	4

Sources: "Managed entry agreements for pharmaceuticals: the European experience", Alessandra Ferrario and Panos Kanavos, April 2013 – Smart Pharma Consulting analysis

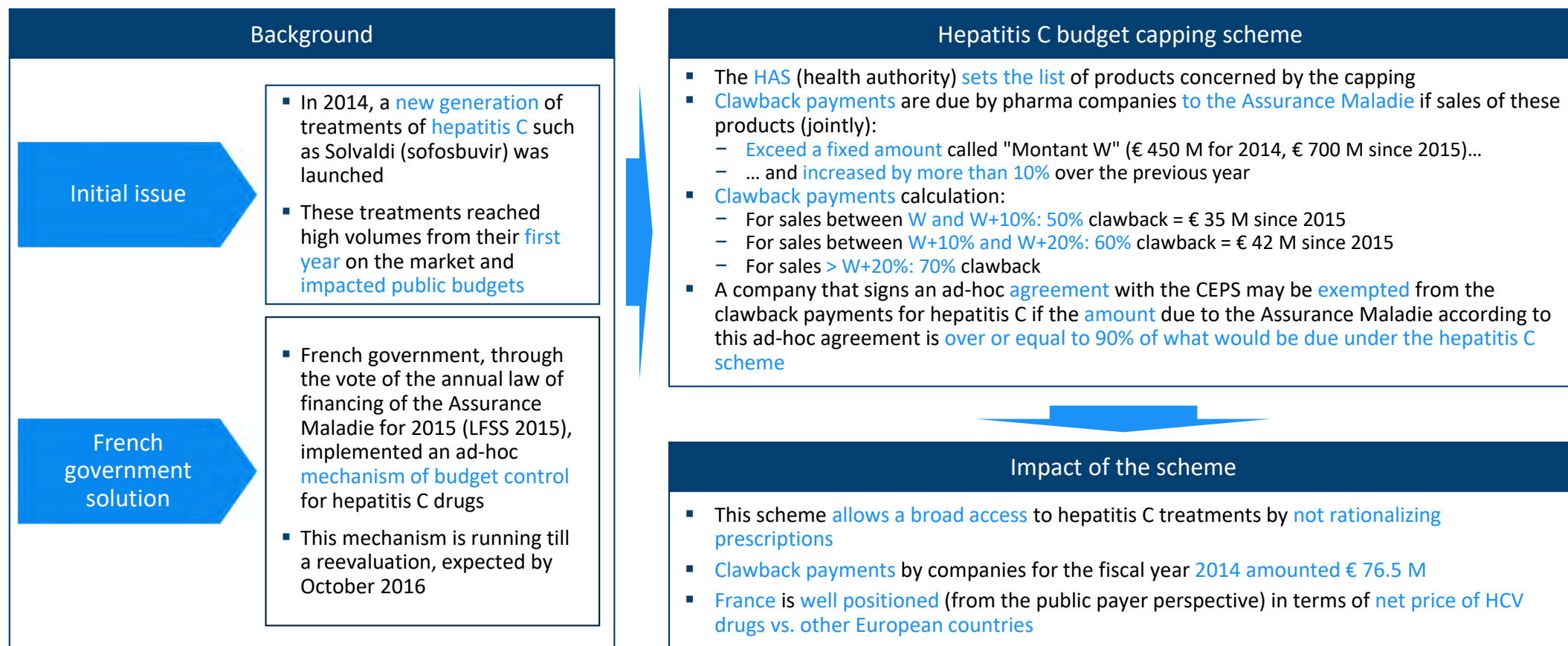
¹ Rating from 5 = very important to 1 = limited importance – ² Except in the UK where the NICE has made available a list of all the approved patient access schemes

Due to their impact on public budgets, French authorities voted a budget capping for all innovative hepatitis C drugs sales

Drug pricing approaches



Case study: HCV budget capping in France



Sources: "Contribution au titre de médicaments destinés au traitement de l'hépatite C", URSSAF – LFSS 2015 et 2016 – "Produits de santé à l'heure des comptes", APICCS – CEPS 2014/2015 annual report – Smart Pharma Consulting analysis

UK 2014 PPRS (Pharmaceutical Price Regulation Scheme) includes one total pharmaceutical sales capping and one profitability capping for the 2014-2018 period

Drug pricing approaches



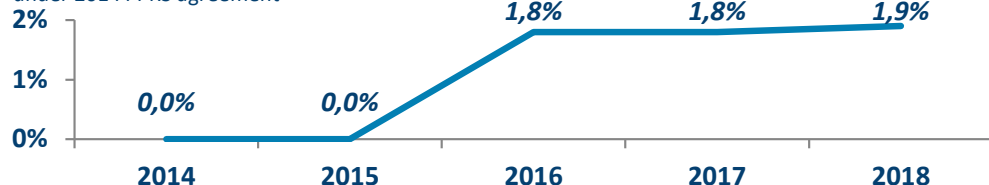
Case study: UK 2014 PPRS

The 2014 PPRS is a voluntary agreement between the British Department of Health (DH) and the Association of British Pharmaceutical Industry (ABPI) which regulates the supply of branded medicines to the NHS¹ by 2018

Sales growth paybacks

- Due to the current state of the global economy and the **financial challenges** facing the NHS, the DH and the ABPI have agreed to introduce a **limit <on the growth of the overall cost of the branded medicines purchased by the NHS**
- Payments are made by pharma companies on a quarterly basis of net sales to the NHS of **branded medicines**, i.e. after any other discounts already given
- Smaller companies** with sales to the NHS of less than £ 5 M are exempt from payments and to stimulate innovation, **products with first sales after January 2014** are **not concerned** by this scheme either

Sales growth threshold under 2014 PPRS agreement



Profitability paybacks

- The scheme provides a framework for determining **reasonable limits to the profits** to be made from the supply of branded medicines to the NHS
- There are two **profitability thresholds** that pharma companies choose to refer to (they are designed to be similar):
 - One level of **return on sales (ROS)** target: **6%**
 - One level of **return on capital (ROC)** targets: **21%**
- Within either limits**, companies are **allowed to set and change prices** in line with commercial considerations and NICE² appraisals
- If companies **reach the profit threshold**, they have to **pay 50% of the additional profit** to the NHS and are **not allowed to increase their prices**
- Companies must submit an **Annual Financial Return** to the DH for **control** purpose

Sources: "Understanding the 2014 PPRS", ABPI – Smart Pharma Consulting analysis

¹ National Health Service – ² National Institute for Health and Care Excellence

An EU collaboration for Health Technologies Assessment exists since 2005 with the aim to set a better communication between HTA bodies and to standardize methodologies

Drug pricing approaches



Initiatives of assessment collaborations in Europe

About EUnetHTA

- EUnetHTA was established in 2005 to create an effective and sustainable network for HTAs (Health Technologies Assessments) across Europe
- EUnetHTA helps develop reliable, timely, transparent and transferable information to contribute to HTAs in European countries
- EUnetHTA supports collaboration between European HTA organizations at the European, national and regional level through:
 - Facilitating efficient use of resources available for HTA
 - Creating a sustainable system of HTA knowledge sharing
 - Promoting good practices in HTA methods and processes

EUnetHTA Joint Action 1 strategic objectives (2010-2012)

- To develop principles, methodological guidance and functional online tools and policies to:
 - Produce, publish, store and retrieve structured HTA information
 - Improve Relative Effectiveness Assessment (REA) by identifying areas where methodological guidance is needed and by providing it, suggesting ways to integrate REA of pharmaceuticals as a special version of the HTA Core Model (methodological framework for production and sharing of HTA information)
 - Structure exchanges and storage of information on evidence generation on new technologies (e.g., registries and trials)
- To test and implement:
 - A web-based toolkit for structured exchanges and storage of information on evidence generation on new technologies
 - The application of the HTA Core model in common production of at least 2 Core HTAs
 - A REA of (a group) of pharmaceuticals in line with the core HTA development
 - Real life support of information flow on new technologies prompting those where parallel assessments of same technologies are detected and alerting on opportunities for information sharing and closer collaboration
 - Provision of a contemporary information management system which supports collaborative HTA work and ensures rapid dissemination of HTA results

EUnetHTA Joint Action 2 strategic objectives (2012-2015)

- To strengthen the practical application of tools and approaches to cross-border HTA collaboration
- To aim at bringing collaboration to a higher level resulting in better understanding for the Commission and Member States (MS) of the ways to establish a sustainable structure for HTA in the EU
- To develop a general strategy, principles and an implementation proposal for a sustainable European HTA collaboration

Voluntary licensing gives patients faster and easier access to medicines, even though this access is not always guaranteed and is restricted by the patent holder

Drug pricing approaches

Voluntary licensing – Approach

Definition

- A voluntary license (VL) is an authorization given by the patent holder of an invention to a third party (e.g., a generic company) to produce, market, import and/or distribute that invention in return for a payment of royalties¹
- VLs are also referred to as “out-licensing” and do not necessarily include technology transfer. Thus, the Indian affiliate of Merck & Co has recently signed a marketing deal with Sun Pharmaceuticals for two patented diabetes drugs (Januvia and Janumet) that will be marketed under different brand names in India
- Depending on the terms of the agreement, the licensee:
 - May act as an agent of the patent holder, with limited freedom, and receive fee
 - or
 - Be free to set the terms of sale and distribution within the agreed geographical area, contingent on payment of a royalty
- VLs were requested by the civil society and health groups for more than 15 years to bring more competition on drug price

Analysis

- VL is a strategic decision, which is a means to:
 - Prevent compulsory licensing imposed by governments²
 - Limit the risks of patent challenges and of “copies” produced by generic companies (by signing agreements with them)
 - Enable the patent holder to reach lower income markets
 - Protect the corporate reputation (by contributing to facilitate the access to medicines, especially in low and lower-middle income countries)
- The terms of the VL agreement are set by the patent holders who will stipulate certain conditions such as:
 - The scope: countries and market segments (e.g., public vs. private, hospital vs. open care, etc.)
 - Possibilities to produce, market, import and/or distribute
 - The quality requirements
 - The exclusivity, semi-exclusivity or non-exclusivity of the license
 - Price ranges
 - Duration (e.g., three years, five years)
 - The amount of royalties to be paid

Note: The 1st VLs have been given by GSK and Boehringer Ingelheim following the South African competition case of 2002 regarding antiretrovirals (ARVs)

Sources: Tahir Amin (2007), IFPMA (2013), P. Londeix MDM (2014) – Smart Pharma Consulting analysis

¹ In certain circumstances, a license can be granted to an intermediary sub-licensing agency, such as the Medicine Patent Pool founded by UNITAID since 2010, which will be allowed to negotiate licensing terms with interested licensees –

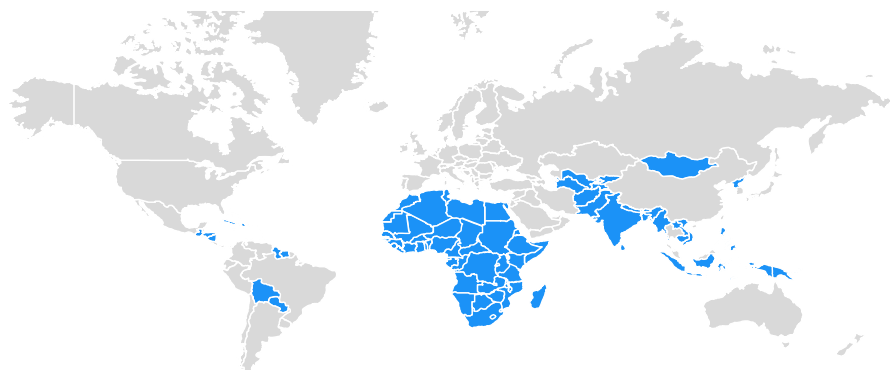
² Such as India, Malaysia, Brazil, Mozambique, Zambia, Zimbabwe, Ghana, Eritrea, Thailand, Ecuador, Indonesia

Gilead agreed on a voluntary licensing agreement with 14 different generic companies for the marketing of its HCV drugs in 101 low-income countries

Drug pricing approaches

Voluntary licensing – Gilead case

Gilead's voluntary licensing agreements



- Gilead has signed licensing agreements for sofosbuvir (Sovaldi), ledipasvir/sofosbuvir (Harvoni) and velpatasvir/sofosbuvir with 11 international generic companies for the distribution in 101 developing countries:
 - Aurobindo Pharma, Biocon, Cadila Healthcare, Cipla, Hetero, Laurus, Mylan, Natco, Ranbaxy, Sequent Scientific, Strides Arcolab
- Gilead has also signed agreements with three local generic companies for in-country production and distribution:
 - Ferozsons laboratories (Pakistan)
 - Magic Pharma (Egypt), Pharmed Healthcare (Egypt)

- Licensees will receive a complete technology transfer of the Gilead manufacturing process...
- ... and will be free to set the price level of sofosbuvir and of ledipasvir/sofosbuvir
- The countries included in these agreements account for 103 million people living with hepatitis C (i.e., 67% of the total global infected population)...
- ... but it does not guarantee an actual access to treatment due to the lack of basic health facilities or to the high HCV burden
- Price will not drop if competition in each country is low
- Gilead will receive royalties' payment of 7% of the generic price for sofosbuvir and the single tablet regimen of ledipasvir/sofosbuvir to support:
 - Product registrations
 - Medical education and training
 - Safety monitoring

Note: In these 101 countries, Gilead offers its HCV medicines at a suggested government price of USD 300/month of treatment for Sovaldi and USD 400/month for Harvoni

GSK which was one of the first vaccine companies to adopt a tiered pricing approach for its vaccines, has designed a new model in 2013 with seven different tiers

Drug pricing approaches

Pricing differentiation or tiered pricing – GSK case

Ability to Pay

- For public markets, GSK’s pricing policy focusses on expanding access via national immunization programs at affordable prices for governments
- Maximum prices and country membership in a pricing tier are defined by Gross National Income (GNI) per capita which is used as an indicator of governments ability to pay
- GSK’s approach to public sector prices is organized into seven tiers according to the GNI ranking of the countries
- The tier 7, the lowest, corresponds to GAVI¹ eligible countries
- The remaining three World Bank groups of HIC (High Income Countries), UMIC (Upper Middle-income Countries) and LMIC (Lower Middle-income Countries) will each comprise two tiers
- Increasing the number of tiers enables GSK to be more finely attuned to a country’s ability to pay
- Introducing a more formalized and transparent approach should also support governments - particularly those in the process of transitioning out of GAVI support - with their budget planning

Willingness to Invest

- Each Income Tier is divided into price ranges based on four criteria, three of which incentivize public health policy commitments to vaccination:
 1. The committed duration for vaccination in the disease area
 2. The coverage of the target population which rewards the health benefit of well implemented vaccination program
 3. For vaccines with broad age recommendations such as cervical cancer vaccines, a government’s commitment to vaccinate catch-up cohorts as part of their national immunization program
- The fourth criteria is the committed number of doses to be purchased; it is weighted less than previous ones together to ensure that governments with small populations who are fully committed are not disadvantaged by their size
- In 2016, 16 countries are in the process of transitioning out of GAVI support. These countries have successfully implemented mass vaccination program with new vaccines but are still struggling with the cumulative effect of these programs on national immunization budgets. GSK will provide them with pricing support to transition to their respective Tiers as they are transitioning out of GAVI support

Sources: GSK’s Tiered Pricing Approach for Vaccines”, 2014 – Gavi website – Smart Pharma Consulting analysis

¹ GAVI is a nonprofit organization based in Geneva that facilitates the purchase of vaccines. It creates a more attractive vaccines market by bringing together 72 developing countries under one umbrella and raising funds from leading donors – largely industrialized-country governments and key multilateral organizations – for the purchase of vaccines. The procurement process is handled through UNICEF

Partnering with patient advocacy groups may help pharma companies generate awareness, shape favorable regulations and obtain earlier access and payer coverage

Drug pricing approaches

Influence of Patient Advocacy Groups on pricing and reimbursement decisions

Opportunity to partner with patient advocacy groups (PAGs) (examples)

Generating awareness

- The question of the **funding of expansive hospital drugs** was questioned in the Netherlands since the mid-90
- The **public consultation** included regulators, hospitals and private reimbursement companies but **excluded patients** and specialists
- It was agreed to **cover** expansive hospital drugs **partly between hospital budgets** and **private insurances**, based on a negotiable percentage
- **Patient organizations** in the field of breast cancer (BNV, NFK) **raised the political awareness** that patients would face **inequalities in the access to Herceptin** (Roche) since hospitals have different budgets and healthcare resources allocations

Shaping the regulation / legislation

- Patient advocacy groups can be **instrumental** in the development of **drugs regulation or legislations**
- That was the case in the formation of **orphan drug legislations** in the USA (US Orphan Drug Act) and in the EU (CE n°141/2000). Patients' organizations such as NORD (USA) or EURODIS (EU) played the role of "**surrogate pressure groups**" and played a key role during the drafting of legislations
- Another example was found in the **USA** when the Centers for Medicare & Medicaid Services (CMS) proposed to **reduce the number** of "**protected classes**" covered by Medicare part D plans¹, i.e., to remove antidepressant, immunosuppressant and antipsychotic classes. Several **patient advocacy groups** partnered within the Partnership for Part D Access to **lobby against CMS proposal**

Claiming payers' coverage

- Patient advocacy groups often play an important role to **promote** the **drug coverage** by payers
- This statement is particularly true for the coverage of **orphan drugs** for rare diseases
- For example, patient advocacy groups played an important role for the **promotion of R&D** and in **arguing for the full reimbursement** of **Cerezyme** (Genzyme) in the treatment of Gaucher's disease. Genzyme also partnered with the humanitarian organization project HOPE with the aim of guaranteeing the reimbursement of Cerezyme around the world

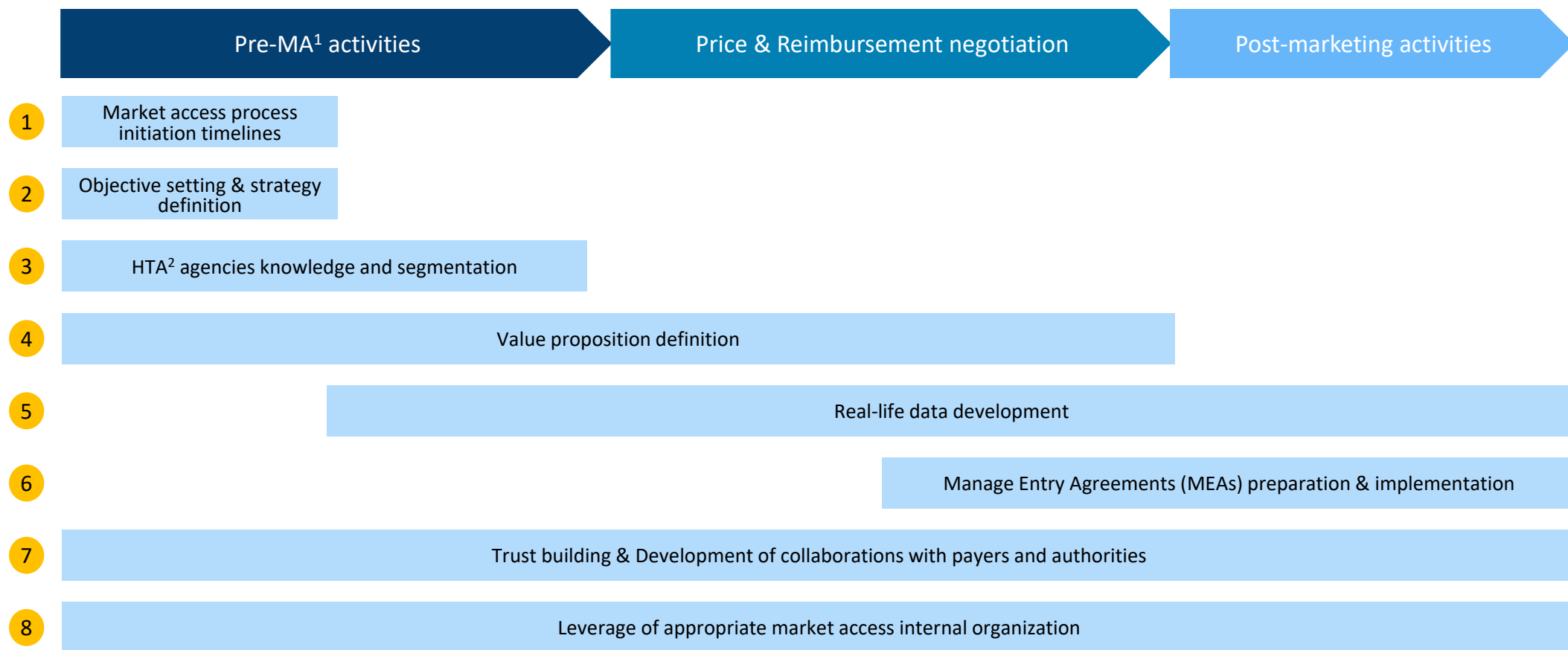
Sources: "Orphan drug legislation: lessons for neglected tropical diseases", International journal of health planning and management – "Access to Orphan Drugs: A Comprehensive Review of Legislations, Regulations and Policies in 35 Countries", PLOS ONE – Partnership for Part D Access website – "The impact of patient advocacy: the case of innovative breast cancer drug reimbursement", Sociology of Health & Illness Vol

¹ Classes in which all drugs are covered by Medicare under Part D plans (anti-retrovirals; immunosuppressant when used for organ rejection; antidepressants; anti-psychotics; anti-convulsant agents; and anti-neoplastics)

The best practices related to the market access process are well identified from the pre- to the post-marketing authorization phases of products

Best practices

Market access best practices



Sources: Smart Pharma Consulting

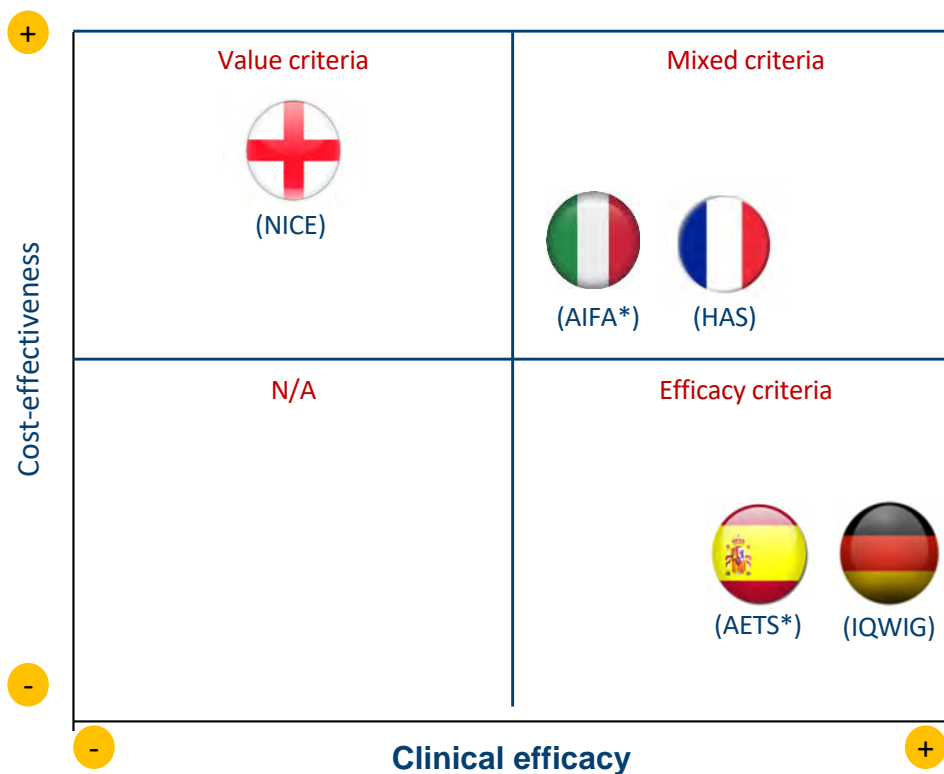
¹ Marketing Authorization – ² Health Technology Assessment

Pharma companies may cluster HTA agencies according to the assessment criteria they value the most and then develop a specific value proposition for each of them

Best practices

Payers' knowledge and segmentation

Segmentation of EU countries based on HTA criteria



- The first step for market access activities planning is to understand what will drive national HTA (Health Technology Assessment) agencies decisions when it comes to drug evaluation
- A good understanding of their requirements will allow to define an appropriate value proposition for each of them
- The "one fits all" strategy is no longer valid since each country has different requirements
- HTA agencies can be segmented according to the importance they grant to the following criteria:
 - Clinical efficacy vs. cost-effectiveness
 - Absolute¹ vs relative therapeutic value²
 - Narrow view vs. holistic view of the impact of the drug (Health Related Quality-of-Life, societal impact, etc.)
 - Importance of subpopulations

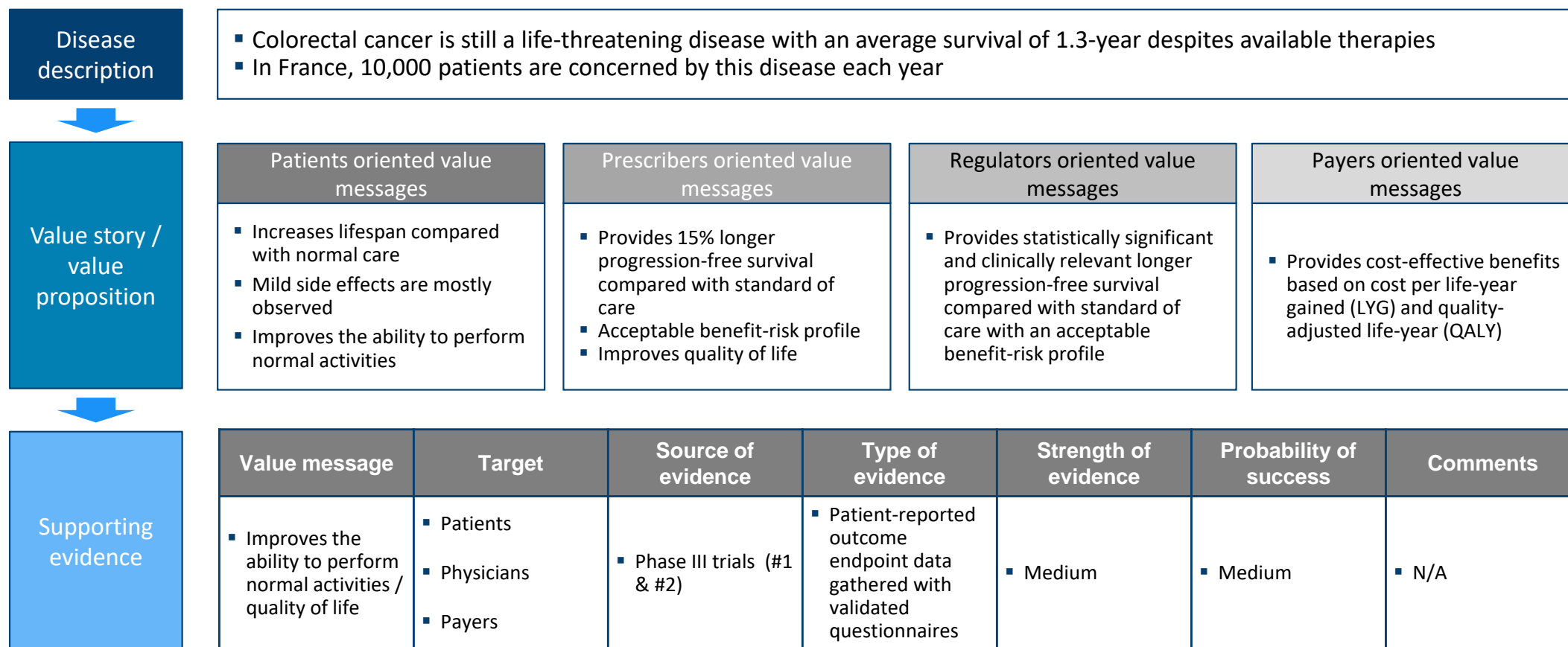
Sources: "Reimbursement Systems for Pharmaceuticals in Europe Concept Mechanism and Perspective", EMAUD – Smart Pharma Consulting analysis

* Note: In Spain and Italy, policies may differ from a region to another
¹ Disease severity and burden, unmet needs, efficacy/safety of the product –
² Incremental efficacy/safety versus available comparators

Value dossiers may help to develop targeted key messages for the different stakeholders

Best practices

Value proposition definition – The value dossier: Example



Sources: ISPOR 14th annual meeting presentation, RTI Health – Smart Pharma Consulting analysis

Pharma companies can enhance the perception of their value proposition by providing beyond or around-the-pill services which are likely to be valued by payers

Best practices

Value proposition definition – Development of payer-oriented services

Patient support programs	Tools to improve the management of healthcare resources	Connected devices to follow up patients' adherence and generate real-life data
<ul style="list-style-type: none"> ▪ In the current environment where payers require more complex and meaningful data to cover innovations, the development of real-world evidence is often a must-have ▪ Thus, observational studies and comparative effectiveness research should be developed to gather clinical, economic and patient-reported outcomes ▪ In that context, patient support programs may take an important meaning by binding them to outcomes and real-life result generation 	<ul style="list-style-type: none"> ▪ In 2013, GSK, in collaboration with CCNC¹ (a private payer from North Carolina, USA), launched a tool to analyze patient medication challenges ▪ This analytical tool is based on patient information such as prescription history, hospital admissions or discharge data ▪ The service then provides prescribers with suggestions of interventions which are expected to facilitate a better patient engagement when facing medication challenges ▪ The project was based on the fact that USD 290 B spending due to poor medication adherence in the USA could be potentially avoided 	<ul style="list-style-type: none"> ▪ In 2014, Merck KGaA launched a project to generate real-life data and improve multiple sclerosis management with two components: <ul style="list-style-type: none"> – A connected device for its multiple sclerosis treatment Rebif (interferon beta-1a). The device collects injection data and sends it wirelessly to a server – A web-based software for patients to engage in the management of their disease by completing short forms (Quality of Life) ▪ The project allows: <ul style="list-style-type: none"> – Patients to receive email or SMS reminders – Physicians and nurses to monitor patients adherence – Merck to generate real-life adherence and quality of life data

Sources: "Addressing the needs of payers", PharmaVoice – GSK – Merck KGaA – Smart Pharma Consulting analysis

¹ Community Care of North Carolina

Patient advocacy groups and pharma industry may improve the quality of their relations and partnerships by following simple recommendations

Best practices

Collaborations with patients' advocacy groups (PAGs)

Recommendations to improve industry / patient advocacy group partnerships

Recommendations for pharma companies

- 1** Improve transparency and authenticity
 - 2** Seek PAGs input in the design and execution of clinical trials
 - 3** Involve PAGs in awareness and education campaigns for patients, healthcare providers and caregivers
- Provide follow-up when meetings are convened to seek
- 4** PAGs counsel on unmet needs
- Use request for proposal / grant-giving process to
- 5** reward collaboration among patient groups rather than competition

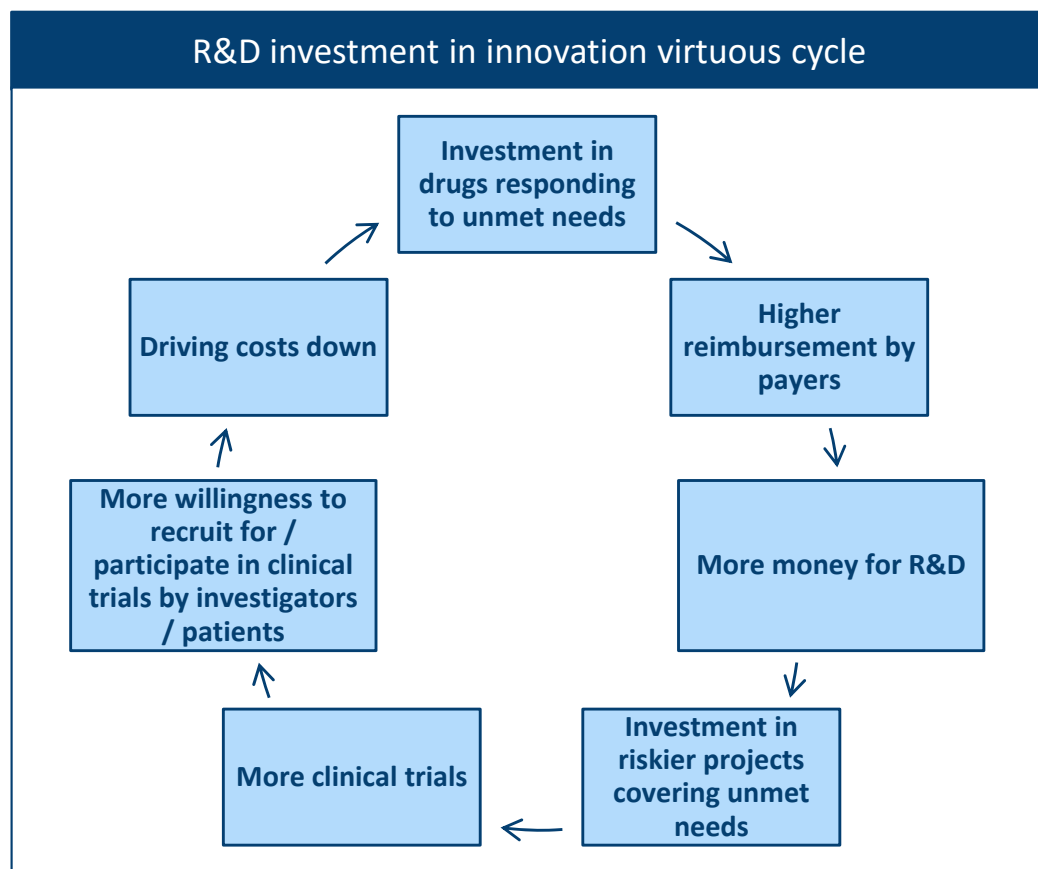
Recommendations for patients' advocacy groups

- 1** Be clear about the scope of partnerships they will agree to bind
- 2** Behave more like businesses, meeting commitments in a timely fashion
- 3** Stay focused on their core missions and avoid initiating programs simply to chase more funding
- 4** Frequently report back to funders on the impact of money raised and spent
- 5** Establish more patient registries that pharma can use for drug trials recruitment

Pharma companies' corporate reputation is directly related to their research announcements responding to previously unmet needs

Corporate reputation leverage

Corporate reputation building – Involvement in R&D



Patient-centric mindset for an improved corporate reputation

- A reputation benchmark performed by Alva showed that pharma companies **reputation peaked** when were announced **patient-driven breakthrough research initiatives**:
 - AstraZeneca's reputation was improved when was announced in 2014 a partnership with Eli Lilly for the development of **Alzheimer treatments based on genome-editing technology**. It also peaked when was announced its partnership with **PatientsLikeMe** in 2015
 - Merck's reputation peaked in 2015 with the announcement of its partnership with Genea Biomedx and with Illumina for the development of **pioneering assisted reproductive treatments**
 - GSK's reputation also peaked with the announcement of R&D innovations such as **Ebola vaccine** reaching phase II during late 2014 or **malaria vaccine** being approved by the EMA and soon to be used in Africa

Sources: "Pharma industry improves its tarnished reputation", CenterWatch News Online – "R&D innovation – a reputation differentiator for pharma", Alva – Smart Pharma Consulting analysis – Merck press release

The Pharma Corporate Reputation Audit developed by Smart Pharma Consulting facilitates the identification of key challenges to improve corporate reputation

Corporate reputation leverage

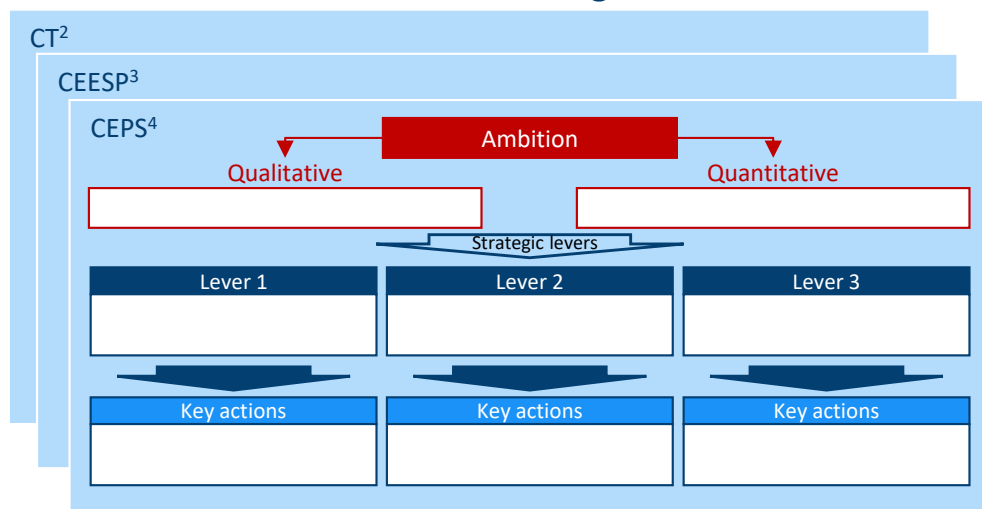


Corporate reputation strategy & tactics

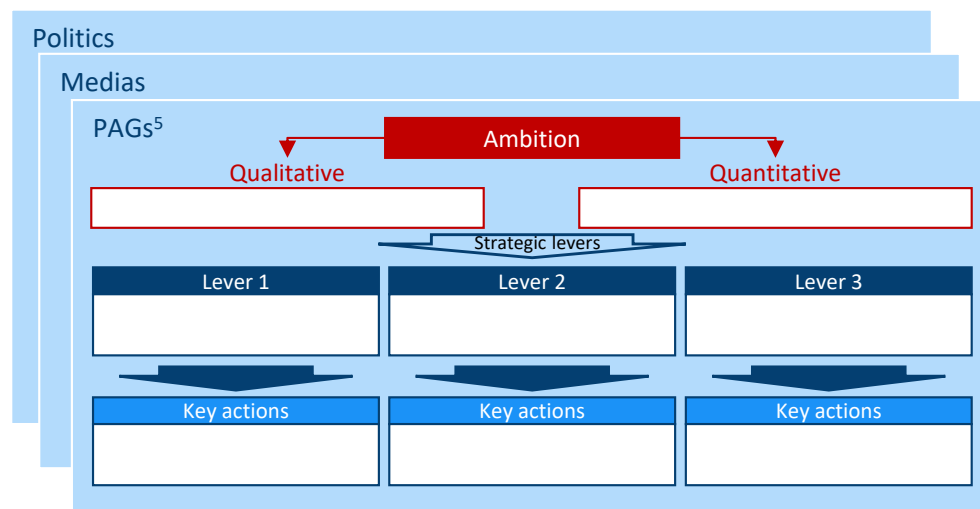
Illustrative - France

Pharma Reputation Strategy Card

HTA¹ / Pricing



Access environment



- Strategy and related actions aim at achieving the set ambition in terms of corporate reputation improvement
- The Pharma Reputation Strategy Card can be applied for one stakeholder group (i.e., HTA / Pricing, Access environment...) or sub-group (i.e., CT, CEESP, CEPS, Etc.), or even for one individual stakeholder (i.e., President of the CEPS)
- Strategic levers correspond to strengths on which the company should capitalize to create a competitive advantage or weaknesses to be corrected

Sources: Smart Pharma Consulting

¹ Health Technology Assessment – ² Transparency Commission – ³ Health economic evaluation committee – ⁴ Drug pricing committee – ⁵ Patient Advocacy Groups

Market access strategy and corporate reputation play a key role to optimize drug price valuation and to take the advantage over competition

Recommendations

Selected key takeaways

- Pressure of governments and payers on drug prices will keep on increasing but the impact within the same category of drugs will significantly differ, depending on market access strategy design and execution by pharma companies

DON'Ts

- Justify the price of innovation by the level of investment in R&D which is almost half the one invested in marketing, sales and general expenses
- Invoke the high level of risk, knowing that there is no case of bankruptcy amongst pharma companies
- Invest in sophisticated and expansive health economic studies which will be most likely criticized and not taken into consideration to grant you a better price
- Propose managed entry agreements for which the uncertainty associated with outcomes is high
- Underestimate the importance of corporate reputation

DOs

- Pharma companies should act in good faith and put themselves in governments and payers' shoes
- Put forward evidence that are well-documented and articulated in a convincing argument to support the asking price
- Managed entry agreements should remain as simple as possible and generate a minimum of controlled associated costs
- Each pharma company should strengthen its corporate reputation to differentiate itself positively from competitors and thus get preferred

... knowing that pharma companies are not considered as all equal by governments and payers in the context of drug pricing & reimbursement

4. Medical Affairs



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Efficacy & Efficiency?

POSITION PAPER May 2019

The image shows a person's hands interacting with a tablet computer. The background is a blurred outdoor scene with a blue sky and greenery. The overall design is clean and professional, with a white background and a dark blue triangular graphic element on the left side.



Smart Pharma
CONSULTING

Best-in-class Medical Science Liaisons

————— BEST-IN-CLASS SERIES —————

How to boost MSL's
Competence & Performance

POSITION PAPER

February 2017

This position paper proposes strategic and operational methods, tools and advice to boost Medical Science Liaisons (MSLs) competence and performance

Context & Objective

- **Medical Science Liaisons (MSLs) play a pivotal role to maintain a close relationship with KOLs¹ who are instrumental in:**
 - Developing new products through their collaboration in pre-clinical and / or clinical trials
 - Raising the awareness and the preference – indirectly or directly – for their products in the mind of HCPs² but also of health authorities, PAGs³, individual patients, etc.

- **The increasing role of Medical Science Liaisons (MSLs) results from:**
 - New molecular entities becoming more and more complex...
 - ... and mainly prescribed by specialists, less and less inclined to be informed by medical reps

- **In this position paper, Smart Pharma Consulting proposes:**
 - **Methods, tools and advice to boost MSLs competence and performance**
 - **KOL Partnership Model to recruit and manage KOLs in a more efficient and effective way**

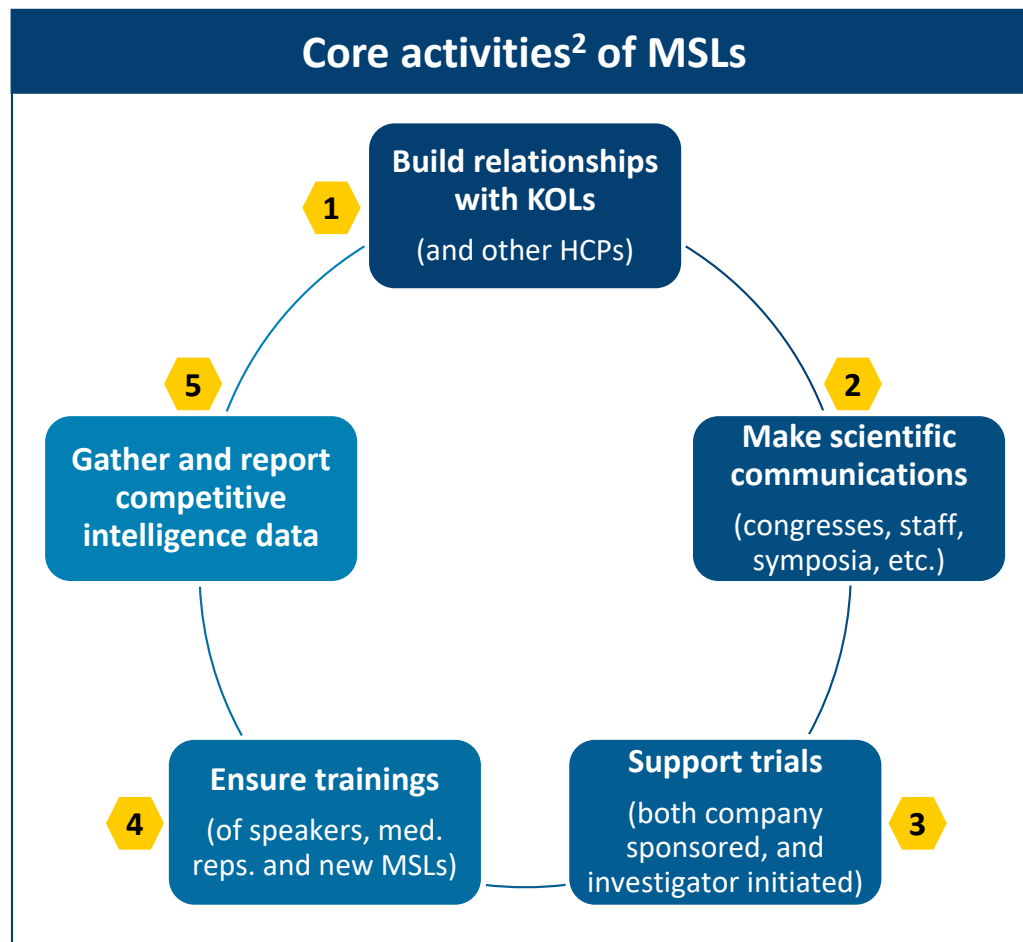
MSLs are the field team of medical affairs in pharma companies, who are dedicated to the development of relationships with KOLs and to high-level scientific communications

Overview: MSLs

MSLs: Medical Science Liaisons¹

- MSLs are one of pharma companies' field teams dedicated to enhance the full exchange of **scientific information** with physicians, especially with KOLs
- MSLs have a more robust scientific background than medical representatives, such as: **MSc, MD, Pharm. D, PhD degrees** (90% of them have a doctorate degree)
- MSLs were first established by **Upjohn Pharmaceuticals** (now Pfizer) in **1967** with the objective **to build a strong relationship with KOLs**
- The central activity of MSLs is to develop long-term, peer-to-peer **relationships with KOLs**
- MSLs are in most cases affiliated to the **medical affairs department** (whereas med reps. are affiliated to the sales / marketing department)

Core activities² of MSLs



Sources: MSL Society – “An insight into the emerging role of regional medical advisor in the pharmaceutical industry”, Perspectives in Clinical Research, 2013 – Smart Pharma Consulting analysis

¹ Other names than MSLs can be used by pharmaceutical companies such as: Medical Liaisons, Regional Medical Managers, Regional Scientific Managers, Scientific Affairs Managers, Medical Information Scientists, Clinical Liaisons – ² Excluding administrative time

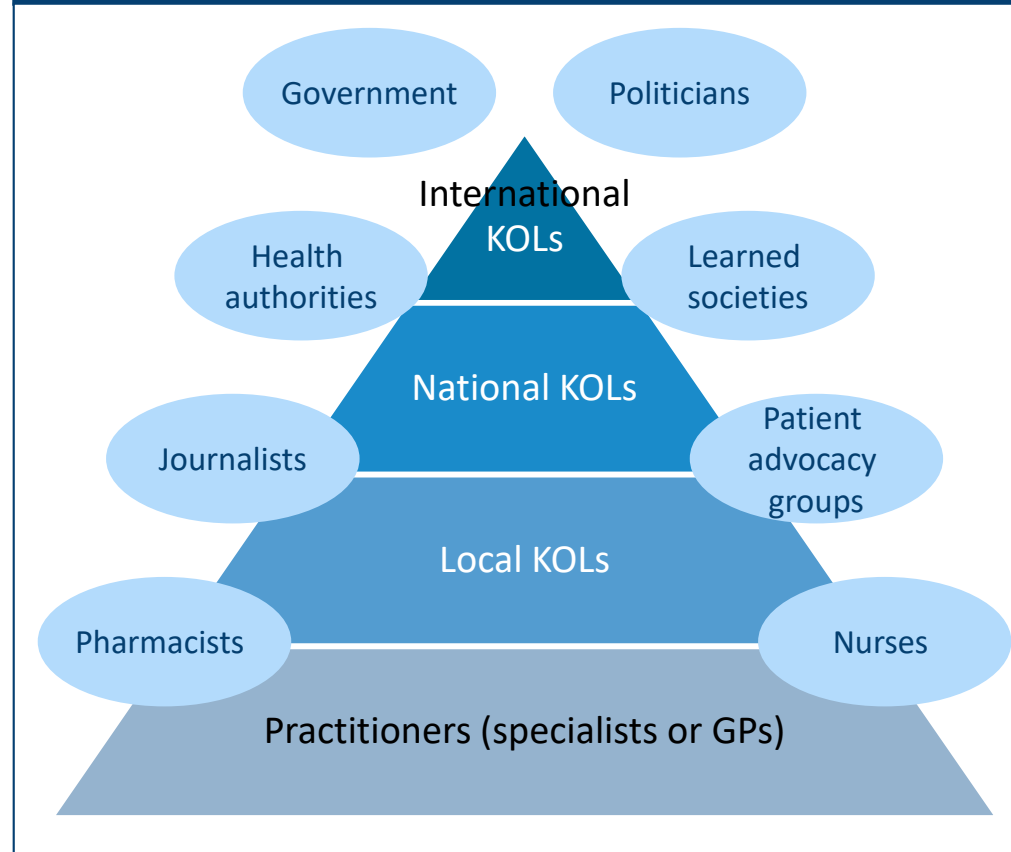
KOLs have the potential to influence their peers, but also other stakeholders in a specific area, at international, national and local levels

Overview: KOLs

KOL: Key Opinion Leader


- The acronym KOL is generally used to qualify physicians who have a **recognized expertise in a specific field** (e.g., oncology, endocrinology, epidemiology, biostatistics, etc.)...
- ... and who can **influence the opinion** and **the medical practice** (e.g., treatment scheme, prescribing habits, preference for a given product, etc.) of their peers (specialists or GPs)
- KOLs may also contribute to **modify medical guidelines** when they are members of learned societies or when they advise health authorities
- KOLs' influence can be at international, national or local levels
- Other stakeholders may also be considered as KOLs (e.g., members of governments, of health authorities, of learned societies, of patient advocacy groups, journalists, pharmacists, nurses, etc.)

Pyramid of influence & types of influencers




The relationships between pharmaceutical companies¹ and healthcare professionals are increasingly regulated, and potential conflicts of interest must be disclosed


Regulatory framework² regarding KOLs & pharmaceutical companies' partnerships

 **European regulations - Directive 2001/83/CE (Article 94)**


- Prohibition of bonuses, benefits (in cash or in kind) from pharmaceutical companies to prescribers
- Hospitality at a reasonable level

 **France**

- **Prohibition of benefits** (in cash or in kind), in any form whatsoever, directly or indirectly, for medical professionals
- Obligation to **disclose potential conflicts of interest** between health professionals or health facilities with pharmaceutical companies
- Measures put in place in the DMOS law **extended to students in healthcare** and patient advocacy groups

 **UK**

- **Interdiction to supply, offer or promise gift, pecuniary advantage or benefit** to HCPs in connection with the promotion of medicines or as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine
- During meetings organized by pharma companies, **provision of inexpensive items only** (pens, etc.) that **must not bear the name of any medicine** or any information about it

 **Germany**

- No influence of HCPs in a **dishonest** manner and therefore **no** advantages **granted** or **promised**
- **Open** and **transparent** cooperation
- Existence of a code for the collaboration (FSA) of the pharmaceutical industry with physicians, pharmacists and other healthcare professionals to **avoid conflicts of interest**

 **Italy**

- **Prohibition** of **any kind of economic incentives** designed to compensate healthcare professionals for time taken from normal professional activities in order to participate in congressional events
- Participation in conferences related to the role performed by the industries in the field of research, development and scientific data and inspired by **ethical, scientific** and **cost-effective criteria**

 **Spain**

- **Prohibition** of **direct or indirect offering** or provision of any type of incentive, prize or gift (in cash or in kind) to HCPs
- **Previous communication to authorities of all events** of a scientific or promotional nature, organized or sponsored by pharma companies
- No **organization** or **sponsor** of events that take place **outside of Spain** (unless it makes more sense from a logistical standpoint)

Sources: <http://eur-lex.europa.eu/> – Leem – The ABPI Code of Practice for the Pharmaceutical Industry – Code of conduct farmindustria – Farmaindustria Code of practice – Compliance issues for pharmaceutical companies in Germany

¹ Including biotechnology and medical devices companies –² Extracts

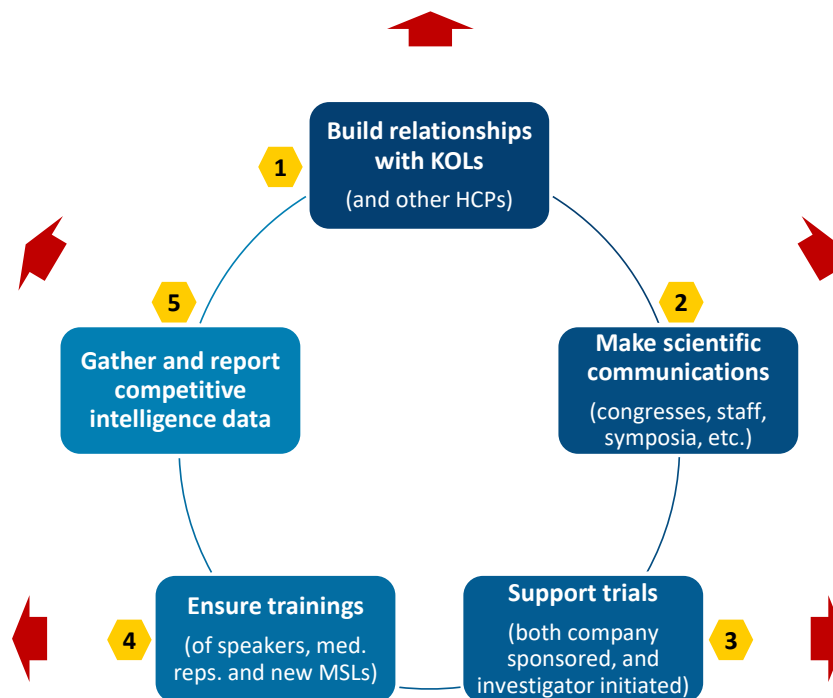
MSLs are often asked to cover a large scope of activities in collaboration with both internal and external stakeholders

MSLs' detailed core activities

- Identification, selection and collaboration with KOLs: setting-up of boards, organization and participation in scientific information meetings, development of continuous medical education (CME) projects, patients or physicians' associations funding, etc.
- Management of Investigator Initiated Studies (IIS)¹: requests processing and follow-up
- Invitations to congresses / symposia, etc.

- Presence in congresses and attendance to competitors' presentations
- Desk research: on competitors, on therapeutic areas, on medico-economic studies
- Critical review of scientific papers

- Training and certifications of med. reps.
- Training of other functions, such as marketing
- Training of speakers communicating on companies' products / therapeutic areas, etc.
- Writing of supports for FAQ&O²



- Answers to HCPs' medical questions
- Participation in scientific information meetings (staffs, face to face, etc.) for on- and off-label indications, re. therapeutic areas and products in the pipeline
- Presentation of studies in congresses / symposia

- Identification of needs and demands of KOLs for IIS
- Identification of high potential centers and investigators for company-sponsored clinical trials
- Support for studies carried out and followed-up jointly with CRAs (Clinical Research Associates)

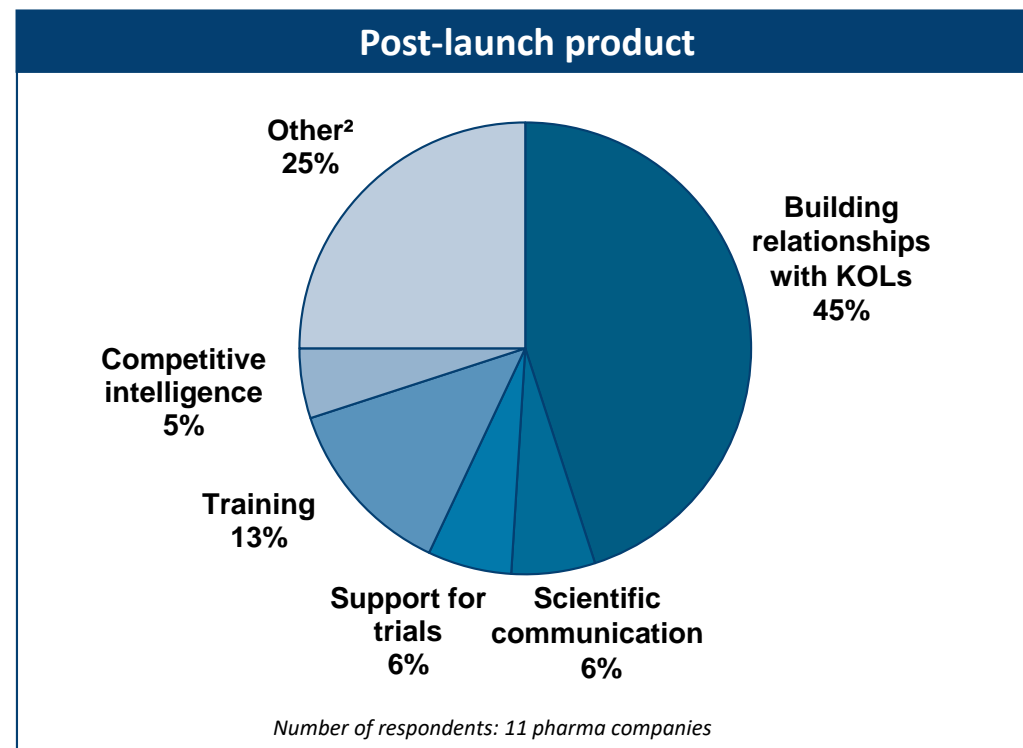
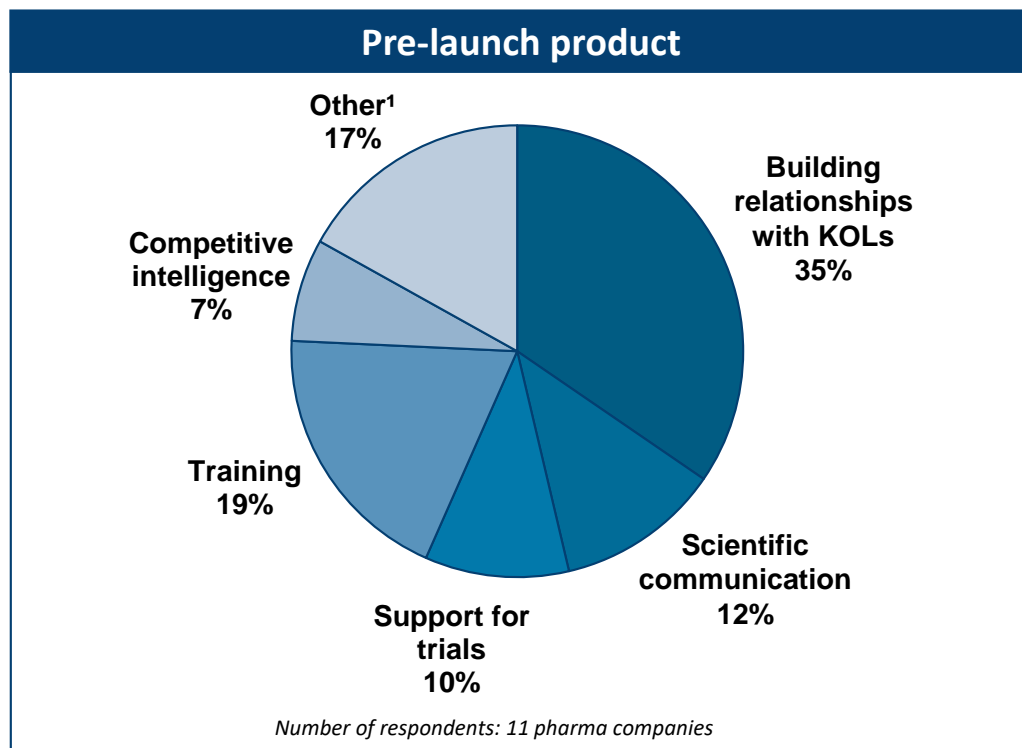
Sources: "An insight into the emerging role of regional medical advisor in the pharmaceutical industry", Perspectives in Clinical Research, 2013 – Interviews with 5 MSLs – Smart Pharma Consulting analysis

¹ Also called: Investigator-Initiated Trials or IIT – ² Frequently Asked Questions & Objections

Building relationships with KOLs and training HCPs or colleagues account together for ~55% to 60% of MSLs' activity in both pre- and post-launch settings

MSLs' time allocation per core activities

MSLs share the same core activities from one company to another, but there could be important variabilities in planning and duties

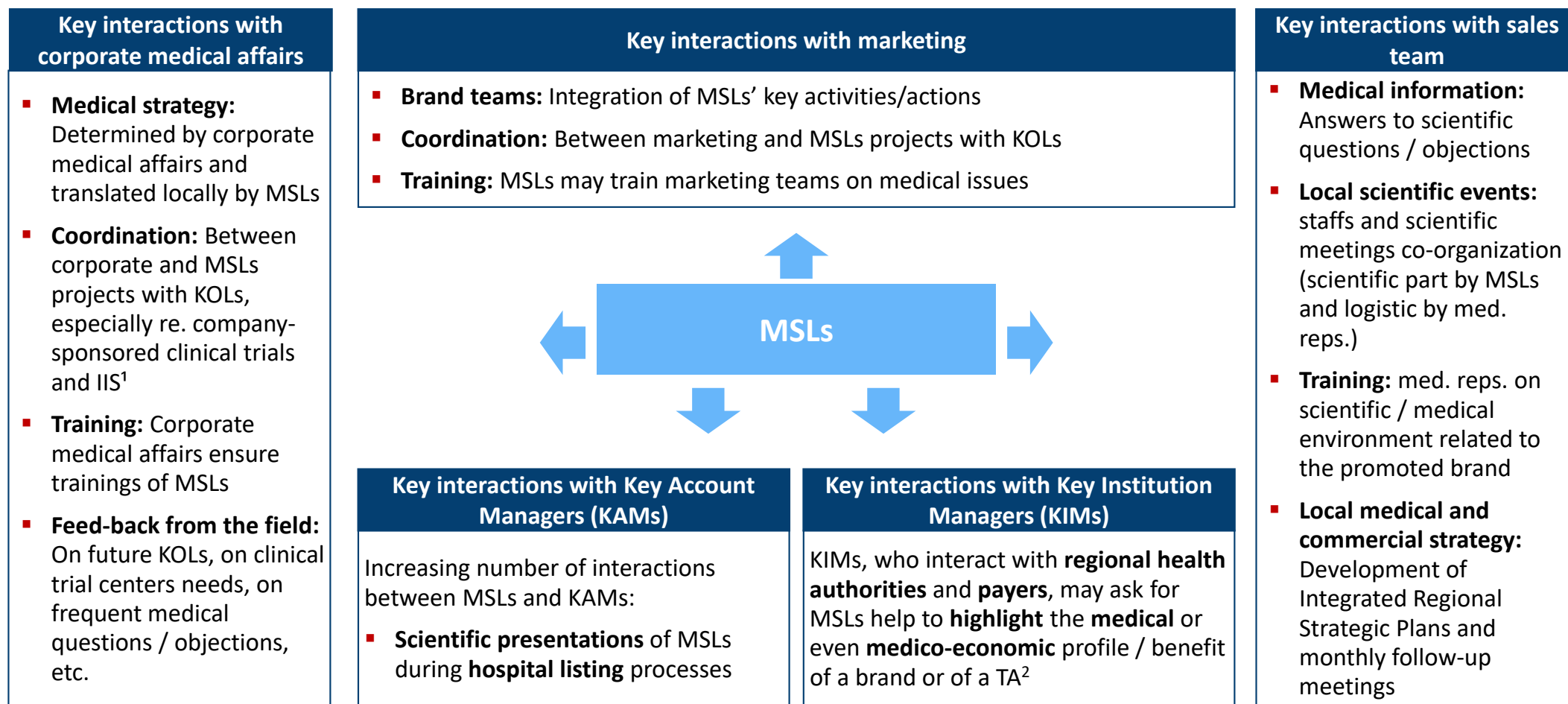


Sources: "Aligning the Activities and Goals of Medical Science Liaison Teams for Strengthened Corporate Sustainability", MSL World – Interviews with 5 MSLs – Smart Pharma Consulting analysis

¹ Including pre-launch transversal activities with marketing or medical teams, etc. –
² Including support to other field forces, participation in internal advisory boards, etc.

MSLs must support KIMs¹ who facilitate regional market access, KAMs² who ensure listing of products at hospital level and marketing and sales reps who promote them

The transversal role of MSLs



Sources: "The changing role of the modern MSL", Pharmaceutical Market Europe, October 2015
 –Interviews with 5 MSLs – Smart Pharma Consulting analysis

¹ Key Institution Managers – ² Key Account Managers – ³ Investigator Initiated Studies – ⁴ Therapeutic Area

MSLs teams face recurrent issues that can be addressed if pharma companies implement the relevant actions

Six main issues facing MSLs teams

	Key issue	What to do?
1	Distinction from sales / marketing	<ul style="list-style-type: none"> Information campaigns to be carried out to inform stakeholders of the specific role of MSLs Information should be provided through calls
2	Disconnection with corporate initiatives	<ul style="list-style-type: none"> The coordination should be improved by implementing standard communication processes and rules
3	Distraction from core activities	<ul style="list-style-type: none"> MSLs' responsibilities and objectives should be clearly defined and internally communicated through information campaigns
4	Extensive geographical zones	<ul style="list-style-type: none"> Alternative communication technologies such as web conferencing, e-mailing, teleconferences, etc., should be considered
5	Complex regulatory environment	<ul style="list-style-type: none"> Pharma companies should focus on MSLs' compliance with local regulations... ... which should be carefully monitored
6	Trend towards specialization	<ul style="list-style-type: none"> Pharma companies should keep on investing on their MSLs' scientific training

Sources: "Implementing a MSL team", Publicis Touchpoint – "Aligning the Activities and Goals of Medical Science Liaison Teams for Strengthened Corporate Sustainability", MSL World – Interviews with 5 MSLs – Smart Pharma Consulting analysis

MSLs' most important challenge is certainly to create highly valued interactions and trusted collaborative relationships with KOLs to support companies and products

MSLs' challenges – Required skills – Expected outputs

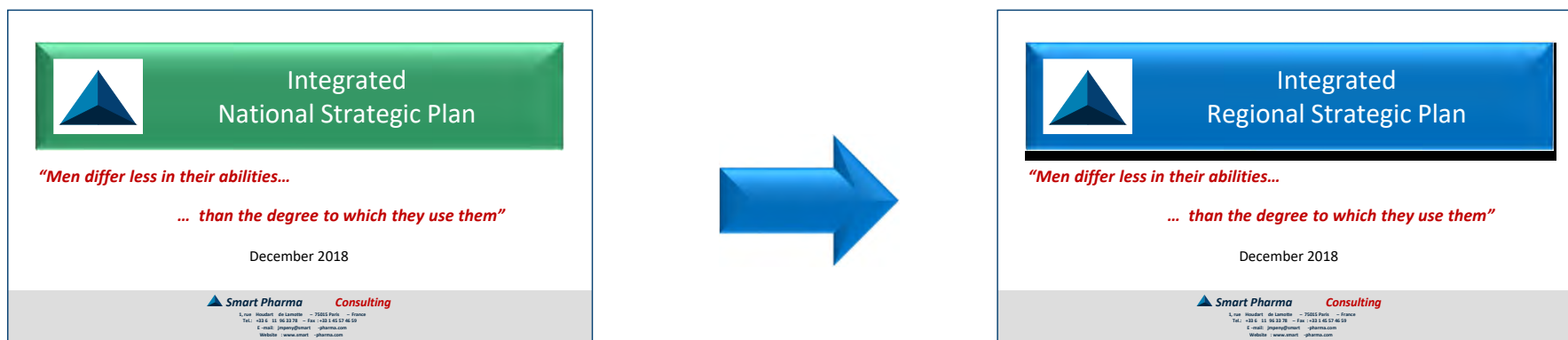
MSLs' challenges	<ul style="list-style-type: none"> ▪ Keeping up with the latest scientific information ▪ Building strong and sustainable relationships with KOLs ▪ Managing multiple and diversified tasks 	<ul style="list-style-type: none"> ▪ Complying with national regulations and internal code of conducts ▪ Ensuring effective coordination with collaborators
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Required skills	Expected outputs
<ul style="list-style-type: none"> ▪ Excellent scientific knowledge and understanding to carry out peer-to-peer discussions during interactions with KOLs 	<ul style="list-style-type: none"> ▪ Ability to inform, challenge and / or convince KOLs based on robust and updated scientific evidence
<ul style="list-style-type: none"> ▪ Strong communication skills to properly position: <ul style="list-style-type: none"> – The company's therapeutic expertise – A given product at pre- or post-launch stage 	<ul style="list-style-type: none"> ▪ Convince KOLs to carry out research or clinical studies ▪ Convince KOLs to support the company's products
<ul style="list-style-type: none"> ▪ Ability to manage projects with KOLs (e.g., while supporting investigator-initiated studies or company-sponsored clinical trials) 	<ul style="list-style-type: none"> ▪ Identification of clinical research opportunities with KOLs ▪ Effective implementation of clinical research trials
<ul style="list-style-type: none"> ▪ Ability to train / teach and / or develop support documents for companies' collaborators and / or HCPs 	<ul style="list-style-type: none"> ▪ Improvement of participants' knowledge, understanding of the disease area and of the benefits of the company's products
<ul style="list-style-type: none"> ▪ Capture and share insight gathered through interactions between KOLs' and all customer-facing teams 	<ul style="list-style-type: none"> ▪ Profiling and selecting the relevant KOLs to partner with ▪ Fulfilling of KOLs needs related to MSL activities
<ul style="list-style-type: none"> ▪ Cooperate and coordinate activities with other customer-facing collaborators and corporate teams interacting with KOLs 	<ul style="list-style-type: none"> ▪ MSLs being the preferential contact of KOLs, they will ensure consistent interactions and address potential issues
<ul style="list-style-type: none"> ▪ Comply with national regulations and ethical considerations regarding disseminated information (e.g., off-label) 	<ul style="list-style-type: none"> ▪ Prevent the company to be sued and to be fined
<ul style="list-style-type: none"> ▪ Ability to manage time, set priorities and adjust unforeseen changes inherent to MSLs' job 	<ul style="list-style-type: none"> ▪ Timely and proper execution of multiple tasks under the responsibility of MSLs

Sources: "The changing role of the modern MSL" Pharmaceutical Market Europe October 2015 – Smart Pharma Consulting analysis

MSLs' activities should be integrated in a Regional Strategic Plan to ensure synergies with marketing, sales, market access and patient adherence departments' activities¹

Integrated Regional Strategic Plan – Principle



Medical Section

- **Collaborators:** MSLs
- **Key clients:** national and regional KOLs
- **Key objectives:** build strong and sustainable relationships with KOLs to develop advocacy
- **Key activities:** interactions with KOLs, scientific lectures at congresses, symposia, staff meetings, support of research clinical trials, training of speakers and collaborators from marketing and sales teams, support of Key Institution Managers (KIMs) and Key Account Managers (KAMs) while meeting their clients, competitive intelligence initiatives

Marketing & Sales Section

- **Collaborators:** brand managers, area managers, medical representatives
- **Key clients:** physicians, retail and hospital pharmacists
- **Key objectives:** strengthen brand preference
- **Key activities:**
 - **Marketers:** crafting of a brand preference strategy leveraging brand attributes, perceived quality of associated services and corporate reputation
 - **Sales forces:** medical calls, invitations to medical meetings, congresses and proposal for services likely to strengthen brand preference

Access & Adherence Section

- **Collaborators:** Key Account Managers (KAMs) and Key Institution Managers (KIMs)
- **Key clients:** regional health authorities, regional payers, hospital directors, hospital purchase managers, PAGs², etc.
- **Key objectives:** facilitate the hospital listing, and improve patient adherence
- **Key activities:** development of medico-economic studies to facilitate the market access of brands and support of projects to improve patients' adherence, to promote the proper use of drugs

Sources: Smart Pharma Consulting

¹ In compliance with the national regulations and the companies' internal policies –
² Patient Advocacy groups

MSLs' activities should be defined in an Integrated Regional Strategic Plan in coordination with marketing, sales, market access and adherence departments

Integrated Regional Strategic Plan – Structure of the Medical Section



Structure

- **Situation analysis**
 - KOLs mapping (level of influence – advocacy behavior)
 - Activity review (quantitative and qualitative analysis):
 - KOLs' partnership (calls, preparation of staff meetings, invitation to congresses, support of IIS¹ and / or of the company-sponsored clinical trials, etc.)
 - Participation in congresses
 - Training of speakers, of marketing and sales collaborators
 - Support to Key Institution Managers (KIMs) in charge of regional market access and patient adherence programs
 - Support to Key Account Managers (KAMs) in charge of product listing at hospital (or purchasing platform) levels in highlighting medical benefits
 - Competitive intelligence data gathering and analysis
 - Measurement and assessment of activities' impact
 - MSL Advanced SWOT analysis²
- **Ambition & strategic priorities**
 - Ambition setting
 - Strategic priorities to fulfill the ambition set (MSL Strategy Card)²
 - Key activities to support strategic priorities:
 - Shared activities with other departments (e.g., marketing, sales, KAMs, KIMs)
 - Non-shared activities
 - Monitoring of the quality of execution and impact of activities

The Advanced SWOT is a useful tool to help MSLs analyze and evaluate regional medical opportunities and threats as well as their own competitive position

Integrated Regional Strategic Plan – Specific tools of the Medical Section (1/4)

MSL Advanced SWOT

Opportunities	Relative importance ¹	Threats	Relative importance ¹
<p>What regional changes are likely to favor the medical environment?</p> <ol style="list-style-type: none"> National & regional regulations relating to MSLs' activities (e.g., off-label communication, invitation process to congresses, grants, etc.) KOLs' opinion & position re. the company and its products, KOL's level of influence Scientific events: regional congresses, other meetings 		<p>What regional changes are likely to disfavor the medical environment?</p> <ol style="list-style-type: none"> National & regional regulations relating to MSLs' activities (e.g. off-label communication, invitation process to congresses, grants, etc.) KOLs' opinion & position re. the company and its products, KOL's level of influence Scientific events: regional congresses, other meetings 	
<p>What are the absolute or relative advantages of the company's medical activity at regional level vs. competition?</p> <ol style="list-style-type: none"> Relationships with KOLs: quality and sustainability Scientific communications: congresses, staff meetings, symposia, etc. Support to trials: company-sponsored trials and IIS² Training of speakers, med. reps, new MSLs, etc. Competitive intelligence: data gathering and analysis 		<p>What are the absolute or relative disadvantages of the company's medical activity at regional level vs competition?</p> <ol style="list-style-type: none"> Relationships with KOLs: quality and sustainability Scientific communications: congresses, staff meetings, symposia, etc. Support to trials: company-sponsored trials and IIS² Training of speakers, med. reps, new MSLs, etc. Competitive intelligence: data gathering and analysis 	

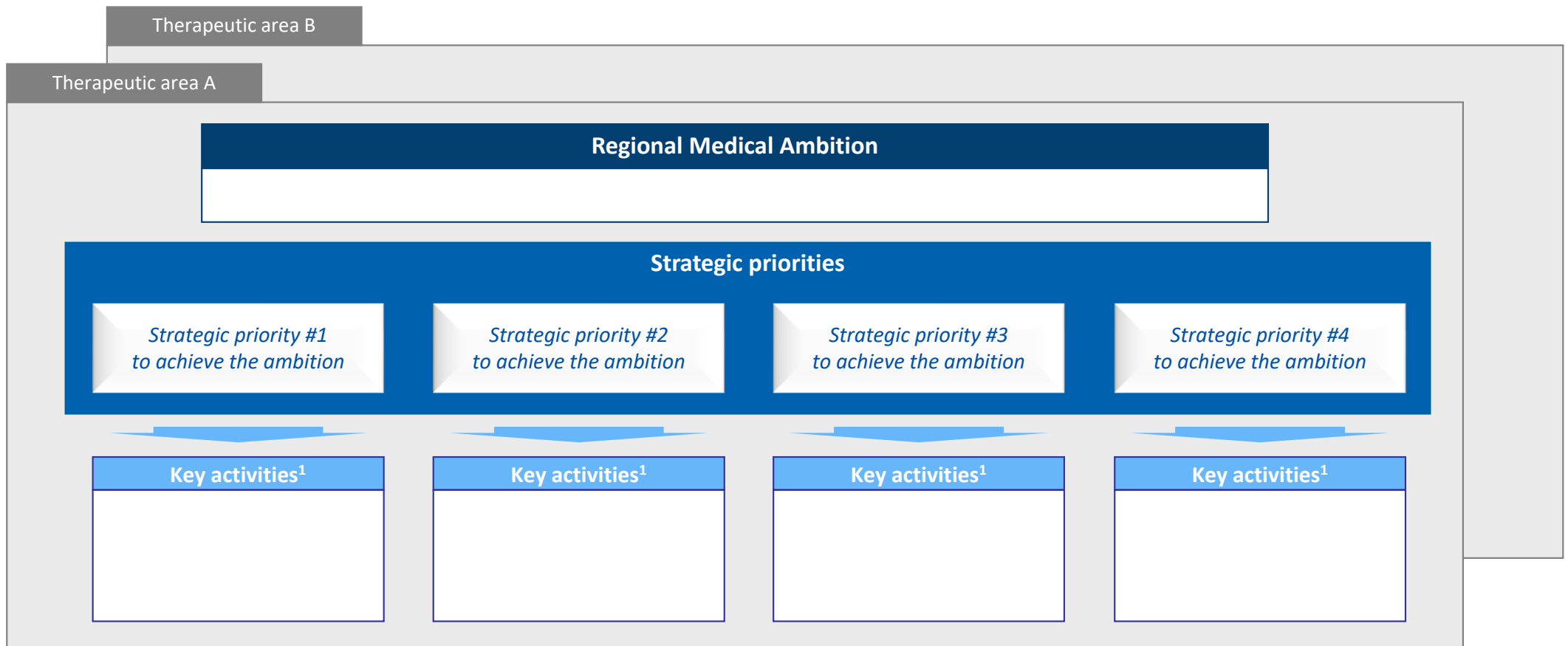
Sources: Smart Pharma Consulting

¹ Ranking from 5 = very important to 1 = limited importance – ² Investigator Initiated Studies

The MSL Strategy Card will help design a “one-page strategy” including his ambition, the strategic priorities to meet it and the corresponding medical activities

Integrated Regional Strategic Plan – Specific tools of the Medical Section (2/4)

MSL Strategy Card



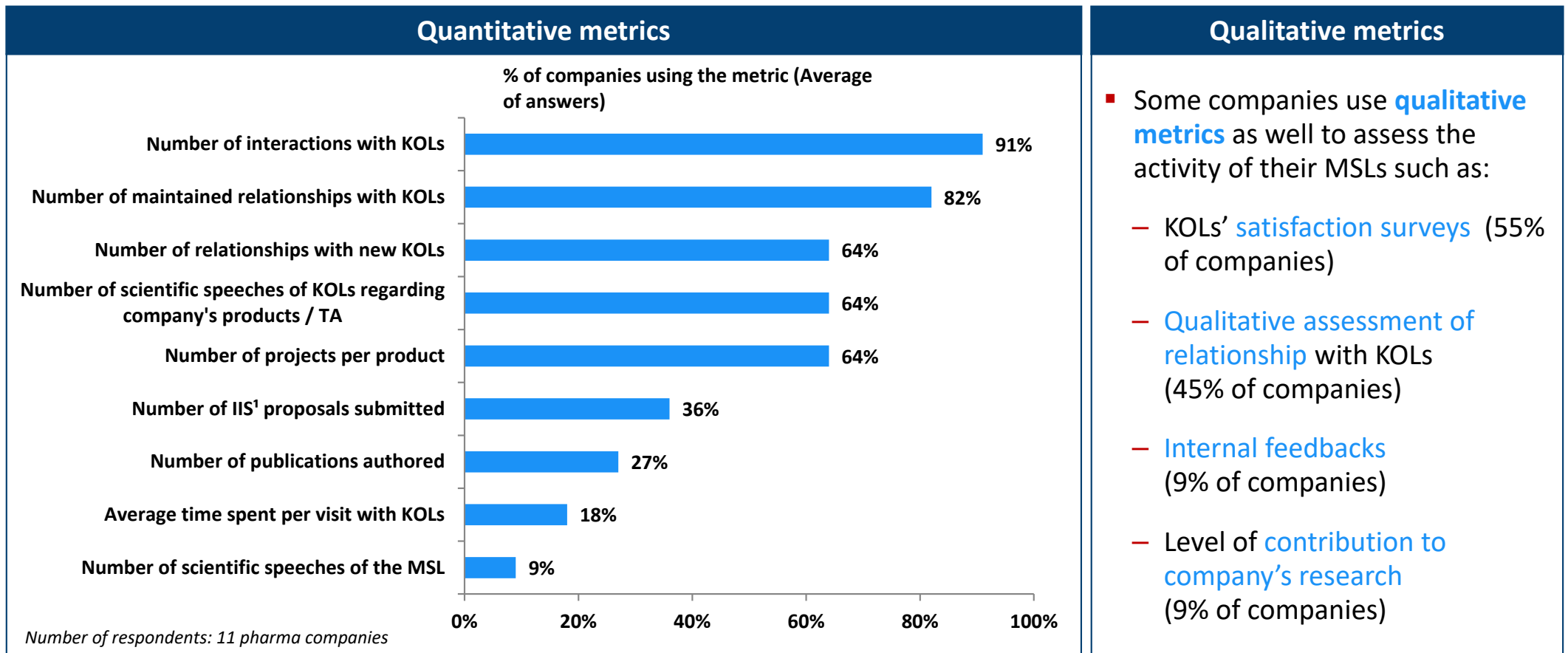
Sources: Smart Pharma Consulting

¹ To support the corresponding strategic priority

The assessment of MSLs' activity often includes quantitative criteria based on their relationships with KOLs since they are not allowed to be incentivized on sales

Integrated Regional Strategic Plan – Specific tools of the Medical Section (3/4)

Performance metrics to assess MSLs' activity – Current practice in Europe



Sources: "Aligning the Activities and Goals of Medical Science Liaison Teams for Strengthened Corporate Sustainability", MSL World – Smart Pharma Consulting analysis

¹ Investigator initiated studies

Qualifying MSLs' activity is a challenge, however, several qualitative and quantitative metrics can be considered for pharma companies to ensure a proper monitoring

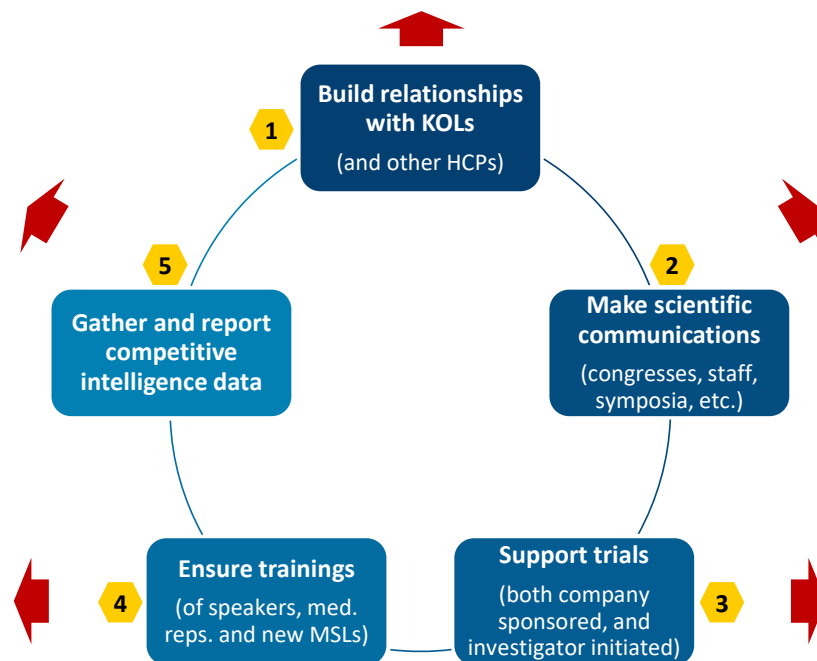
Integrated Regional Strategic Plan – Specific tools of the Medical Section (4/4)

Recommendations of metrics to monitor MSLs' activities

- Number of partnerships initiated with KOLs
- Number of contacts and / or time spent with KOLs in face-to-face meetings, teleconferences, staff meetings, etc.
- Qualitative assessment of KOLs partnership management

- Number of competitive reports
- Number of congresses reviews
- Quality of information gathered

- Number of people trained
- Qualitative feedbacks of trained people



- Number of speeches delivered
- Number of articles authored
- Number of attendees
- Qualitative feedbacks of attendees

- Number of IIS¹ and / or company-sponsored clinical trials submitted / completed
- Number of investigators or patients included in company sponsored-clinical trials

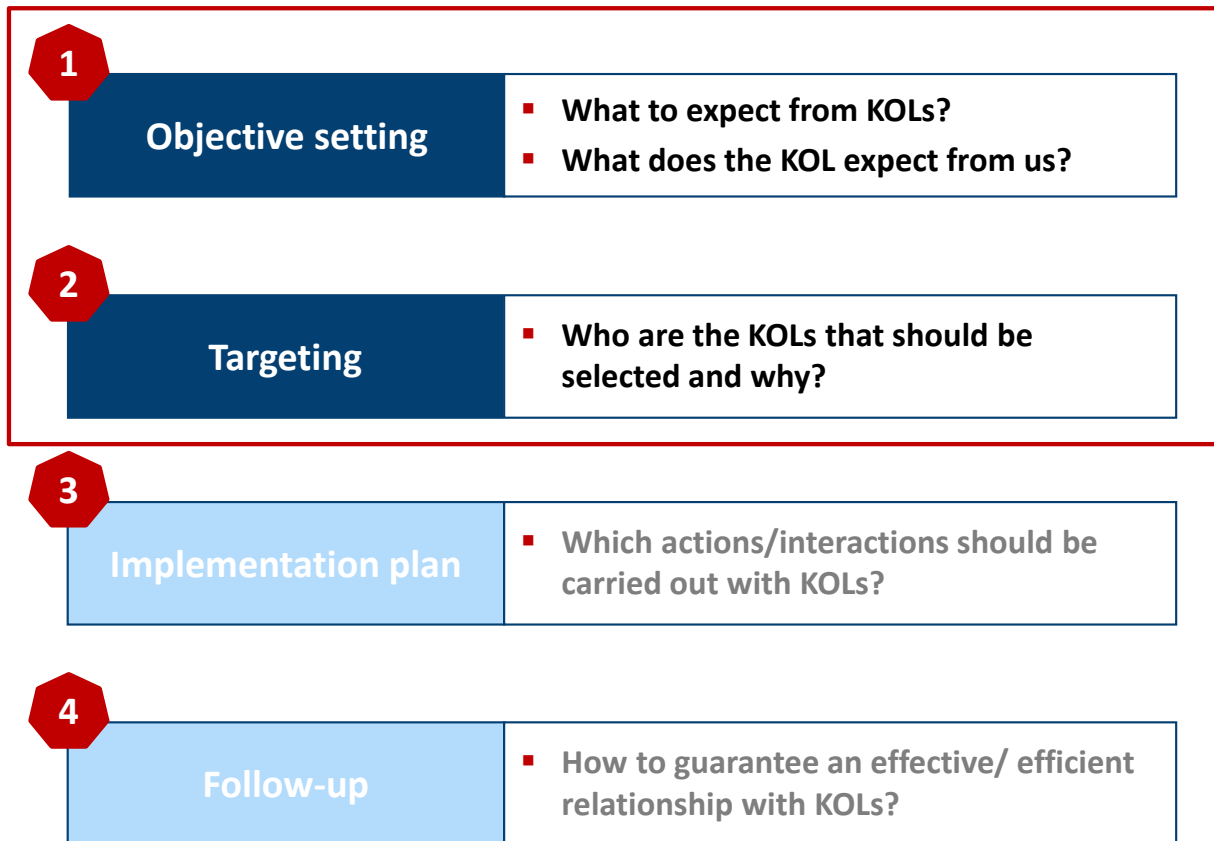
Sources: Interviews with 5 MSLs – Smart Pharma Consulting analysis

¹ Investigator initiated studies

An effective collaboration with KOLs requires to follow a rigorous recruitment process that should be based on the gathering of accurate information

Recruitment & Management process of KOLs

The 4 key steps



Recruitment

Management

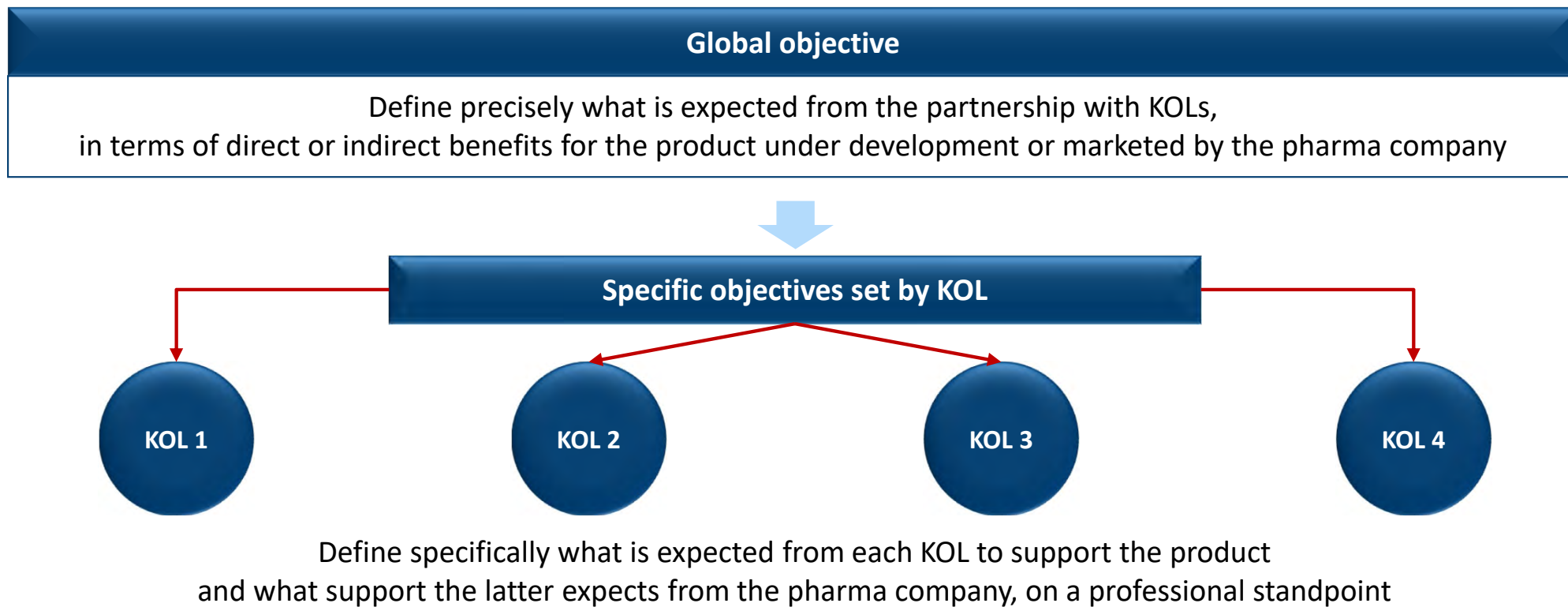
- Relationships with KOLs should be defined according to the set objectives
- Then, the prospective KOLs should be profiled and targeted
- Once KOLs have been selected, their interactions with the pharma company and the activities they are expected to implement should be defined and formalized in an implementation plan
- The implementation of the plan should be carefully monitored with the help of KPIs (Key Performance Indicators) and of KEIs (Key Execution Indicators)

Before defining the activities to be carried out by KOLs, specific objectives, consistent with a global objective, must be set for each of them

Objective setting

1

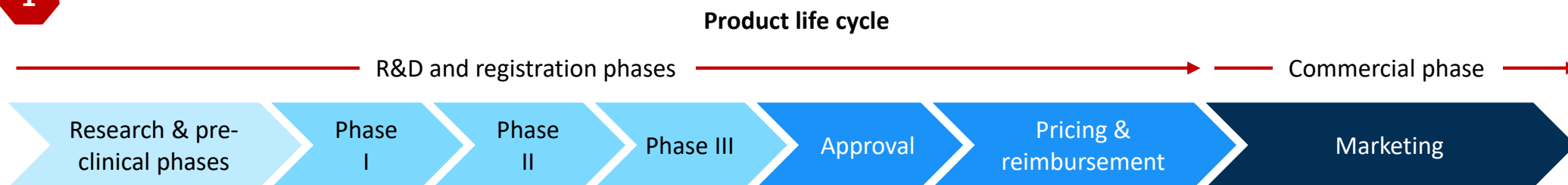
Partnerships with KOLs should be part of a global strategy, including also market access, medico-marketing and sales initiatives



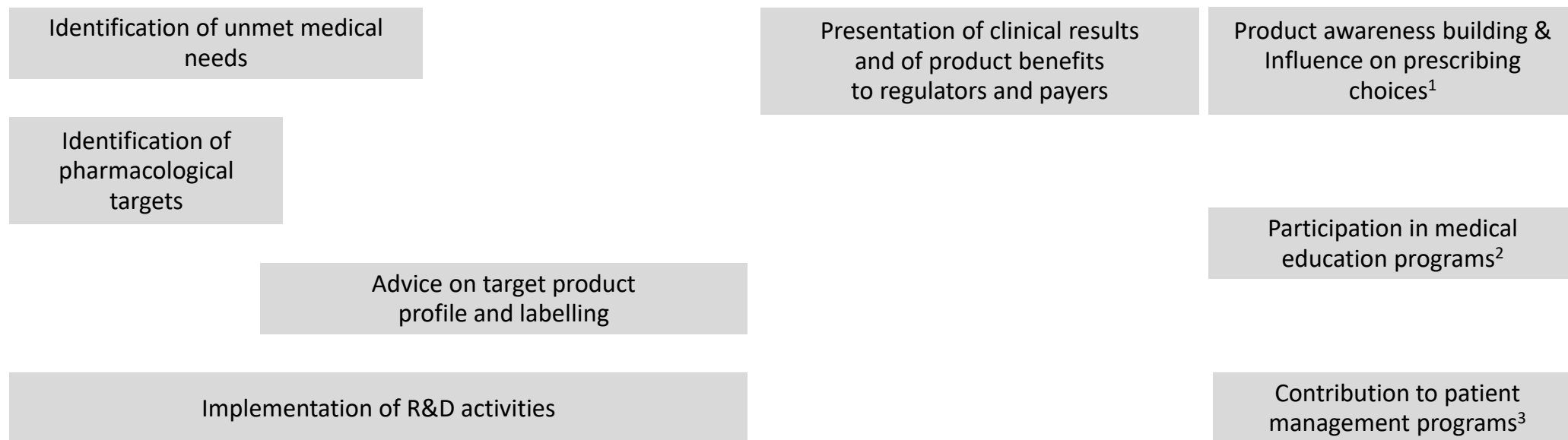
The objective of the KOL partnership and the corresponding activities will depend on where the product is positioned on its life cycle

Examples of KOL roles according to the product life cycle

1



Examples of KOL roles



Sources: Adapted from GBI Research, Market Rx, by Smart Pharma Consulting

¹ Through articles, lectures, etc. – ² Through Continuous Medical Education (CME) programs – ³ Through projects carried out with patient advocacy groups (PAGs)

The targeting phase should enable to identify the KOLs with whom a partnership should be beneficial and to understand their networks of influence

KOLs targeting – Methodology (1/2)

2

Key questions

What to do?

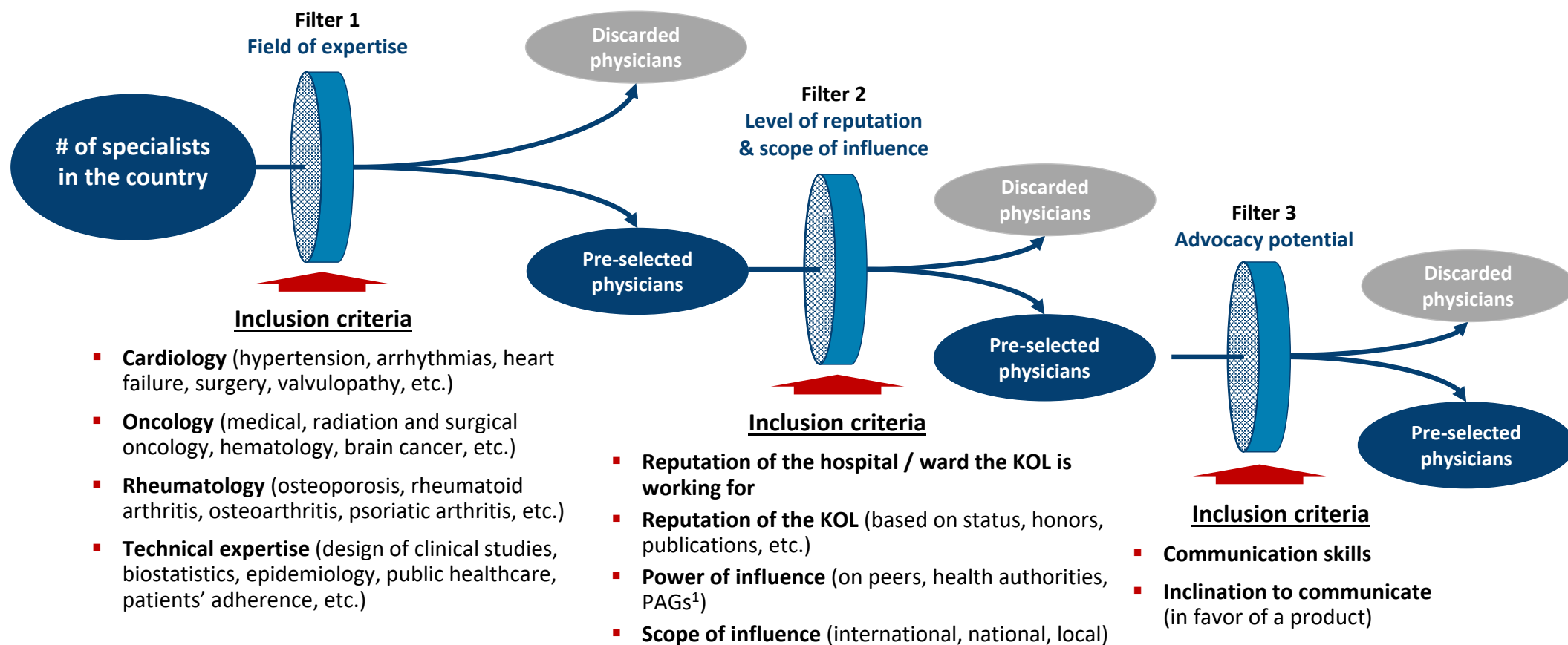
<p>Selection criteria</p>	<ul style="list-style-type: none"> What are the relevant selection criteria to be used considering the final objective? 	<ul style="list-style-type: none"> Review of relevant criteria (e.g., level of influence, scope of influence, scientific/media awareness, membership of a network, etc.) Selection of a limited number of relevant criteria
<p>KOLs profiling</p>	<ul style="list-style-type: none"> What information should be collected? How to collect and analyze this information? 	<ul style="list-style-type: none"> Internal / external databases review to qualify KOLs Assessment of the number of publications, quotes, lectures during conferences and congresses, etc.
<p>KOLs segmentation</p>	<ul style="list-style-type: none"> What is the degree of interest and the likely support of the KOL for the product? 	<ul style="list-style-type: none"> Mapping of preselected KOLs on a matrix according to the most relevant criteria Identification of KOLs' networks
<p>KOLs selection</p>	<ul style="list-style-type: none"> Who are the KOLs that should be selected to partner with? For which kind of partnership? 	<ul style="list-style-type: none"> Selection of KOLs Preliminary definition of the type of partnerships to be carried out with the targeted KOLs

Relevant selection criteria and gathering of accurate and reliable information about the KOL profile are of utmost importance to optimize the value of the partnership

KOLs targeting – Methodology (2/2)

2

Screening process (illustrative)

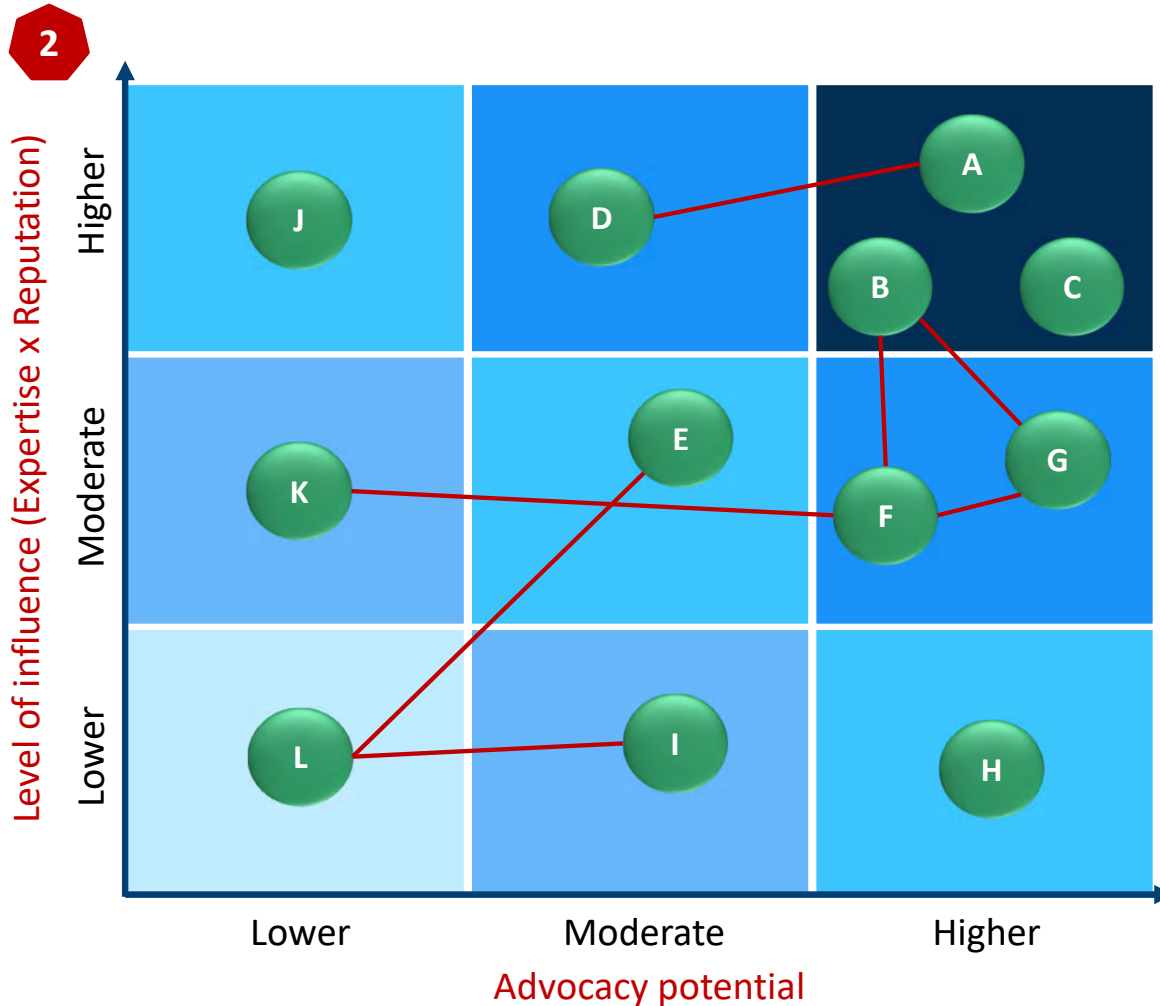


Sources: Smart Pharma Consulting

¹ Patient advocacy groups

The proposed matrix is a useful tool to prioritize the candidate KOLs to partner with and to pre-define the type of partnerships that could be considered with them

KOL targeting – Segmentation & selection



- The proposed matrix facilitates the **final selection** (targeting) of pre-selected KOLs based on their **level of influence** and their inclination to support the development and/or the use of the pharma company product
- The matrix helps to define the kind of **partnerships** to be set with the KOLs
- The prioritization of the targeted KOLs, should also consider:
 - The **life cycle** of the product
 - The **networks** of influence of the KOLs

Qualification of KOLs should be documented with reliable data collected through desk research and field research (e.g.? interviews of peers and of prospective KOLs)

How to qualify KOLs?



What data to collect?	How to collect data?	How to analyze data?
<ul style="list-style-type: none"> ▪ Status (e.g., head of medical department, professor, age, public vs. private practice, place(s) of practice) 	<ul style="list-style-type: none"> ▪ Internet, direct search 	<ul style="list-style-type: none"> ▪ Being head of hospital and professor is a plus
<ul style="list-style-type: none"> ▪ Field of expertise/interest in a therapeutic area, in a technique, etc. 	<ul style="list-style-type: none"> ▪ Probing by MSL¹, medical reps and other collaborators of the pharma company 	<ul style="list-style-type: none"> ▪ KOLs should express their field of interest over the long term and their expectations from a partnership with the pharma company
<ul style="list-style-type: none"> ▪ Level of reputation & scope of influence 	<ul style="list-style-type: none"> ▪ Field research (e.g., peers, pharmacists' interviews, etc.) 	<ul style="list-style-type: none"> ▪ Internal or national level is preferable in general to local level (but it depends on the objective)
<ul style="list-style-type: none"> ▪ Communication skills 	<ul style="list-style-type: none"> ▪ Analysis of past performances ▪ Interviews of peers 	<ul style="list-style-type: none"> ▪ Verbal communication (e.g., lectures, courses) ▪ Written communication (e.g., articles, websites)
<ul style="list-style-type: none"> ▪ Type & level of communication <ul style="list-style-type: none"> – # articles published (impact factor², peer-/ non peer reviewed journals, position as an author...) – # of trainings p.a. (CME³) – Teaching activity at university – Presence on the Internet – # of lectures (congresses, round tables) – # of quotes by journalists in current year 	<ul style="list-style-type: none"> ▪ Review of scientific articles published (PubMed/Medline, Google scholar, Expertscape) ▪ Probing by collaborators of the pharma company and peers' interviews to evaluate trainings, teaching activities and lectures ▪ Google searching for presence and quotes on the Internet 	<ul style="list-style-type: none"> ▪ The higher the impact factor is, the better ▪ Each KOL should be ideally positioned as 1st or last author in articles ▪ The higher the number of trainings, teaching seminars and lectures, the better ▪ Perceived quality of articles, training, teaching and lectures should be assessed
<ul style="list-style-type: none"> ▪ Membership in learned societies <ul style="list-style-type: none"> – Title / position / activities 	<ul style="list-style-type: none"> ▪ On the website of the learned societies or by calling them 	<ul style="list-style-type: none"> ▪ Being a member of the management board is a plus
<ul style="list-style-type: none"> ▪ Inclination to partner with a pharma company and to support its products 	<ul style="list-style-type: none"> ▪ Probing by collaborators of the pharma company 	<ul style="list-style-type: none"> ▪ They should clearly express their interest in the product and the company... ▪ ... and in the types of partnerships they are looking for

Sources: Smart Pharma Consulting

¹ Medical Science Liaison – ² It measures the average frequency with which the article has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the number of times its articles are quoted – ³ Continuous medical education

To convince KOLs to partner, it is important to consider their expectations and to highlight the benefits, they will draw from it, in terms of professional development

How to convince KOLs to partner?

2

What do they want?

- Qualify a KOL to **design a partnership that will fulfill his professional expectations** (*simultaneously with that of the pharmaceutical company*):
 - Is the KOL yet a partner of the pharmaceutical company?
 - What has qualitatively and quantitatively his level of involvement been?
 - What has his feed-back from previous collaborations been?
 - What is his mid- to long-term professional ambition?
 - What does he expect from pharmaceutical companies in general, and specifically?
 - Is he looking for a long-term partnership?
 - Is he more inclined to enter a “win-win” partnership or a “fee-for-service” transaction?

What should be proposed?

- Based on the knowledge and understanding of the KOL’s professional expectations...
- ... propose ideas – to be discussed – of activities to be carried out through the partnership
- **Emphasize the benefits the KOL will draw** in terms of **personal awareness** and **competence development** through the partnership:
 - Increasing awareness and fame through publication of articles, interviews in media, presentations during congresses, lectures during medical meetings, etc.
 - Increasing reputation and extending influence by participating to scientific works (e.g., clinical trials)
 - Professional development through the access to recent information, to high education programs¹, by working in new research/medical areas, etc.
 - Funding of Investigator Initiated Studies (IIS)

The KOL ID card is a practical tool which contains in one single page the most important information required to qualify and then recruit pre-selected KOLs

Tool to facilitate the recruitment process: KOL ID card



KOL name	(First name – surname)	Medical status	MD – head of medical department – professor of medicine, etc.	Location	Address & City
Specialty	(Oncology – cardiology, etc.)	Medical setting	Private hospital – public hospital – teaching hospital – private office	Country	
Specific objectives for the pharma company		•			
Specific benefits for the KOL		•			
Items		Assessment ¹	Facts / Rationale		Source
KOL Profile	Field of expertise/interest in the therapeutic area	International - National - Local	•		
	Level of reputation	Low -Medium-High	•		
	Scope of influence	Low -Medium-High	•		
	Advocacy potential	Low -Medium-High	•		
Recommendations		Priority ¹	Rationale		
Medical department		Low -Medium-High	•		
Final decision					
Selection: YES - NO		Rationale:			

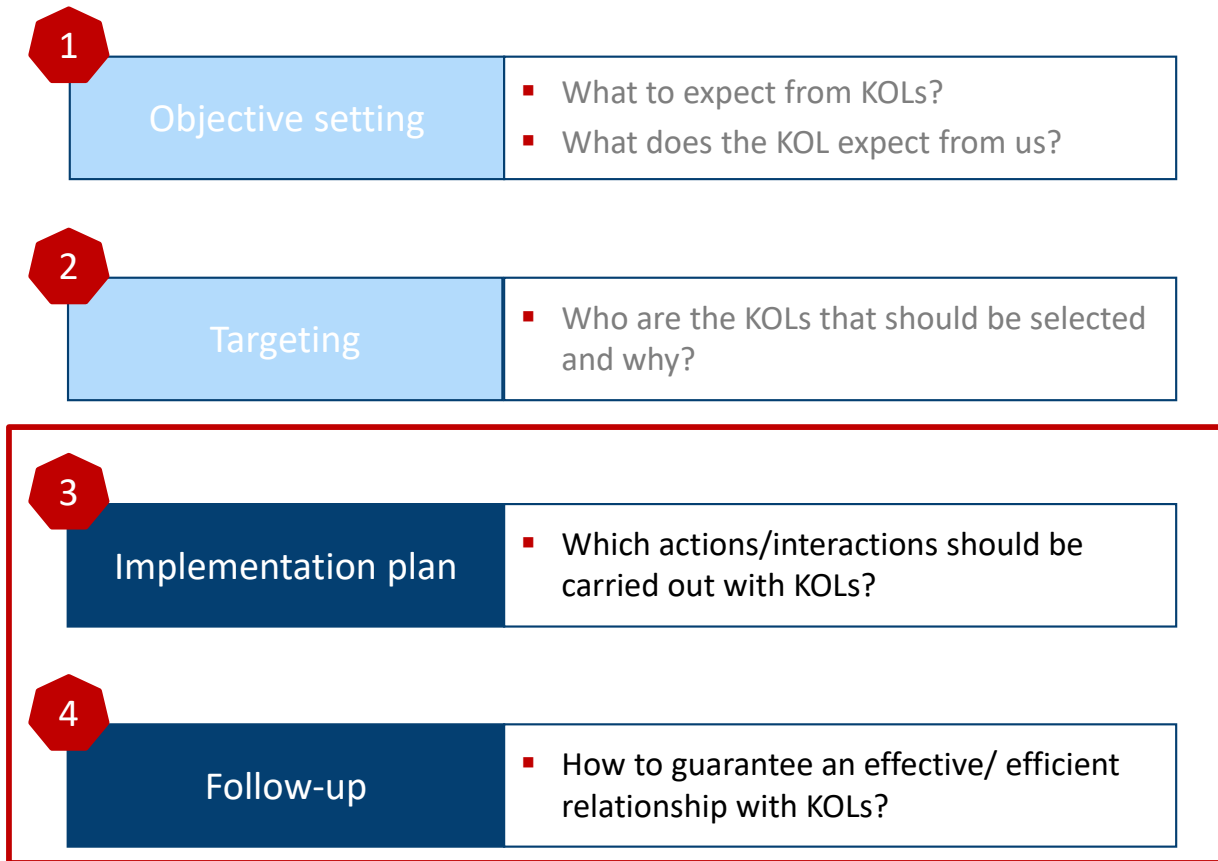
Sources: Smart Pharma Consulting

¹ Circle your answer

An effective collaboration with KOLs requires to follow a rigorous recruitment process that should be based on the gathering of accurate information

Recruitment & Management process of KOLs

The 4 key steps



Recruitment

Management

- Relationships with KOLs should be defined according to the set objectives
- Then, the prospective KOLs should be profiled and targeted
- Once KOLs have been selected, their interactions with the pharma company and the activities they are expected to implement should be defined and formalized in an implementation plan
- The implementation of the plan should be carefully monitored with the help of KPIs (Key Performance Indicators) and of KEIs (Key Execution Indicators)

Pharma companies should balance what they expect from KOLs in terms of activities and what they give them in terms of services to ensure a win-win partnership

Services proposed to & activities carried out by KOLs

3



Activities carried out by KOLs (Illustrative)



Sources: Smart Pharma Consulting

¹ Access limited to KOLs – ² Each KOL should have a dedicated Customer Manager (e.g. a MSL) – ³ Such as Visual aids, leaflets for patients – ⁴ Continuous Medical Education – ⁵ Such as lectures to sales forces, face-to-face meetings with the marketing team, etc.

If KOLs share the objective of the pharma company and accept to communicate, the following means can influence medical practices and help better position products

Potential value of KOL activities (1/2)

3

Article writing

- KOLs may support the pharmaceutical company's priorities by communicating in scientific journals, professional magazines or lay press regarding:
 - New medical approaches, new guidelines, patient management, etc. in a given therapeutic area, etc.)
 - The position of its products in the therapeutic strategy
- Perceived reliability by readers: **H**
- Number of exposed readers: **L to H**

Lectures during symposia

- While giving lectures, KOLs may accept to cover topics of interest for the company...
- ... and/or position their products vs. direct competitors or indirect therapeutic alternatives
- KOLs may also share their own experience as a prescriber of the company's products
- Perceived reliability by participants: **M**
- Number of exposed attendants: **L**

Press conference

- Press conferences enable to have indirectly access to a larger number of readers
- The messages conveyed by KOLs may sometimes be modified by journalists
- It is rare for KOLs to make strong statements in favor of a product during a press conference
- Perceived reliability by readers: **M**
- Number of exposed readers: **H**

Training of peers / CME¹

- KOLs may communicate to their peers, to pharmacists, to nurses, etc., during training sessions regarding:
 - Medical topics of interest for the pharma
 - The position of its products in the therapeutic strategy
- In such circumstances, KOLs may convey strong messages, if they decide to do so
- Perceived reliability by participants: **M-H**
- Number of exposed attendants: **M**

H: Higher – M: Medium: – L: Lower

KOLs can be of great value through direct collaboration (by training, informing, giving advice, etc.) with medical, marketing and sales teams of the pharma company

Potential value of KOL activities (2/2)

3

Participation to internal meetings

- KOLs may play an effective role during internal meetings by:
 - Informing / training medico-marketing-sales teams about scientific trends and position of competitors
 - Role playing with sales reps (e.g. selling forums)
 - Being invited as a “guest star” to show collaborators the ability of the pharma company to partner with top medical leaders

Promo material review

- KOLs may collaborate with the marketing team by contributing to the creation of promotional materials
- Thus, they can create value by:
 - Suggesting messages
 - Developing a scientific rationale to support messages/claims of the products
 - Assessing and editing the content of promotional materials (visual aid, booklet...)

Advisory board member

- Advisory board meetings with KOLs should be preferred to individual meetings with KOLs when the objective is to:
 - Generate innovative ideas or concepts (brainstorming sessions)
 - Estimate key market trends (including stakeholders’ opinions and behaviors)
 - Obtain a consensual opinion regarding market environment, products development, marketing strategy, etc.

Participation to scientific studies

- KOLs, especially if they are supposed to sign or co-sign the corresponding publication, may be very helpful to:
 - Participate to the design of the study
 - Carry out the study (either about a given pathology only or a pathology & its treatments involving the pharmaceutical company product)
- Involvement of KOLs in medical/clinical studies will depend on their field of interest

To build a useful and effective “KOL Partnership Plan”,
it is recommended to follow the 5-step process proposed here-below

KOL Partnership Plan (K2P) – How?

3

- Step 1: Design of templates that can be shared with the KOLs and the pharmaceutical company’s collaborators (i.e., from market access, medical, marketing departments)
- Step 2: Filling up of the templates by the KOL Customer Manager assigned by the pharmaceutical company to the KOL (e.g., MSL) in coordination with the Medical Director and possibly with the Marketing Director¹
- Step 3: Review and adjustment of the content of the K2P by the MSL with the KOL:
 - Objectives
 - Services proposed by the pharmaceutical company
 - Activities to be carried out by the KOL
 - Fees to be paid at a fair market value (if any)
 - Monitoring process of each service/activity
- Step 4: Follow up of the K2P:
 - Prepare the planned services/activities
 - Analyze the quality of execution of these services/activities
 - Reconsider – if not relevant anymore – planned services/activities
- Step 5: Assessment of the partnership:
 - Twice a year by the KOL Customer Manager and the KOL to measure the level of mutual satisfaction and decide about potential adjustments to be carried out
 - Once a year by a committee including: the Medical Director, the Marketing Director, the KOL Customer Manager, and possibly the General Manager, to evaluate the KOL partnership and decide about potential adjustments



The “KOL Partnership Plan” should include key information extracted from the KOL ID card¹, specify the objectives of the partnership, its scope and duration

KOL Partnership Plan (K2P) – Model: Introduction



KOL name	(First name – surname)	Medical status	MD – head of medical department – professor of medicine, etc.	Medical setting	Private clinic – private hospital – public hospital – teaching hospital
Interest/ Expertise	(e.g., Pulmonology, cardiology, etc.)	Reputation/ Influence	Private hospital – public hospital – teaching hospital – private office	Advocacy potential	Address & City & Country
KOL Customer Manager	(First name – surname – position in the company)	Role	(Describe briefly his role vis-a-vis the KOL)	Coordination with...	(Indicates the other collaborators whom to coordinate)
Objectives of the partnership	•				
Specific scope of the partnership²	•	•	•	•	
Duration of the partnership	Starting date			Ending date	
	•			•	

Sources: Smart Pharma Consulting

¹ See the proposed format p.111 – ² Examples: Development of a digital tool to improve patients’ adherence, Coordination of a multi-centric study, Expert support to estimate the medico-economic value of a new product, Lectures during medical meetings organized with peers, etc.

The “KOL Partnership Plan” should also describe the services proposed to the KOL and the activities the latter will carry out, as well as monitoring indicators

KOL Partnership Plan (K2P) – Model: Service/Activity Card¹

3 4

Service or Activity #1	Pharma company objective	KOL objective	Key step description	Timing
•	•	•	•	•

Quality of execution Indicators		Expected impact Indicators		Comments
Expected	Achieved	Expected	Achieved	
•	•	•	•	•
•	•	•	•	

Sources: Smart Pharma Consulting

¹ This card should be duplicated by service/activity

Key execution and performance indicators are essential to optimize the chance of a proper execution of services/activities and of a win-win partnership

Examples of tool to monitor partnerships with KOLs

4

Pharma company's services	Key execution indicators (KEIs)	Key performance indicators (KPIs)
<ul style="list-style-type: none"> ▪ Access to scientific information ▪ Organization of peer meetings with top international KOLs ▪ Technical support to publish articles ▪ Technical & funding support to IIS¹ ▪ Slide kits for training/teaching programs ▪ Ad hoc support on demand basis 	<ul style="list-style-type: none"> ▪ Interest (10-point scale) ▪ Utility (10-point scale) ▪ Practicality (10-point scale) ▪ Implementation² (10-point scale) 	<ul style="list-style-type: none"> ▪ Global level of satisfaction of KOLs (10-point scale) ▪ Inclination of KOLs to support the pharma company products: <ul style="list-style-type: none"> – Number of lectures / trainings / publications – Quality/objectivity of messages conveyed to peers, pharmacists, patients, etc. ▪ Increased level of KOLs awareness and reputation ▪ Increased level of products awareness and reputation
KOLs' activities	Key execution indicators (KEIs)	Key performance indicators (KPIs)
<ul style="list-style-type: none"> ▪ Lecture during symposia ▪ Training of peers ▪ Article writing ▪ Press conference ▪ Participation in scientific studies 	<ul style="list-style-type: none"> ▪ Interest (10-point scale) ▪ Utility (10-point scale) ▪ Practicality (10-point scale) ▪ Implementation² (10-point scale) ▪ Acceptance by recognized journals (scientific, medical, or in lay press, etc.) ▪ Post on highly regarded websites ▪ Number of journalists and quality of articles ▪ Implementation (number of patients recruited, timing, cost vs. plan) 	<ul style="list-style-type: none"> ▪ Global level of satisfaction of attendees (10-point scale) ▪ Inclination of attendees to support & prescribe the product: <ul style="list-style-type: none"> – Number of lectures / trainings / publications – Quality/objectivity of messages conveyed to peers, pharmacists, patients, etc. ▪ Impact factor (for scientific/medical journals) ▪ Number of broadcasted issues for lay press ▪ Number of views / likes on Internet ▪ Contribution of content to support the product ▪ Publication of an article in a renowned scientific journal ▪ Impact of the publication on product reputation

Sources: Smart Pharma Consulting

¹ Investigator Initiated Studies – ² Logistics, timing, cost vs. plan

9 Recommendations *to Boost MSLS' Competence & Performance*

1. Clarify MSLS' roles and responsibilities to avoid confusion with medical representatives
2. Maintain a high scientific knowledge and understanding to guarantee high quality interactions and relationships with KOLs
4. MSLS' activities should be consistent with their ambition and their strategic priorities, as defined both at national and regional levels
5. Develop an Integrated Regional Strategic Plan¹ including a Medical section formalizing MSLS' ambition, strategic priorities and key activities, in line with marketing, sales, market access and adherence departments priorities
6. Define quantitative and qualitative metrics to monitor MSLS' activities and identify potential corrective measures to be introduced
7. Optimize MSLS' limited time by prioritizing their efforts and using new communication technologies, whenever relevant
8. Apply the KOL Partnership Model as follows:
 - a. Define clear and precise objectives for each of them
 - b. Build the relationship based on an exchange of services rather than a fee-for-service deal
 - c. Ensure an open and transparent relationship
 - d. Make sure that the services provided to the KOL contribute to fulfill his needs and expectations
 - e. Don't ask KOLs to promote your products, which would affect his reputation and your company's one
 - f. Make the best use of the KOL limited time by organizing useful exchanges
 - g. Assign a KOL Customer Manager (e.g., an MSL) who will be the KOL-preferred contact point and who will ensure alignment and information sharing between all collaborators of your company in contact with him
9. Define internal guidelines and a control process to prevent any compliance issues that could damage the corporate reputation

Smart Pharma Consulting Services – Optimizing the MSLS' performance (Case study)

Problem to be addressed

- The pharma company *MediSearch* has a team of **6 MSLS** specialized in **oncology**
- The Medical Affairs Director of the French subsidiary questions how MSLS could help improve *MediSearch's reputation* and the **perception** of its **products** by **oncologists**

Proposed approach

1. Kick-off meeting:

- Agreement on the **conditions** for **carrying out the mission** (adjustment of the approach, definition of the roles & responsibilities of each member of the project group)
- Precise definition of the **deliverables**

2. Interviews with 20 KOLs in oncology:

- Analysis of the **determinants** of **pharma companies' reputation** and of their **products' image** in oncology
- Identification of **pharma companies** whose **MSLS** are considered by oncologists as the **"best-in-class"**

3. Reflection workshop:

- Presentation & analysis of the **results of the interviews** conducted with the 20 KOLs
- Definition of **"best practices"** enabling MSLS to **strengthen *MediSearch's corporate reputation*** as well as the **image** of its products

4. Formalization of recommendations:

- **Drafting** of a **guide** of **"best practices"** (e.g., management of interactions with KOLs, activity planning, priority management, development of a culture of services, etc.)
- Proposal for a **strategic and operational plans model** for MSLS, including **quantitative** and **qualitative indicators** for **monitoring** their **activities**
- Setting up of a **training program** for MSLS



Smart Pharma
CONSULTING

Strategic KOL Engagement Planning

————— BEST-IN-CLASS SERIES —————

How to improve
Efficacy & Efficiency?

This position paper proposes guidelines to help pharmaceutical companies partner with KOLs to better support the development and the marketing of their products

Context & Objective

- **KOLs¹ are part of the means used by pharma companies to:**
 - Develop their products through pre-clinical and clinical trials
 - Disseminate information (scientific, medical, therapeutic, etc.) to raise health authorities, payers, HCPs (Health Care Professionals), PAGs (Patient Advocacy Groups), individual patients' awareness to optimize the positioning and the usage of their products

- **This position paper:**
 - Reviews the best practices in terms of KOL engagement
 - Proposes a simple but rigorous approach and...
 - ... a set of practical tools...

... to recruit, engage and manage KOLs

This position paper has been written, assuming that it is not illegal nor reprehensible to collaborate with medical thought leaders to influence other stakeholders' opinion and behavior vis-à-vis a medical practice or a given medicine, provided it is in the best interest of patients

KOLs have the potential to influence their peers, but also other stakeholders in a specific area, at global, international, national and local levels

Working definitions (1/2)

KOL (Key Opinion Leader)

- KOLs are also called: Key Experts, Key Therapeutic Area Experts, Key Scientific Experts, Thought Leaders, Influencers, depending on the companies
- KOLs are **recognized** physicians with an **expertise in a specific field** (e.g., oncology, endocrinology, epidemiology, biostatistics, etc.)...
- ... and can **influence the opinion** and **the medical practice** (e.g., treatment scheme, prescribing habits, preference for a given product, etc.) **of their peers** (specialists or GPs)
- KOLs contribute also to **modify medical guidelines** when they are members of learned societies or when they advise health authorities
- Their influence can be global, international, national or local
- Other stakeholders are also considered as KOLs¹

Pyramid of influence & types of influencers



Sources: Smart Pharma Consulting

¹ Such as members of governments, of health authorities, of learned societies, of patient advocacy groups, journalists, pharmacists, nurses, etc.

Strategic KOL Engagement Planning is essential for pharma companies to ensure an effective, efficient and sustainable relationship with KOLs

Working definitions (2/2)

KOL Engagement

- KOL engagement is a **process** in which pharma companies **build** and **maintain constructive** and **sustainable relationships** with KOLs
- KOL engagement is **essential** for **understanding** their **wants** and **needs**; and **may** result in implementing ideas that **benefit** both **KOLs** and **pharma companies**
- Engaging with KOLs **occurs** when pharma companies want to **consider** the **views** and **involvement** of **KOLs** in making and implementing a scientific or medical decision...
- ... **which might** have an indirect **business impact**
- Pharma companies should **initiate open, two-way dialogue, seeking solutions** to issues of mutual interest

Strategic KOL Engagement Planning

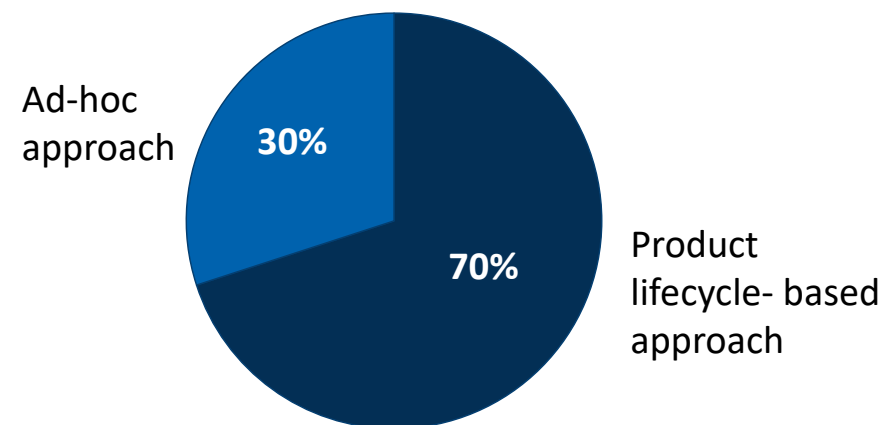
- Considering the **increasing complexity** of the pharmaceutical **environment** and of **pharma companies organizations**¹, it is essential to **plan** and **organize** the **interactions with KOLs**
- Thus, pharma companies should develop Strategic KOL Engagement **Plans** to **ensure** that KOL Engagement **initiatives**:
 - **Support** the Critical Success Factors (**CSF**) to fulfill the corresponding Strategic Imperatives (**SI**) of the related product
 - Are put in a **mid- to long-term perspective** to **build** a **sustainable win-win relationship**
 - Are carried out in a **coordinated manner** across the company departments and from headquarter to affiliates to **guarantee** an **optimal efficiency**

More and more pharma companies are adopting an integrated strategic approach of their relationship with KOLs, based on their product position on their life cycle

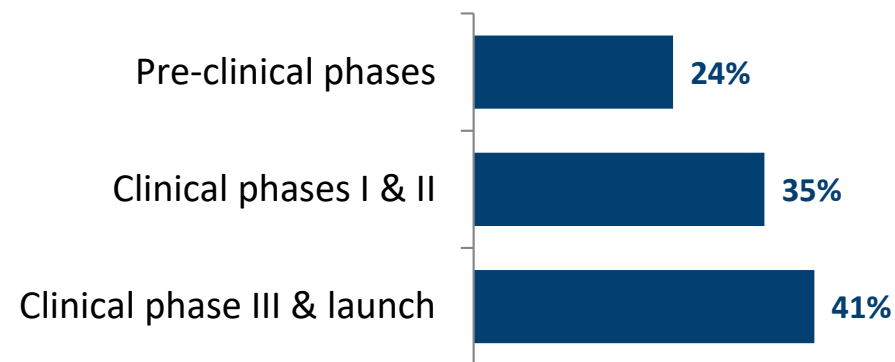
Types of KOL engagement

- According to a study carried out in 2017 by Arx Research, through interviews of 47 executives from medical departments of 34 life science organizations, across 15 countries:
 - 70% of companies indicate that their strategy to engage with KOLs is based on the position of the product on its life cycle, while the remaining 30% adopt an ad-hoc approach
 - 24% of surveyed companies engage with KOLs during pre-clinical phases of the product development and...
 - ... 41% begin developing relationships at phase III of their product life cycle, or after
- KOLs exposed to early research and development phases will better support the products due to:
 - A better understanding of the underlying science
 - A better commitment and interest in outcomes

KOL engagement approach



KOL engagement according to product lifecycle

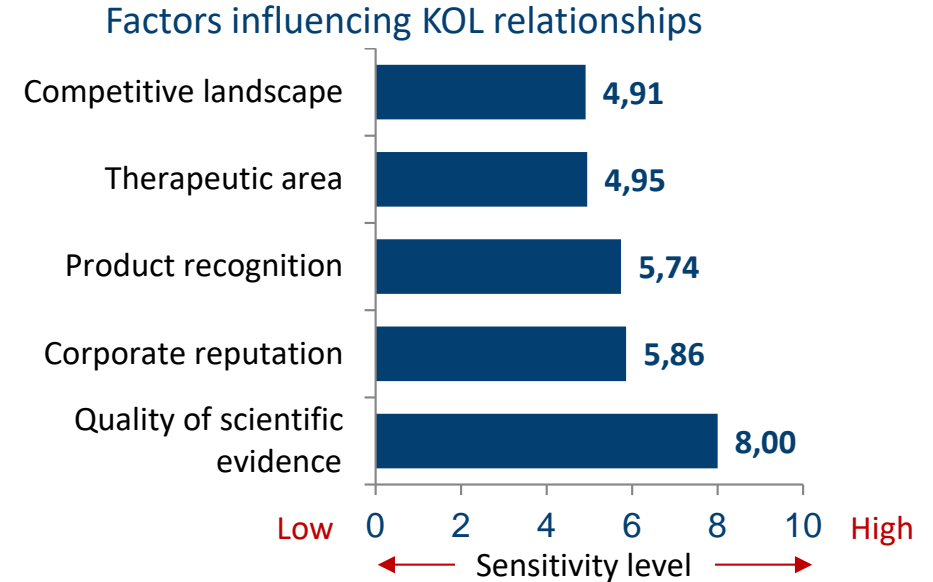
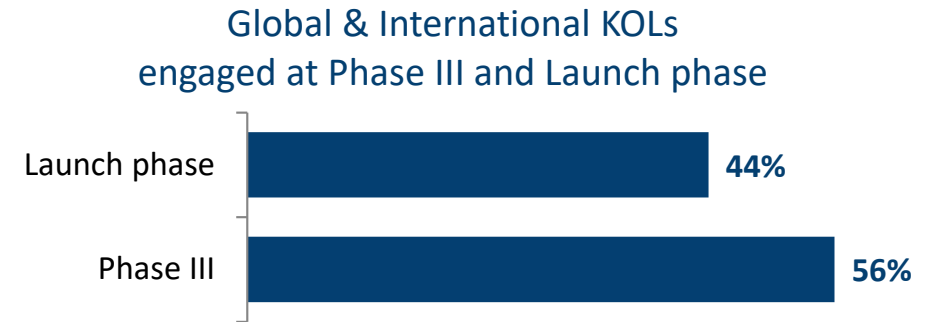


Sources: Arx Research (2017) – Smart Pharma Consulting analyses

The strength of KOL engagement will strongly depend on the quality of scientific evidence related to the product as well as on corporate and product perception

KOLs engagement & Influencing factors

- From preclinical to phase II studies, Global KOLs are engaged to carry out scientific and clinical activities
- At phase III level, Global, International and National KOLs are mainly involved in clinical studies and in disseminating scientific information to physicians' communities
- While preparing the launch of their products or of new indications, pharma companies may engage KOL to support the preparation of the marketing authorization and of the price & reimbursement dossiers
- At launch time, pharma companies usually shift the balance of their focus to national and local KOLs
- The quality of the scientific evidence is critical to establish strong and effective relationships with KOLs
- Corporate reputation and product recognition are also essential to expect a clear commitment from KOLs

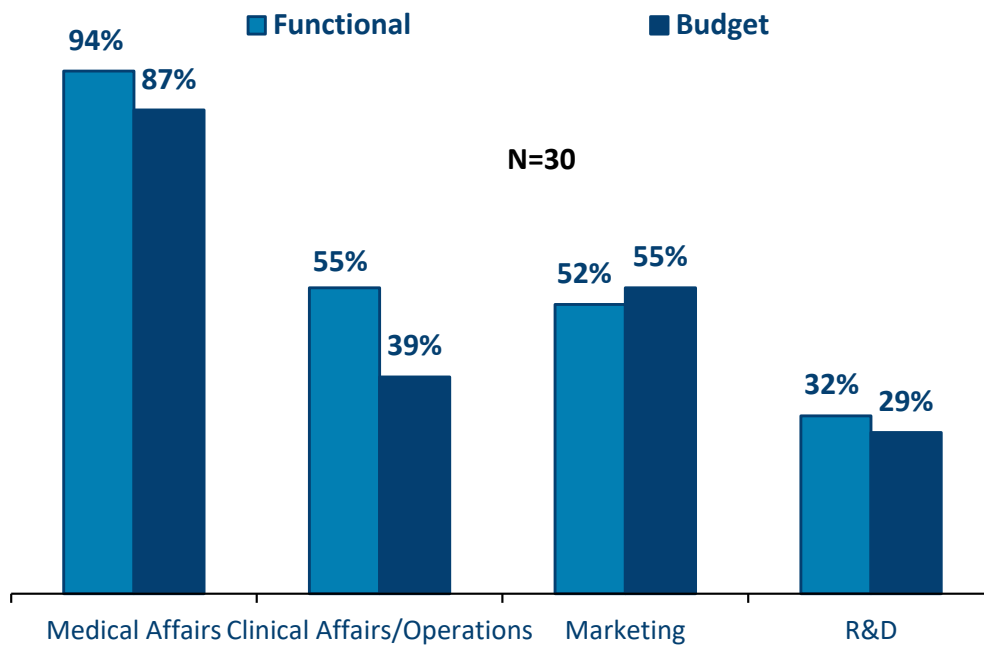


Sources: Arx Research (2017) – Smart Pharma Consulting analyses

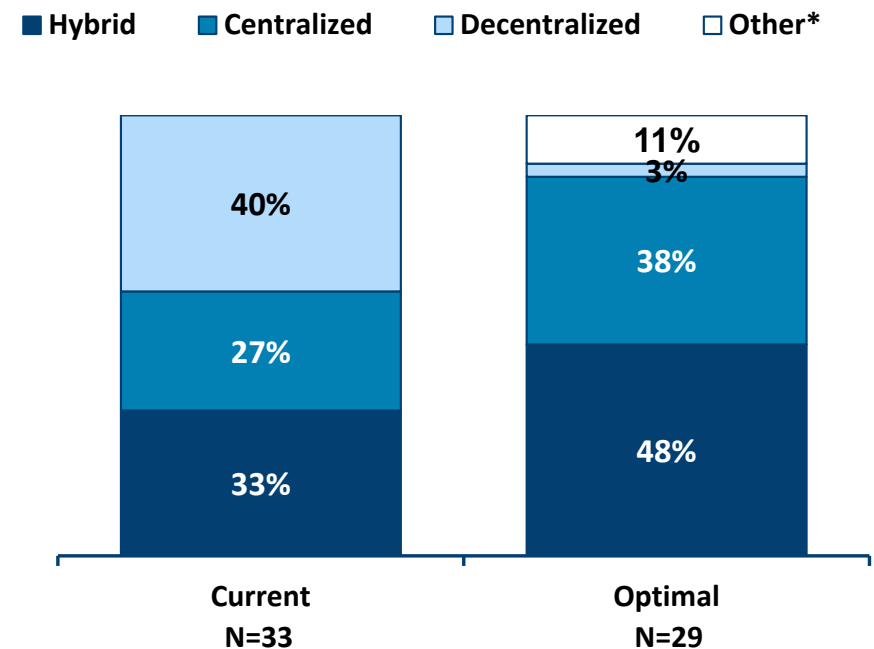
The hybrid and centralized management of KOLs are viewed as optimal by interviewees as they enable better coordinated and more consistent interactions

KOLs management by pharma companies

KOL Management responsibility at pharma companies



KOL Management organization at pharma companies



- Functional and budget responsibility for KOL management are mainly in the hands of **Medical Affairs departments**

- Decentralized organizations are used by 40% of companies but recommended by only 3% of them due to lack of coordination and consistency**

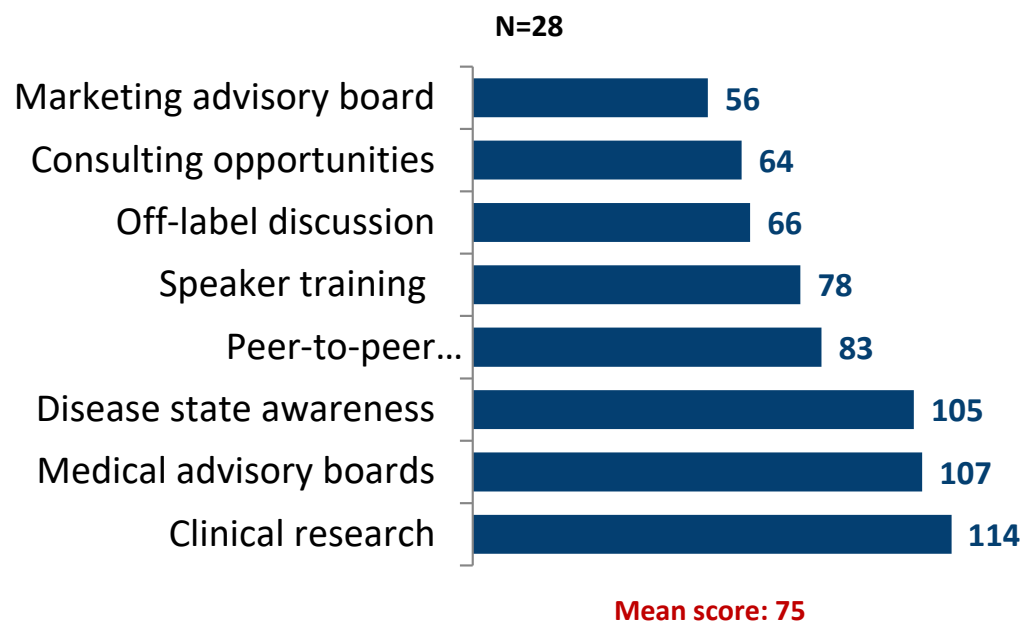
Sources: Best Practices, LLC (2014 & 2016) based on 33 companies, amongst which: AbbVie, Amgen, Bayer, Genentech, Genzyme, Janssen, Merck & Co, Pfizer, Roche – Smart Pharma Consulting analyses

* One respondent considers there is no ideal system to manage KOLs. It depends on the business needs

If KOLs services are mainly focused on clinical research, clinical advisory boards and disease state awareness exchanges; their impact is most often not formally evaluated

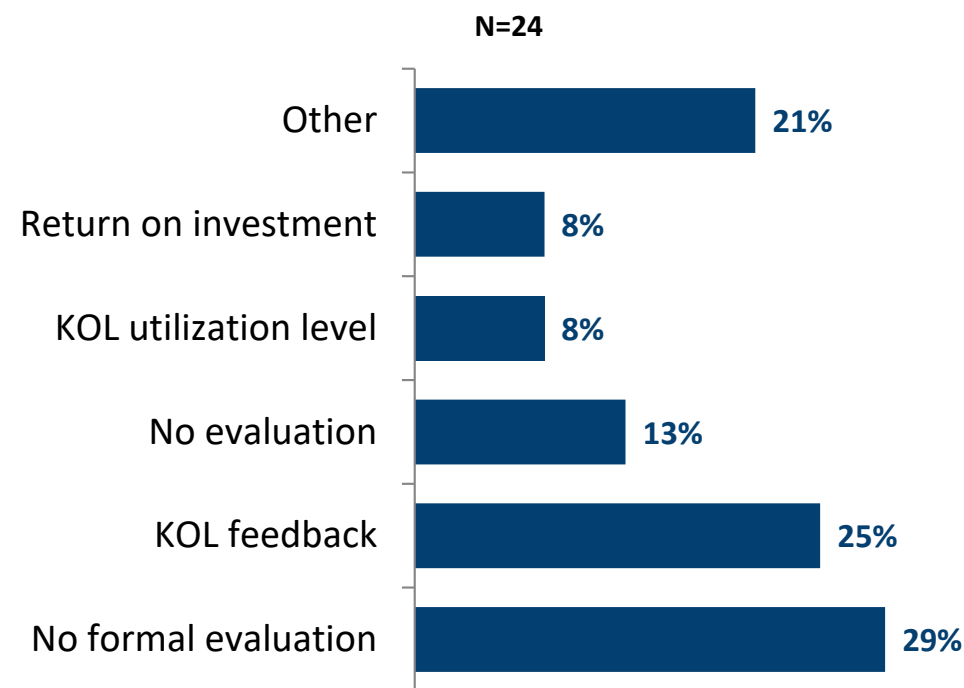
Main KOLs services & assessment

Most important services carried out by KOLs



Note: Score based on the average importance rating (0 to 5) multiplied by the number of respondents per activity

Evaluation of KOL Management & Engagement



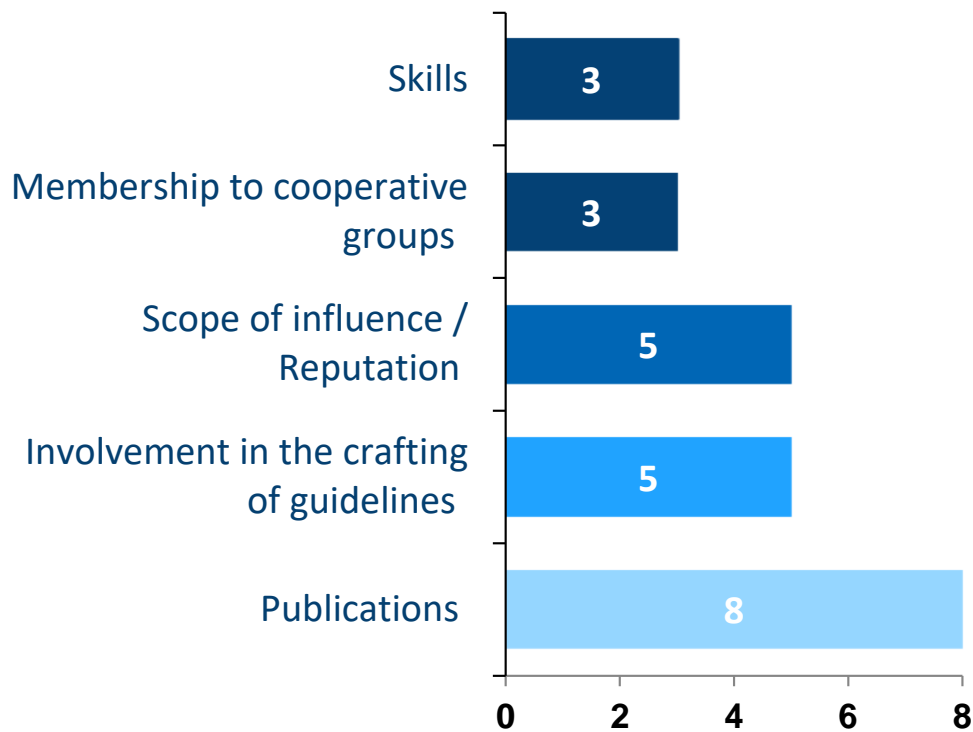
- **Clinical research** support, participation to **medical advisory boards** and **disease state awareness** are viewed as the most important KOLs activities

- There is **no formal nor systematic measurement** of the impact of KOLs engagement carried out by **most of the pharma companies** from the panel

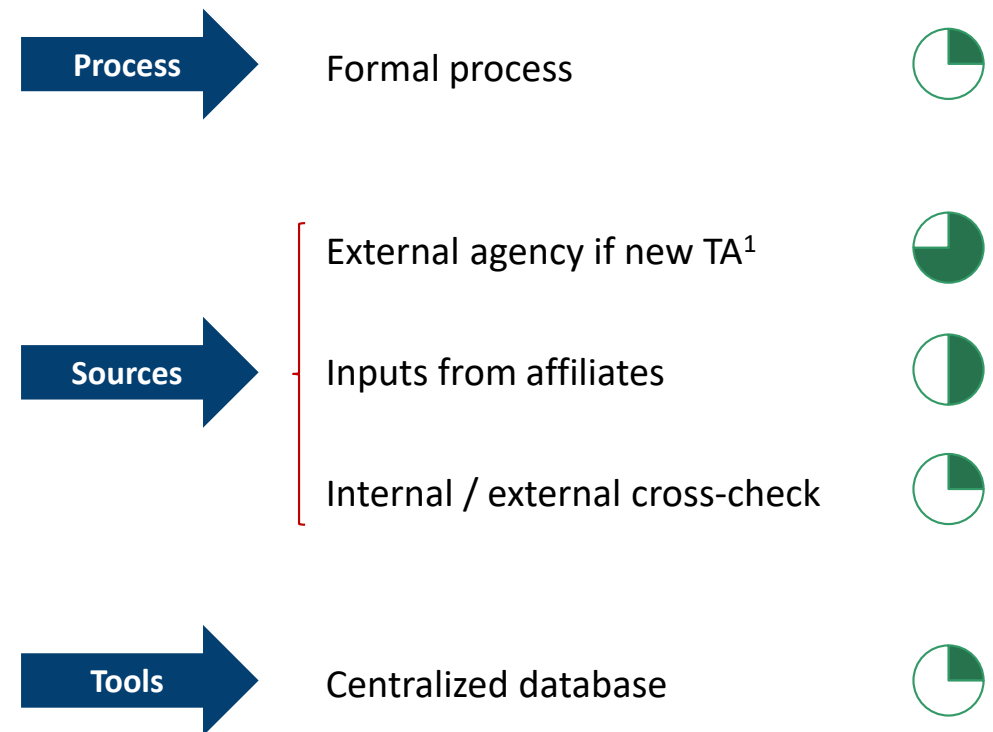
Few of the 8 benchmarked pharma companies have put in place a systematic and formalized process to qualify and select Global KOLs

Global KOLs qualification & selection

Main criteria to select Global KOLs



Data gathering



Note: Behavior & personality has been mentioned by one interviewee, as well as KOLs field of interest

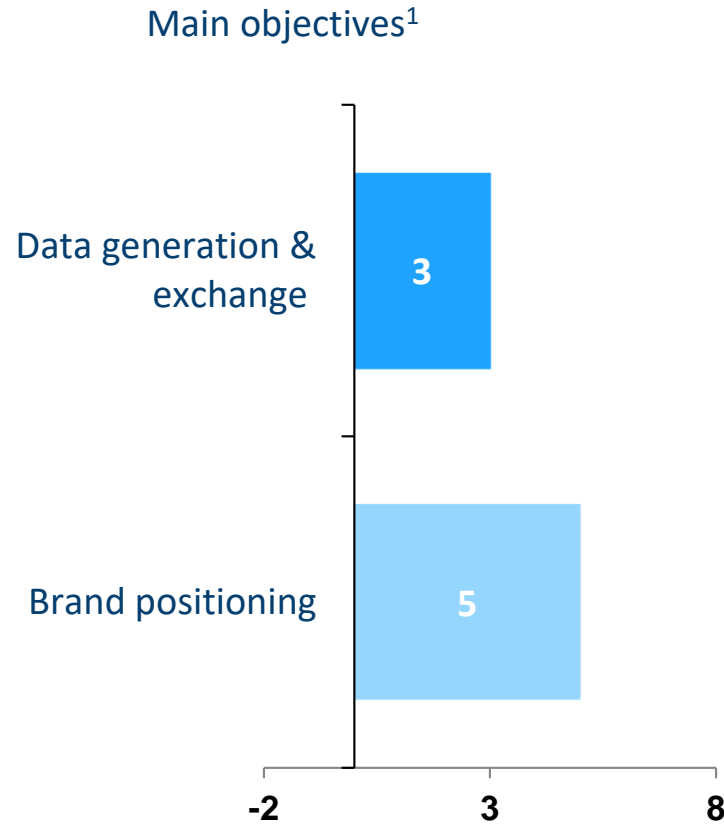
“In case of doubts, Global Medical Affairs may contact local Medical Affairs to get their own opinion regarding a Global KOL”

Sources: Interviews of 8 Senior Medical executives from Bayer, BMS, Celgene, Gilead, Janssen, MSD, Pfizer, Roche – Smart Pharma Consulting analyses

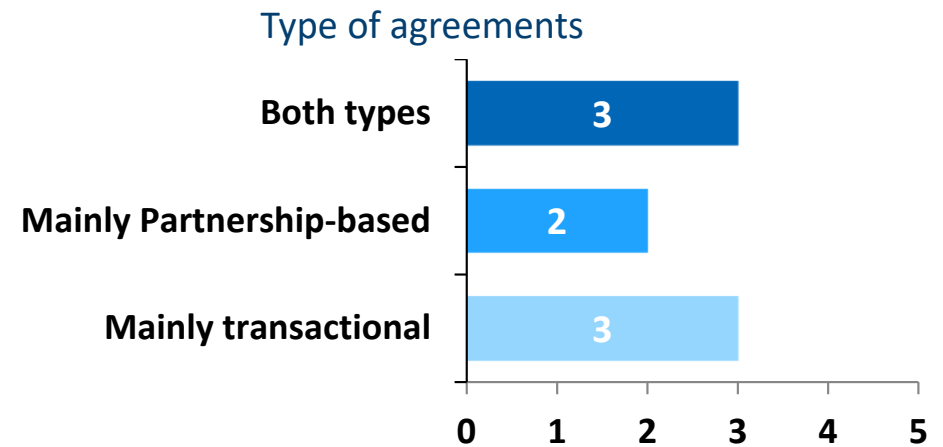
¹ Therapeutic Area

According to the spontaneous statements of interviewees, Global KOLs are mainly engaged to give advice on brand positioning, produce and exchange scientific data

Main objectives while engaging with Global KOLs



“While engaging with a KOL, we make sure he is interested by the project on which we want to involve him”



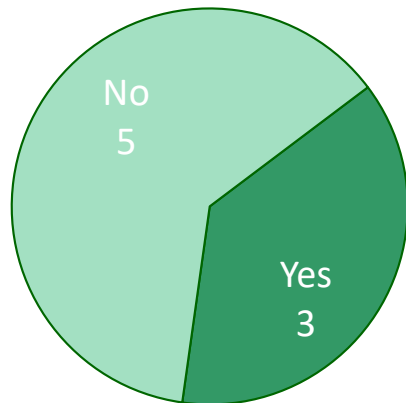
Sources: Interviews of 8 Senior Medical executives from Bayer, BMS, Celgene, Gilead, Janssen, MSD, Pfizer, Roche – Smart Pharma Consulting analyses

¹ Several answers possible

Global KOL engagement plans are most often not formalized for each KOL and their follow-up over time is far from being systematic

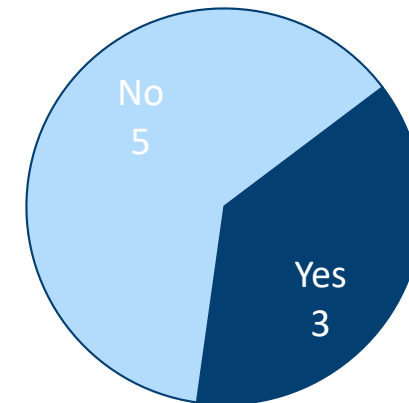
Global KOL engagement planning & execution follow-up

Global KOL engagement plans



“We prepare an engagement plan but by project rather than by KOL. We engage a KOL to carry out a project”

Execution quality follow-up
System to monitor the implementation of Global KOL engagements



“In Europe, it is difficult to evaluate the performance of KOLs. It should be fact-based and not a judgement”

Main difficulties while engaging with Global KOLs

Poor internal alignment and multiple contact points



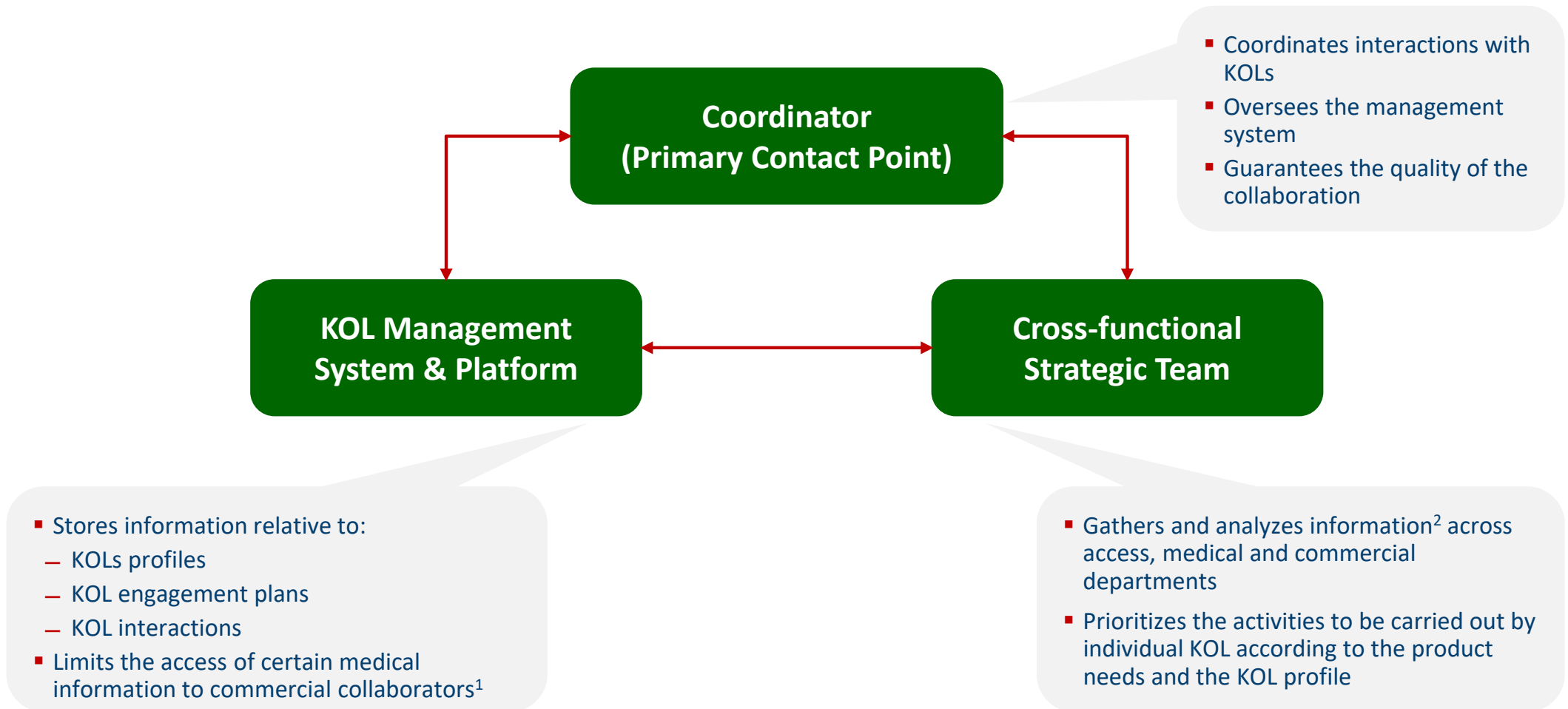
Overbooked and overused KOLs



Sources: Interviews of 8 Senior Medical executives from Bayer, BMS, Celgene, Gilead, Janssen, MSD, Pfizer, Roche – Smart Pharma Consulting analyses

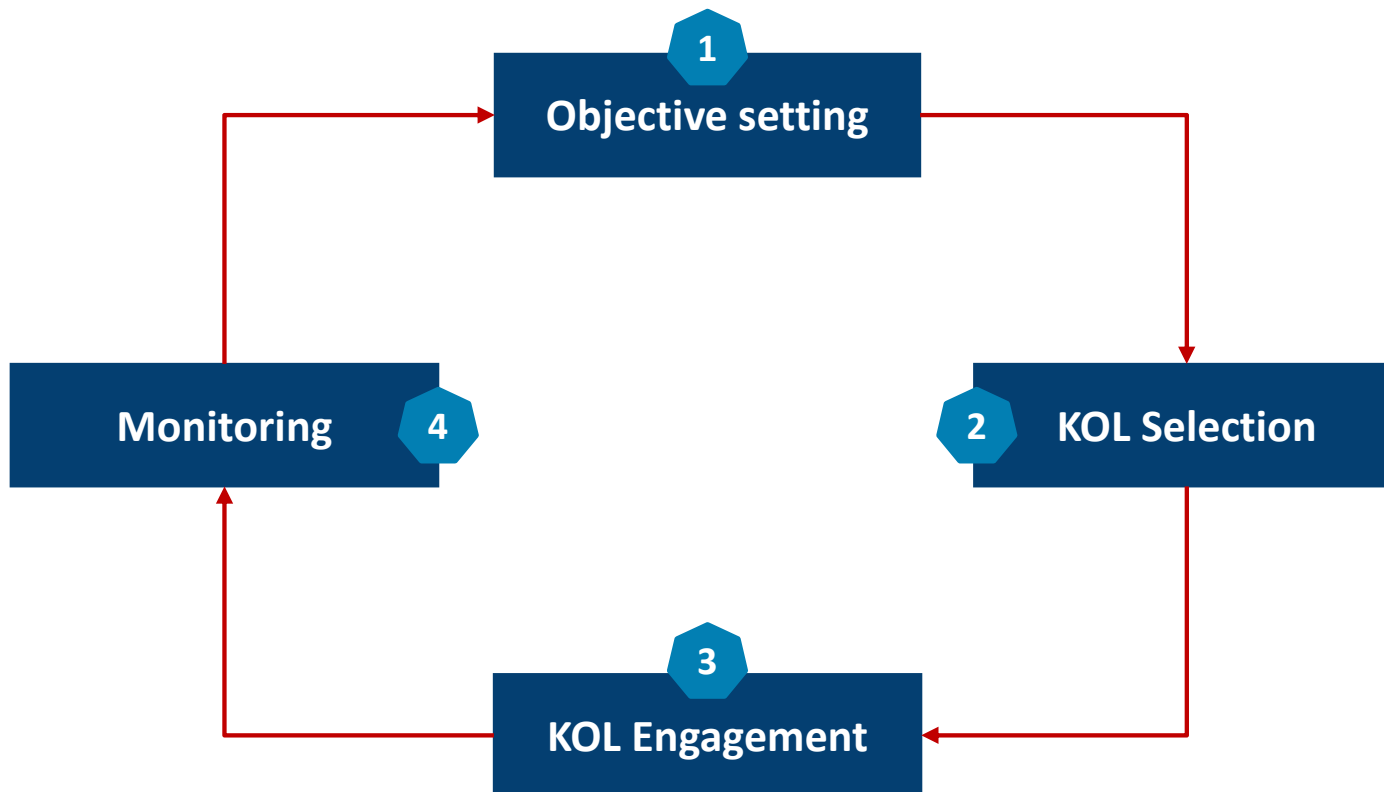
The effective KOL management requires a cross-functional team working in the same direction, in a coordinated manner, with the help of a shared information system

Strategic KOL Management components



The following 4-step approach is proposed to ensure an effective and efficient Strategic KOL Engagement Planning

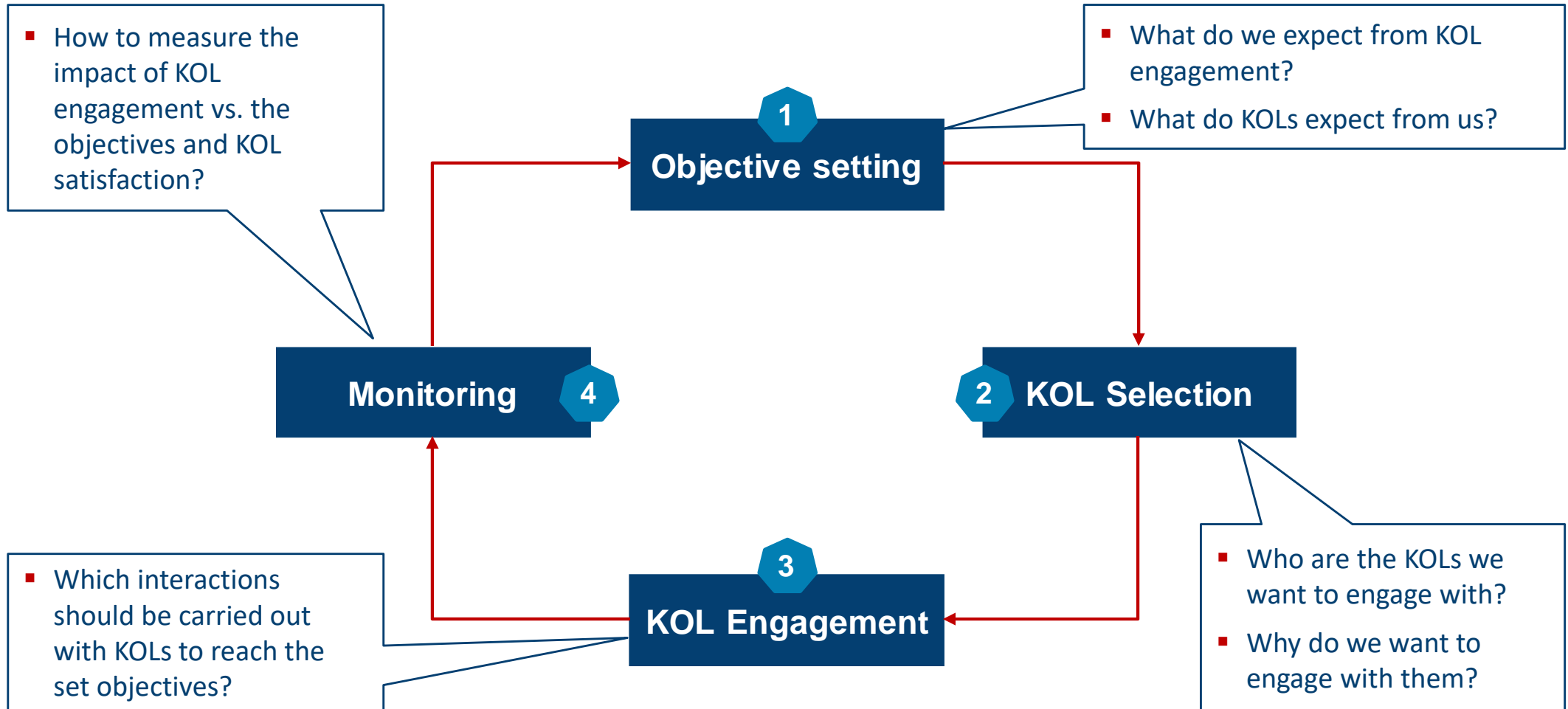
A 4-step approach



- Relationships with KOLs should be defined according to the **set objectives**
- Then, the prospective KOLs should be profiled and targeted
- Once KOLs have been selected, their **interactions** with the pharma company and the **activities** they are expected to carry out should be **defined** and **formalized** in an engagement plan
- The **execution** of the plan should be carefully **monitored** with the help of **KPIs** (Key Performance Indicators) and of **KEIs** (Key Execution Indicators)

At each step, the following key questions should be carefully answered to ensure the proper implementation of the proposed Strategic KOL Engagement Planning process

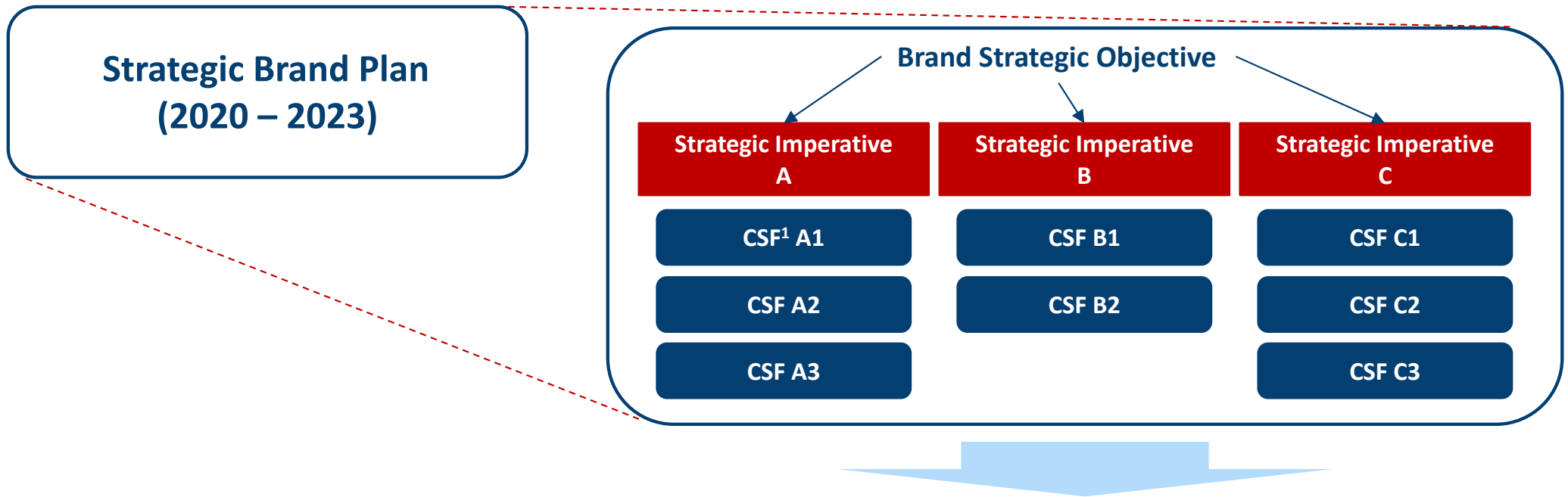
Key questions to be answered by key step



The global objectives set for KOL engagements should contribute – directly or indirectly – to meet the brand strategic objectives, irrespective of its life cycle position

Strategic alignment

1

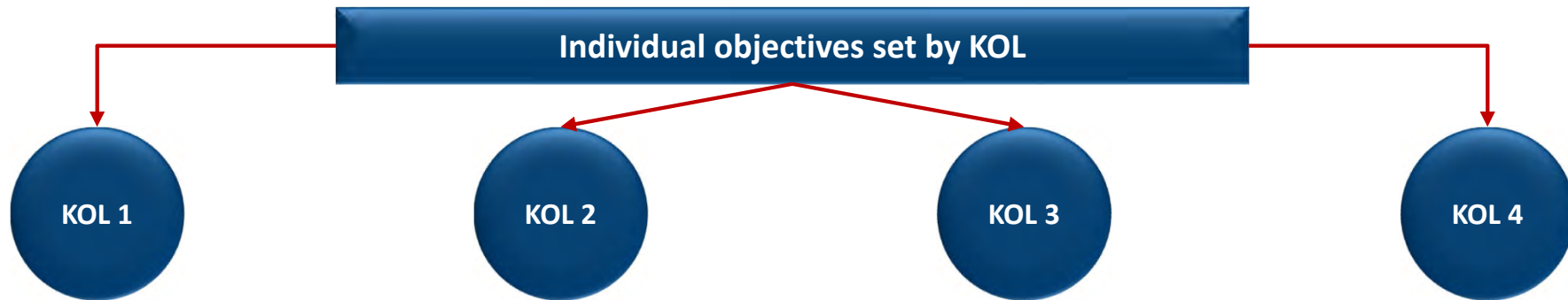
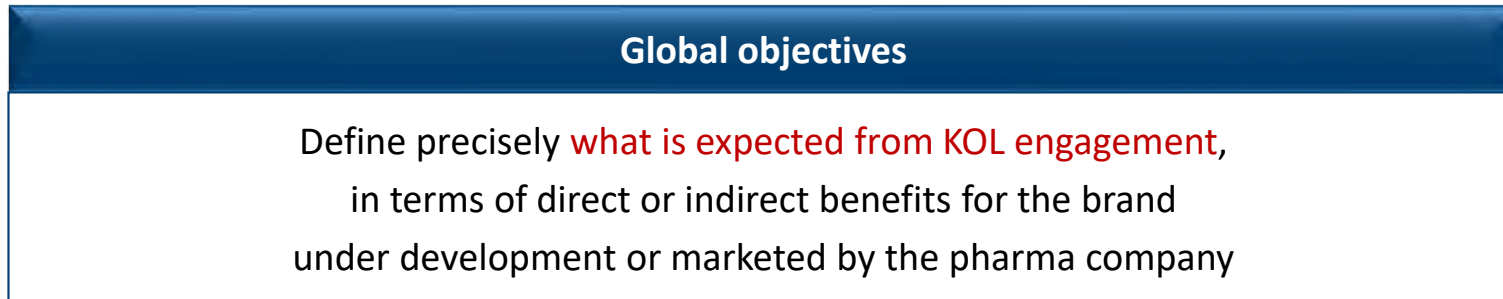


The global objective of KOL engagements must support one or several CSFs and thus, contribute to fulfill the strategic imperatives to reach the Brand Strategic Objective

Before defining the KOL Engagement Plan, specific objectives by KOL, consistent with the Brand Strategic Objective, must be set

Global vs. individual objective setting

1

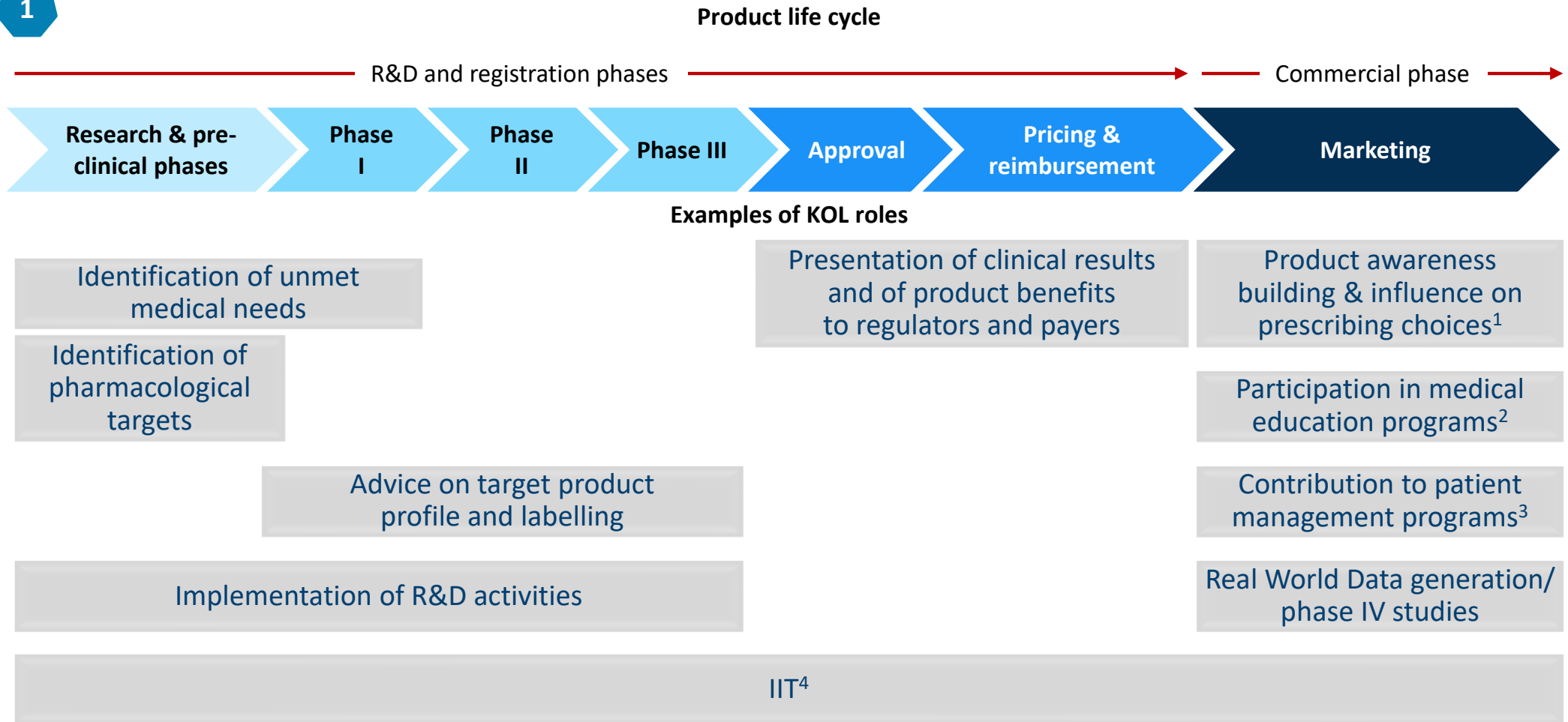


Define specifically **what is expected from each KOL** to support the product and **what support each KOL expects from the pharma company**, on a professional standpoint

The objective of the KOL partnership and the corresponding activities will depend on where the product is positioned on its life cycle

Examples of objectives along the product life cycle

1



Sources: Adapted from GBI Research, Market Rx, by Smart Pharma Consulting

¹ Through articles, lectures, etc. – ² Through Continuous Medical Education (CME) programs – ³ Through projects carried out with patient advocacy groups (PAGs) – ⁴ Investigator Initiated Trials

The selection phase consists in a 4-step process leading to a pool of KOLs with whom to engage to benefit (directly or indirectly) the brand

Methodology

2

Key questions

What to do?

Selection criteria

- What are the relevant selection criteria to be used considering the final objective?

- Review the relevant criteria (e.g., level of influence, scope of influence, scientific/media awareness, membership of a network, presence in Internet, etc.)
- Select a limited number of relevant criteria

KOLs profiling

- What information should be collected?
- How to collect and analyze this information?

- Review internal / external databases to qualify KOLs
- Assess the number of publications, quality of journal, the impact factor, Almetrics¹, quotes, lectures during conferences and congresses, etc.

KOLs segmentation

- What is the scope of influence and the degree of interest of the KOL for the brand and the related disease(s)?

- Map a preselection of KOLs on a matrix according to the most relevant criteria
- Identify KOLs networks of collaboration and influence (e.g., cooperative groups)

KOLs selection

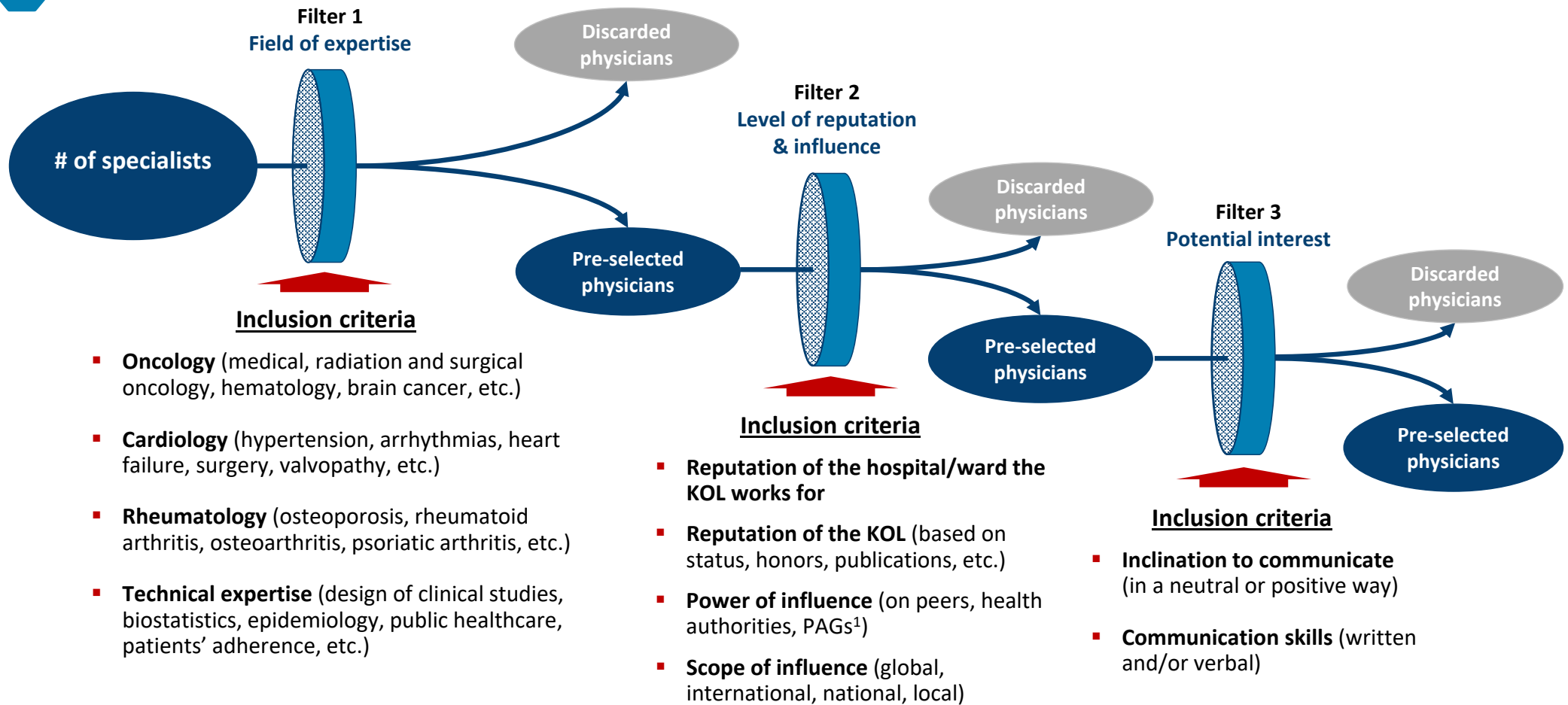
- Who are the KOLs that should be engaged?
- For which kind of engagement?

- Select the KOLs
- Preliminarily define the types of engagement to carry out with the selected KOLs

Relevant selection criteria and gathering of accurate and reliable information about the KOLs profiles are of utmost importance to optimize the value of their engagement

Screening process (illustrative)

2



Sources: Smart Pharma Consulting

¹ Patient advocacy groups

Qualification of KOLs should be documented with reliable and real-time data collected through desk research and field research (e.g., interviews of peers, pre-identified KOLs)

How to qualify KOLs? (1/2)



What data to collect?	How to collect data?	How to analyze data?
<ul style="list-style-type: none"> ▪ Education (e.g., university – hospital) ▪ Medical activity/position (e.g., specialty, medical department, status in the medical department) ▪ Teaching activity/position (e.g., topics taught, professor, lecturer) ▪ Field of expertise and interest (e.g., specific disease, pharmacological route, mode of action, medical technique) ▪ Membership in learned societies (titles / positions / activities) and/or in more or less structured networks 	<ul style="list-style-type: none"> ▪ Internet search, direct search ▪ Field research (e.g., peers, hospital pharmacists' interviews, etc.) ▪ Probing by collaborators from the medical department (e.g., MSLs¹) and collaborators from other departments of the pharma companies (data could be stored and shared on a platform) ▪ KOL Management vendors (e.g., Truven; KOL, LLC; OpenQ; Veeva Systems) 	<ul style="list-style-type: none"> ▪ Being head of hospital and professor is a plus ▪ Reputation of the hospital/teaching hospital or of the private institution where the KOL works should be considered ▪ Global or International scopes of influence are preferable, in general, to national or local levels (but it depends on the objective) ▪ Being a member of the management board of a learned society is a plus in terms of potential level of influence

Sources: Smart Pharma Consulting

¹ Medical Science Liaisons

Qualification of KOLs should be documented with reliable and real-time data collected through desk research and field research (e.g., interviews of peers, pre-identified KOLs)

How to qualify KOLs? (2/2)



What data to collect?	How to collect data?	How to analyze data?
<ul style="list-style-type: none"> ▪ Communication activities <ul style="list-style-type: none"> – # articles published (impact factor¹, Almetrics², peer-/non peer reviewed journals, principal investigator (PI), etc.) – # of training/teaching activities p.a. (CME³) – # of lectures (congresses, symposiums, round tables) – Presence on the Internet – # of quotes by journalists in current year 	<ul style="list-style-type: none"> ▪ Review of published scientific articles (PubMed/Medline, Google scholar, Expertscape, Cochrane Library) ▪ Evaluation of training/teaching activities and lectures by interviewing peers and collaborators of pharma companies ▪ Google searching for presence and quotes on the Internet 	<ul style="list-style-type: none"> ▪ The higher the impact factor is, the better ▪ KOLs should be ideally positioned as 1st or last author in articles ▪ A high number of training/teaching seminars and lectures is a plus ▪ The perceived quality of articles, training, teaching and lectures should be assessed
<ul style="list-style-type: none"> ▪ Partnership activities <ul style="list-style-type: none"> – Types of activities (e.g., lectures, clinical investigations, advisory boards) – With the company and its competitors – Potential level of interest (inclination to support the development/the proper use of a brand) 	<ul style="list-style-type: none"> ▪ Review of past performances with the company or its competitors (e.g., probing by collaborators of the company) ▪ Interviews of peers 	<ul style="list-style-type: none"> ▪ Verbal (e.g., lectures, courses) and written communication (e.g., articles, websites) ▪ KOLs should express their field of interest over the long term and their expectations from an engagement with the pharma company

Sources: Smart Pharma Consulting

¹ It measures the average frequency with which the article has been cited in a particular year. It is used to measure the importance or rank of a journal by calculating the number of times its articles are quoted – ² Collects and collates disparate information on the online activity surrounding scholarly content – ³ Continuous medical education

The following table shows a proposed approach to evaluate and rank candidate KOLs to set up a list of Top Global KOLs, that should be continuously updated

Scoring of candidate KOLs

2

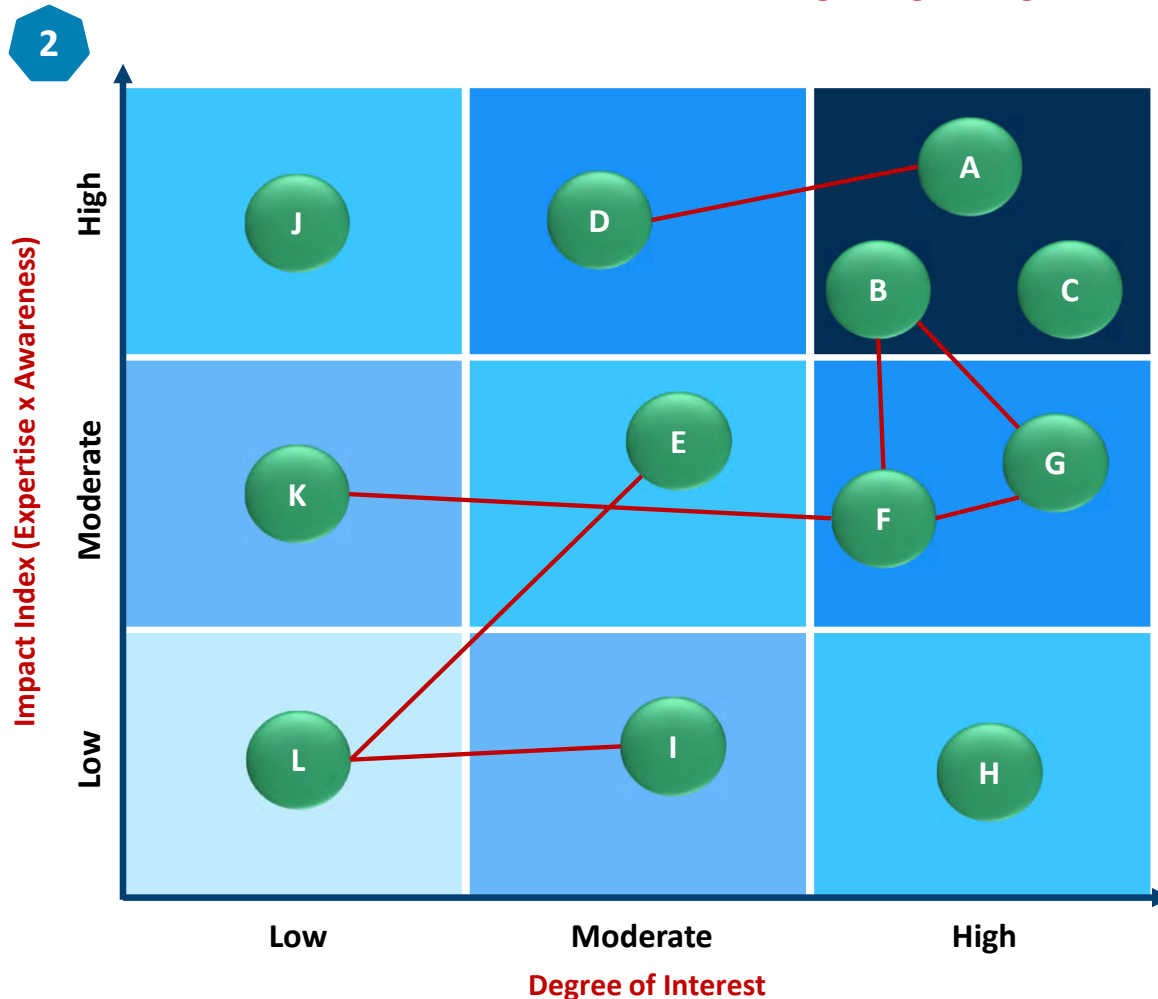
Illustrative

Profiling parameters		Prof. A	Prof. B	Prof. C	Dr. D
EXPERTISE	Pharmacological expertise	8	0	6	0
	Academic research	5	9	0	0
	Clinical research	5	0	9	5
	Clinical practice	0	0	6	9
	Scientific advisory board	8	8	7	6
	Sub-total score (A)¹	5.2	3.4	5.6	4.0
AWARENESS	Publication record	8	5	4	3
	Speaker record	3	4	8	7
	Communicate skills	6	6	5	7
	Density of the network	5	7	7	3
	Sub-total score (B)¹	5.5	5.5	6.0	5.0
Impact Index² score (A x B)¹		14.3	9.4	16.8	10.0
KOL degree of interest		Moderate	High	Moderate	Low
Ranking		2	3	1	4

- The candidate KOLs can be ranked according to their **field of expertise**, their associated level of recognition in these fields, and their **level of awareness**
- The **KOL degree of interest** for the product should also be considered
- The assessment could be done on a **10-point scale** based on data coming from **external providers**, a panel of peers who will score each expert, combined with **the internal insights** available at the pharma companies' level, etc.
- This approach will **help make a first cut** of the Top Global KOLs that should be continuously reevaluated

The proposed matrix is a useful tool to prioritize the KOLs with whom to engage and to pre-define the types of collaboration to carry out with them

KOL targeting – Segmentation & selection



- The proposed matrix facilitates the **final selection** (targeting) of pre-selected KOLs based on their:
 - **Impact index** (combining their degree of expertise and awareness¹)
 - **Potential interest**
- The **impact index** reflects the KOLs **ability to influence** other stakeholders (i.e., HCPs, policy makers, payers, patients, PAGs)
- The **degree of interest** reflects the KOLs **willingness to support**:
 - The **development** of the company **brand**
 - The proper **use of the brand**, once marketed
- The **network²** of KOLs should also **be considered**

Priority 1
 Priority 2
 Priority 3
 Not a Priority

Networks of influence / collaborations amongst KOLs

Sources: Smart Pharma Consulting

¹ Including on Internet – ² Network of influence / collaboration amongst KOLs

To convince KOLs to partner, it is important to consider their expectations and to highlight the benefits, they will draw from it in terms of professional development

How to convince KOLs to partner?

2

What do KOLs want through engagements?

- The selection of KOLs should consider the **benefits they can offer** to the pharma companies and the **benefits** the pharma **companies** can **offer to them**
- *For so doing, the following questions should be addressed:*
 - Is the KOL **yet a partner** of the pharma company?
 - What has been qualitatively and quantitatively **his level of involvement?**
 - What has been **his feed-back** (level of satisfaction) from previous collaborations?
 - What is his mid- to long-term professional **ambition?**
 - What does **he expect from collaborations** with pharma companies?
 - Is he looking for a long-term partnership or a “fee-for-service” transaction?

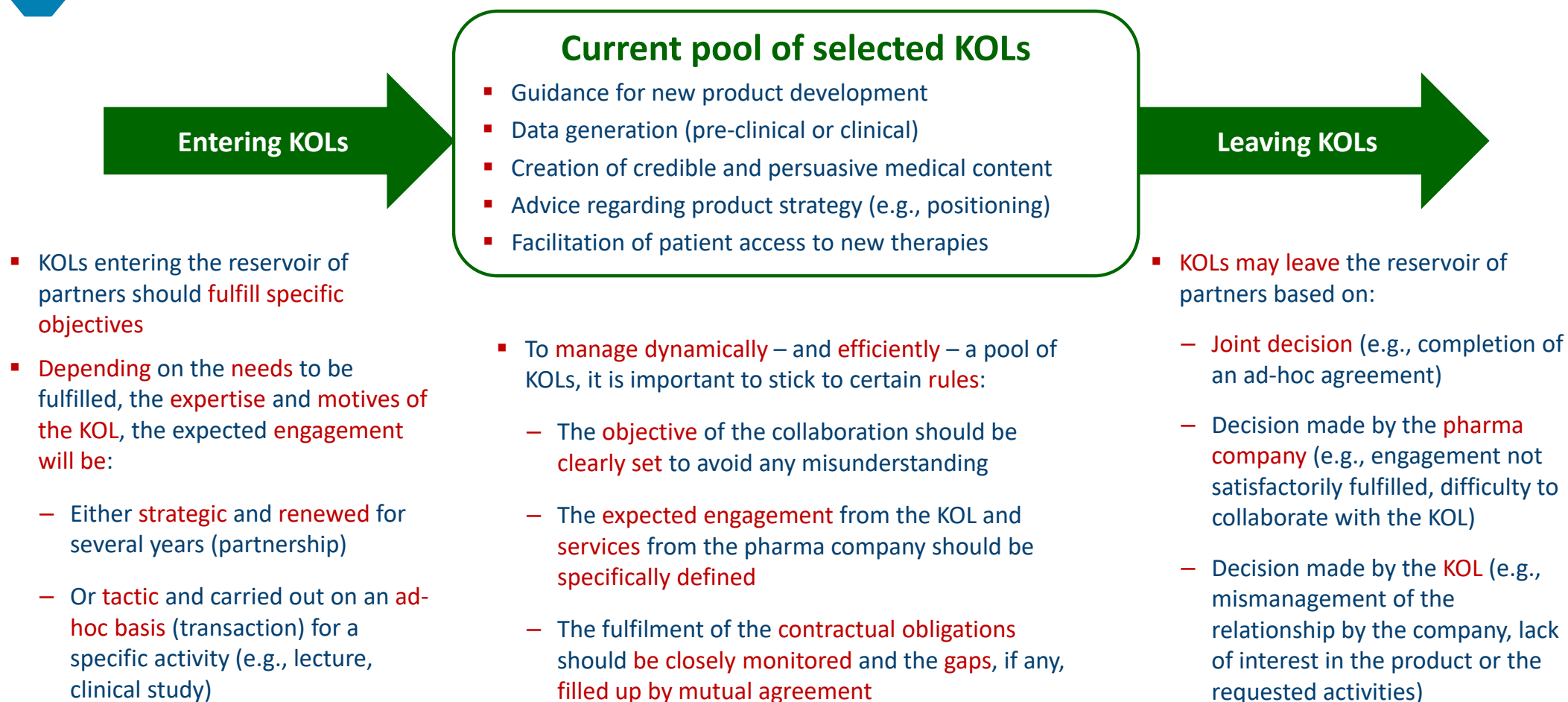
What should pharma companies propose to KOLs?

- Based on KOLs professional expectations, pharma companies can **propose ideas** of “**win-win**” **activities** to be carried out through engagements
- The **benefits** the **KOLs** will draw in terms of **personal awareness** and **competence development** through the engagement should be **emphasized**:
 - **Opportunity to participate in publication** of articles, **interviews** in media, **presentations** during congresses, lectures during medical meetings, etc.
 - **Provide expert opinion/guidance and/or...**
 - **... opportunity to participate in clinical research (e.g., clinical trials) or to carry out IITs¹**
 - **Professional development** through the **access to recent information**, to **high education programs²**, by working in **new research/medical areas**, etc.

Pharma companies should be able to manage dynamically their selected KOLs by attracting newcomers and putting an end to some existing collaborations

Dynamic management of selected KOLs

2



Pharma companies should balance what they expect from KOLs in terms of activities and what they give them in terms of services to ensure a win-win partnership

Services proposed to & activities carried out by KOLs

3

Services proposed to KOLs (Illustrative)



Activities carried out by KOLs (Illustrative)



Sources: Smart Pharma Consulting

¹ Access limited to KOLs – ² Each KOL should have a dedicated KOL Manager (e.g., a MSL) – ³ Continuous Medical Education – ⁴ Such as lectures to sales forces, face-to-face meetings with the marketing team, etc. – ⁵ Such as visual aids, leaflets for patients

If KOLs share the objective of the pharma company and accept to communicate, the following means can influence medical practices and help better position products

Potential value of KOL activities (1/2)

3

Article writing

- KOLs may support the pharma company priorities by communicating in scientific journals, professional magazines or lay press regarding:
 - New medical approaches, new guidelines, patient management, etc.
 - The position of its products in the therapeutic strategy

*Perceived reliability by readers: **H***
*Number of exposed readers: **L-H***

Lectures during symposia

- While giving lectures, KOLs may accept to cover topics of interest for the company...
- ... and/or to position its product vs. direct competitors or indirect therapeutic alternatives based on scientific data/ rationale
- KOLs may also share their own experience as a prescriber of the company products

*Perceived reliability by participants: **M***
*Number of exposed attendants: **L***

Press conference

- Press conferences enable to have indirectly access to a larger number of readers
- The messages conveyed by KOLs may sometimes be modified by journalists
- It is rare for KOLs to make strong statements in favor of a product during a press conference

*Perceived reliability by readers: **M***
*Number of exposed readers: **M-H***

Training of peers / CME¹

- KOLs may communicate to HCPs during training sessions regarding:
 - Medical topics of interest for the pharma company
 - The position of its products in the therapeutic strategy
- In such circumstances, KOLs may convey strong messages, if they decide to do so

*Perceived reliability by participants: **M-H***
*Number of exposed attendants: **M***

H: Higher – M: Medium: – L: Lower

KOLs can be of great value through direct collaboration (by training, informing, giving advice, etc.) with medical and marketing teams of the pharma company

Potential value of KOL activities (2/2)

3

Participation to internal meetings

- KOLs may play an effective role during internal meetings by:
 - Informing / training medico-marketing teams about scientific trends and position of competitors
 - Being invited as a “guest star” to show collaborators the ability of the pharma company to partner with top medical leaders
 - Playing a role with sales reps (e.g., selling forums)

Participation to scientific studies

- KOLs, especially if they are supposed to sign or co-sign the corresponding publication, may be very helpful to:
 - Participate to the design of the study
 - Carry out the study (either about a given pathology only or a pathology & its treatments involving the pharmaceutical company product)
- Involvement of KOLs in medical/clinical studies will depend on their field of interest

Advisory board member

- Advisory board meetings with KOLs should be preferred to individual meetings with KOLs when the objective is to get advice on:
 - **Estimating** the impact of key **market trends**:
 - Scientific innovation
 - New product development
 - Evidence generation
 - Market access strategy
 - Marketing strategy (positioning)
 - New **ideas** or **concepts**

Promo material review

- KOLs may collaborate with the marketing team by contributing to the creation of promotional materials
- Thus, they can create value by:
 - Suggesting messages
 - Developing a scientific rationale to support messages/claims of the products
 - Assessing and editing the content of promotional materials (visual aid, booklet...)

A comprehensive KOL engagement strategy requires from pharma companies to gain an in-depth understanding of KOL challenges, motivators and expectations

KOLs challenges – motivators – expectations



Challenges

- **Trusting pharma:** product efficacy and safety, corporate reputation and service quality
- **Pharma engagement approach:** transactional arrangement vs. real relationship, multiple contact points
- **Time and doctor/patient ratio**
- **Regulation:** compliance, accountability, disclosure of compensation from pharma companies

Motivators

- Prestige and renown
- Better healthcare outcomes
- Scientific journals and publications
- Membership in advisory boards, steering committees
- Formulation of guidelines and medical policies
- Speaking opportunities at congresses, symposia
- Participation in clinical trials and academic researches

Expectations from pharma companies

- Fair market value remuneration
- Presence in KOLs field of expertise
- Consistency, communication, support and interaction
- Value-adding interactions with pharma companies' collaborators
- Research assistance
- Credibility and commitment to patient care
- Continuous engagement
- Genuine involvement & meaningful partnerships
- Transparency

“One goal that most KOLs share is to capture attention and prestige within their community”

In general, the most common criticisms by KOLs at pharma companies are related to absence of true partnerships and of cohesive internal strategy and processes

Top 10 poor pharma companies' practices & key learnings

3

Top 10 poor practices

1. "30-page confidentiality agreement"
2. Unclear unspoken objectives
3. Inconsistent honoraria payments across projects
4. Strong commercial bias in discussions about treatments
5. Lack of listening
6. Lack of on-going communication
7. Sporadic approach: "No follow-up to show how they used our input or what they did"
8. "17 different people from the same company contacted me in the course of one month"
9. Changes in staff: "I never know who is who"
10. Relationship held by the CRO



Key learnings

- Set clear objectives
- Favor partnership-based to transactional agreements
- Consider what KOLs want from a relationship with pharma companies
- Ensure a transparent communication
- Have a clear demarcation between commercial, medical and clinical needs (and others, if needed)
- Ensure a consistent and coordinated communication between the pharma company and the KOLs

The development of a KOL Engagement Plan is a centerpiece to maximize the probability of success while partnering with KOLs

KOL engagement plan (1/2)

3

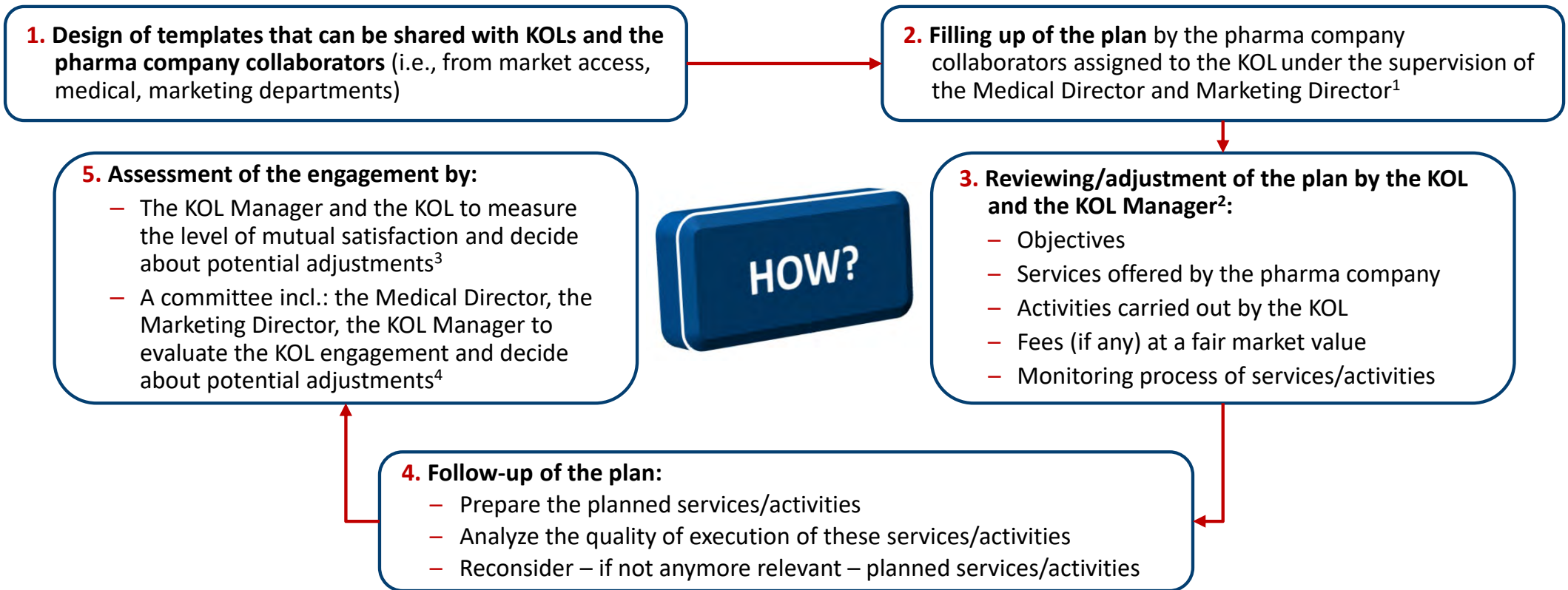


- The development of a clear – precise – concise and shared engagement (activity) plan, between KOLs and pharma companies – will ensure that:
 - Objectives of collaboration are well understood and agreed upon
 - Reciprocal expectations are well defined and accepted
 - Respective commitments are fulfilled and in due time
- The preparation of an engagement plan increases the probability of success of the partnership over time...
- ... and minimizes the risks of mutual disappointments
- The KOL Engagement Plan (KEP) will facilitate the coordination and the communication across the pharma company and thus optimize synergies across market access, medical and marketing departments

To build a useful and effective KOL Engagement Plan,
it is recommended to follow the 5-step process proposed here-below

KOL engagement plan (2/2)

3



“To find common ground is a key success factor in KOL engagement”

Sources: Smart Pharma Consulting

¹ If allowed by national and corporate regulations – ² It is recommended to assign one KOL manager who is the preferred point-of-contact for the KOL – ³ Ideally, twice a year – ⁴ Ideally, once a year

Individual KOL Engagement Plans should be co-developed by the KOL and the pharma company to avoid any misunderstanding and subsequent disappointments

Development of KOL Engagement Plans

3

**Strategic Brand Plan
(2020 – 2023)**



- The KOL engagement plan should be developed to support the Brand Strategic Objective as per the Strategic Brand Plan
- Each individual KOL engagement plan should be designed accordingly and be consolidated in a single document
- The Consolidated KOL Engagement Plan can cover a period lasting from one year to 3 or even 5 years, depending on the product position on its life cycle



The KOL Engagement Plan should be formalized in a document that could be structured as proposed in the table of contents, here-below

Structure of a Consolidated KOL engagement plan

3

Illustrative



Table of Contents

- Introduction
 - Brand Strategic objective (vision)
 - Brand Strategic Imperatives & Critical Success Factors
 - Brand development priorities (3-year perspective)
- Expected contribution from the pool of Global KOLs
- Expected contribution from individual Global KOLs
 - Type of agreement (ad-hoc, partnership, duration, etc.)
 - Key activity selection (e.g., advisory board meeting, lecture, clinical study, peer-to-peer trainings)
 - Key activity description (e.g., objective, timing, accountability, budget)
 - Key activity monitoring (e.g., KPIs¹ and KEIs²)

The KOL Engagement Plan should include key information extracted from the KOL database, specify the objectives of the collaboration, its scope and duration

Individual KOL engagement plan – ID Card

3

Illustrative

KOL name	First name – surname	Medical status	MD – head of medical department – professor of medicine, etc.	Medical setting	Private hospital – Public hospital – Teaching hospital
Expertise	E.g., therapeutic area, organ, pharmacology, academic and/or clinical research, scientific advisory boards, etc.	Awareness	Publications – Lectures – Communication skills - Network	Impact Index¹	Numerical scale to be determined
Degree of Interest	Low – Moderate – High	Points of vigilance	E.g., mobility, adherence to deadlines, quality of presentation documents, etc.	Ranking	
Primary objectives of the collaboration	•				
Specific activities planned within the engagement¹	•	•	•	•	
Type of agreement			Duration of the agreement		
• Transactional agreement:			• Annual: from: ---/---/--- to: ---/---/---		
• Partnership agreement:			• Multi-year: from: ---/---/--- to: ---/---/---		

Sources: Smart Pharma Consulting

¹ Examples: Development of a digital tool to improve patients' adherence, coordination of a multi-centric study, expert support to estimate the medico-economic value of a new product, lectures during medical meetings organized with peers, etc.

The KOL Engagement Plan should describe the activities the KOL is engaged to carry out to meet specific objectives, and it should include monitoring indicators

Individual KOL Engagement Plan – KOL Activity Card

3 4

Illustrative

KOL Activity	<ul style="list-style-type: none"> Lecture, training of peers, advisory board, press conference, article writing, IIS, clinical study, etc. 	Objectives	<ul style="list-style-type: none"> 	Pharma company contact point	
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Key implementation steps	Timing	Points of caution	Expected output / value of the activity for...		
			... the KOL herself/himself	... the pharma company	... 3 rd parties -----
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 			
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 			
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 			
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> 			

Feasibility (High – Moderate – Low)		Key Execution Indicators	Key Performance Indicators		
Technical	<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> These indicators measure the quality of execution of the activity 	<ul style="list-style-type: none"> These indicators measure the impact (output/value/benefit) of the activity for the different targets (the KOL, the pharma company and possibly for 3rd parties, like peers, patients, PAGs) 	
Regulatory	<ul style="list-style-type: none"> 				
Financial	<ul style="list-style-type: none"> 				

Sources: Smart Pharma Consulting

The KOL Engagement Plan should also describe, plan and follow up the services proposed to the KOL, as a constituent of the partnership-based agreement signed

Individual KOL Engagement Plan – Partnership-based Service Card

3 4

Illustrative

Pharma company services	<ul style="list-style-type: none"> • Access to scientific information, technical support to publish articles, provision of training/teaching materials, organization of peer meetings, etc. 	Objectives	•	Pharma company contact point	
--------------------------------	--	-------------------	---	-------------------------------------	--

Key implementation steps	Timing	Points of caution	Expected output / value of the service for...	
			... the KOL herself/himself	... the pharma company
•		•		
•		•		
•		•		
•		•	•	•
•		•		

Feasibility (High – Moderate – Low)		Key Execution Indicators		Key Performance Indicators	
Technical	•	• These indicators measure the quality of execution of the service provided to the KOL		• These indicators measure the impact of the service provided to the KOL	
Regulatory	•				
Financial	•				

Sources: Smart Pharma Consulting

Key execution and performance indicators are essential to optimize the chance of a proper execution of services / activities and of a win-win partnership

Examples of tools to monitor engagements with KOLs (1/2)



KOLs activities	Key execution indicators (KEIs)	Key performance indicators (KPIs)
<ul style="list-style-type: none"> Lecture during symposia or congresses 	<ul style="list-style-type: none"> Interest (10-point scale) Utility (10-point scale) Practicality (10-point scale) Implementation¹ (10-point scale) 	<ul style="list-style-type: none"> Global level of satisfaction of attendees (10-point scale) Inclination of attendees to support & prescribe the product: <ul style="list-style-type: none"> – Number of lectures/trainings/publications – Quality/objectivity of messages conveyed to peers, pharmacists, PAGs, etc.
<ul style="list-style-type: none"> Training of peers 		
<ul style="list-style-type: none"> Article writing 	<ul style="list-style-type: none"> Acceptance by recognized journals (scientific, medical, or in lay press, etc.) Post on highly regarded websites 	<ul style="list-style-type: none"> Impact factor and Altmetrics² (for scientific / medical journals) Number of broadcasted issues for lay press Number of views / likes on Internet Contribution of content to support the product
<ul style="list-style-type: none"> Press conference 	<ul style="list-style-type: none"> Number and quality of press conferences conducted 	
<ul style="list-style-type: none"> Participation in scientific studies 	<ul style="list-style-type: none"> Implementation (number of patients recruited, timing, actual costs vs. budget) 	<ul style="list-style-type: none"> Publication of an article in a renowned scientific journal Impact of the publication on product reputation

Sources: Smart Pharma Consulting

¹ Logistics, timing, actual costs vs. budget – ² Collects and collates disparate information on the online activity surrounding scholarly content

Key execution and performance indicators are essential to optimize the chance of a proper execution of services / activities and of a win-win partnership

Examples of tools to monitor engagements with KOLs (2/2)

4

Pharma company services	Key execution indicators (KEIs)	Key performance indicators (KPIs)
<ul style="list-style-type: none"> Access to scientific information 	<ul style="list-style-type: none"> Interest (10-point scale) Utility (10-point scale) Practicality (10-point scale) Implementation² (10-point scale) 	<ul style="list-style-type: none"> Global level of satisfaction of KOLs (10-point scale) Inclination of KOLs to support the pharma company products: <ul style="list-style-type: none"> – Number of lectures / trainings / publications – Quality/objectivity of messages conveyed to peers, pharmacists, patients, etc. Increased level of KOLs awareness and reputation Increased level of products awareness and reputation
<ul style="list-style-type: none"> Organization of peer meetings with top global / international KOLs 		
<ul style="list-style-type: none"> Publications' support 		
<ul style="list-style-type: none"> IIT¹ support 		
<ul style="list-style-type: none"> Slide kits for training / teaching programs 		
<ul style="list-style-type: none"> Ad hoc support on demand basis 		

Sources: Smart Pharma Consulting

¹ Investigator Initiated Trails – ² Logistics, timing, cost vs. plan

Future trends in KOL Engagement Planning

- **Fewer** opportunities for **transactional** and agreements (e.g., ad-hoc contributions such as lecture at a symposium)
- **Greater independence** of KOLs and **increasing pro-bono contribution** where mutual benefits lie (e.g., research program, lectures reinforcing their awareness)
- **More independent collaboration** projects, indirectly or not connected to a specific product (e.g., research program, education program, best practice sharing)
- **Increasing presence**, awareness and influence of **KOLs on Internet**
- **Broader definition of KOLs** from clinical expert to patient advocate, payor, academic institution, charity, etc.
- **Evolving internal policies** to foster **transparency** and **compliance** with industry code of practice

Recommendations for a Successful KOL Engagement Planning

1. Define **clear** and **precise objectives** for each KOL
2. Build a **relationship** based on an **exchange of services / activities** (vs. fee-for-service deal)
3. Make sure that **services** provided to KOLs **contribute to fulfill** their **needs/expectations**
4. Ensure an **open** and **transparent relationship**
5. Do not ask **KOLs** to **promote** your **products**, you would affect their reputation and yours
6. Make the **best use** of **KOLs limited time** by organizing useful exchanges
7. Assign a **KOL Manager** who is the KOL-preferred contact point and who ensures alignment and information sharing between all collaborators of your company in contact with her/him
8. Create a **technology platform** to **store**, **structure** and **share data** relative to KOL profiles and engagements (planned and achieved)

*Define **internal guidelines** and a **control process** to prevent any **compliance issues** that could damage your corporate reputation*

5. Marketing



Strengthening Brand Preference

BEST-IN-CLASS SERIES

The Brand Preference Mix Approach

POSITION PAPER October 2016



Best-in-class Pharma Marketers

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Implementing the Brand Booster Program

POSITION PAPER May 2019



Outstanding Physician Experience

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Boosting Brand Preference

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Engaging HCPs in Post-Covid-19 Era

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Priorities for Pharma Affiliates

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Omnichannel Strategy in Pharma Marketing

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in Pharma Marketing

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

POSITION PAPER January 2018



Mature Brands Management

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Guidelines to optimize Performance

POSITION PAPER May 2016



Value of Established Pharma Brands

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How to get the Best of it?

POSITION PAPER November 2017



High-Performance Pharma Brand Plans

BEST-IN-CLASS SERIES

The 5 Pitfalls to avoid

POSITION PAPER February 2020

Strengthening Brand Preference

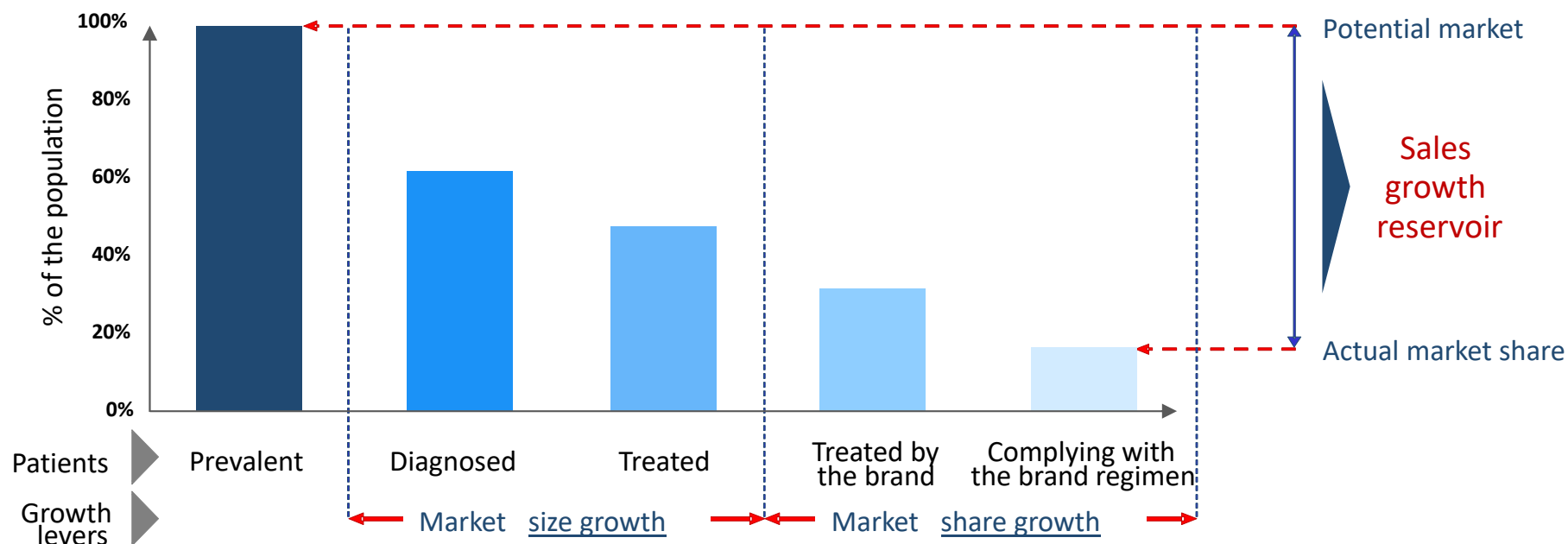
————— BEST-IN-CLASS SERIES —————

The Brand Preference Mix Approach

In the current environment, market share gain should be the top strategic priority, over reliance on market size growth, to optimize the performance of either established or new brands

Introduction

Market growth vs. market share growth

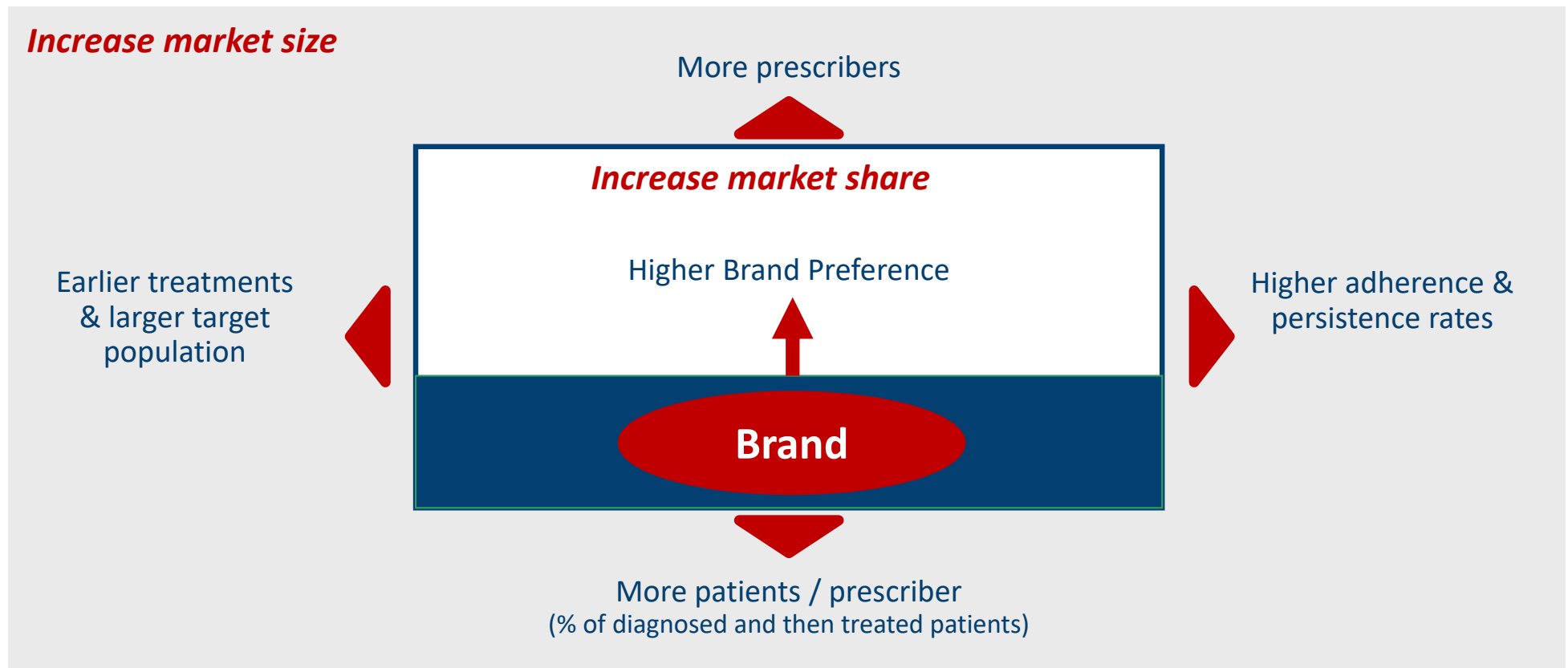


- In an environment where the growth of market is decelerating, gaining market share has become vital for pharma companies to increase their sales
- When several brands are available for a given pathology, enhancing prescribers' brand preference vs. competitors is key to gain market share and thus to succeed in the marketplace
- Thus, for their established or new brands, pharma companies must make the gain of market share their top priority

Market share gain, which is directly related to stakeholders' level of preference, is the most important determinant of products performance¹

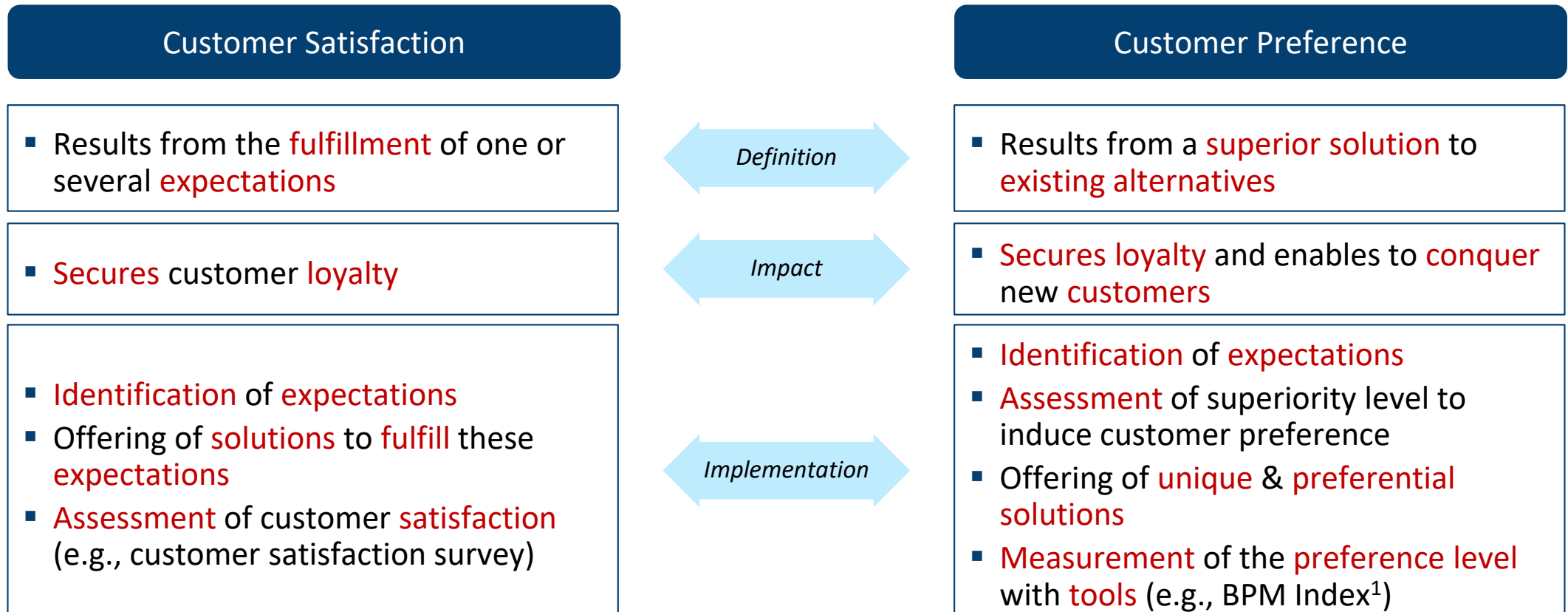
Introduction

Impact on the performance of pharmaceutical companies



Unlike customer satisfaction, customer preference enables to gain market share, but for so doing, brands are required to offer benefits perceived as unique and superior

Why should preference supersede satisfaction?



“Do not just be liked, try to be preferred!”

Consumers' preference for an iPhone vs. a BlackBerry is not only based on products attributes

From difference to preference



iPhone

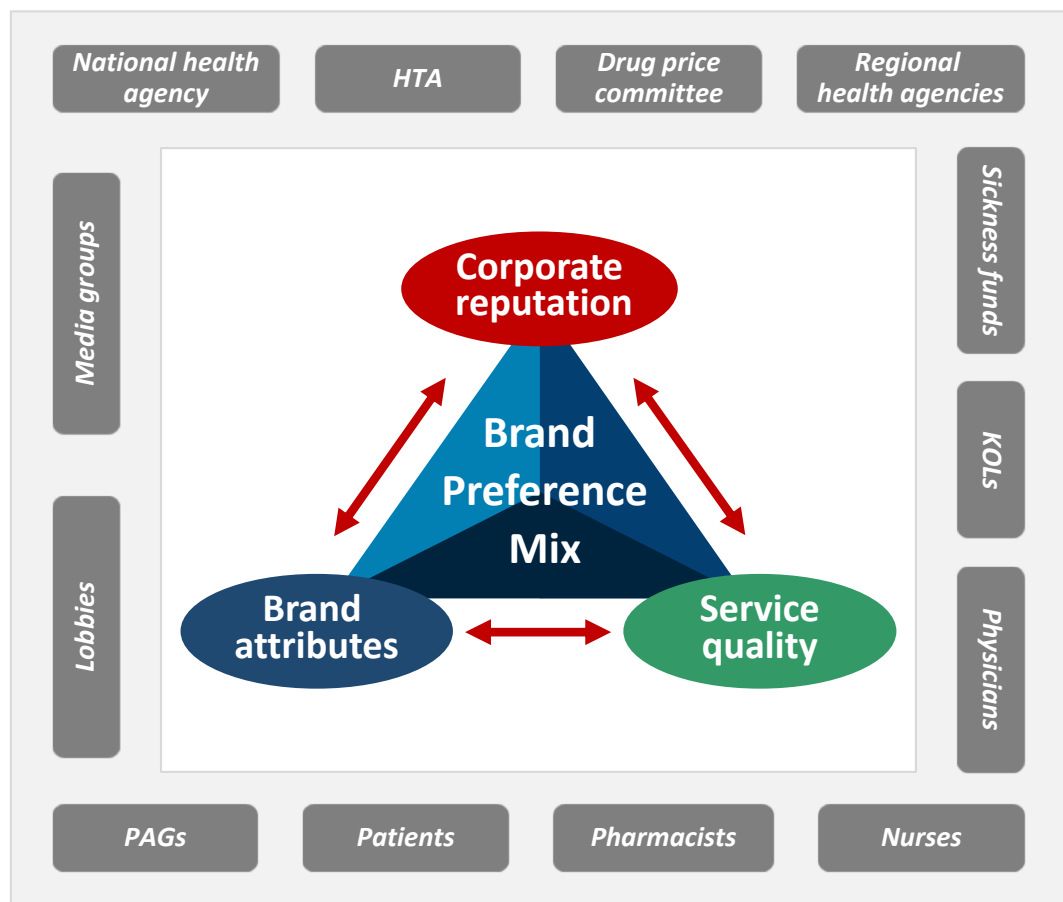


BlackBerry

1. What are the main differences between an iPhone & a BlackBerry?
2. Does the corporate reputation (Apple vs. RIM¹) play a role?
3. Is the service offering attached to each product significantly different²?
4. How are these differences transformed into preference?

The Brand Preference Mix is an easy and effective approach to strengthen the preference of stakeholders for brands marketed by pharmaceutical companies

Brand Preference triangle



- To change stakeholders' preference:
 - Health authorities
 - Payers (Insurance system) and buyers
 - KOLs/experts
 - Prescribers and other healthcare professionals
 - Patients and Patient Advocacy Groups (PAGs)
 for a brand, pharmaceutical companies can act on three components:
 - **Corporate** and collaborators reputation
 - The quality of proposed **services**
 - The **image** / the perceived **quality** of **product's attributes**
- These three components are more or less linked between them by stakeholders

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

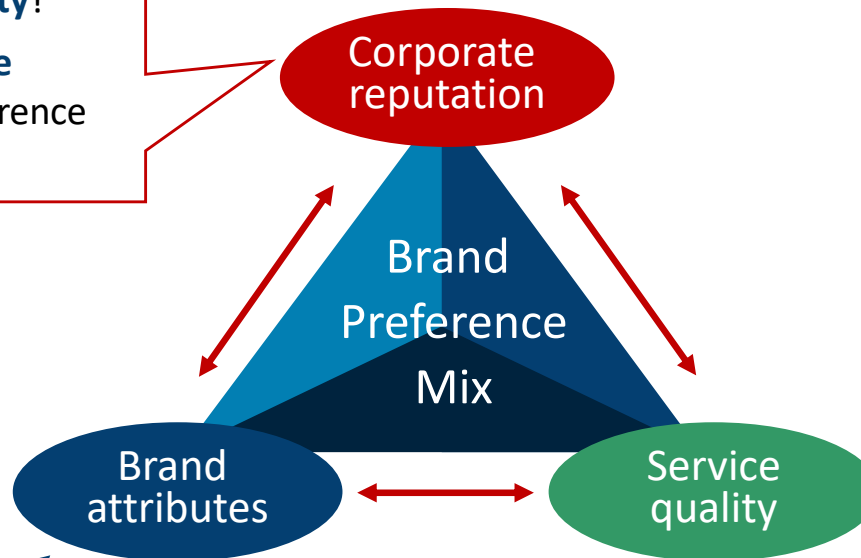
To optimize the Brand Preference Mix of their products, pharmaceutical companies should address several key issues

How to optimize the Brand Preference Mix?



- How to create a **superior image**?
- How to build an **appealing identity**?
- How to maintain a good **corporate reputation** that induces the preference of stakeholders¹?

- How to install a perception of **uniqueness**?
- How to generate “preference” from stakeholders by highlighting specific product **attributes**?
- How to **leverage** corporate **reputation** and **service offering**?



- How to deliver **innovative services valued** by customers?
- How to ensure a sustainable **excellence** in the **execution** of these services?
- How to select and design **services** leading to **higher corporate / brand preference**?
- How to make sure that the proposed services are **recognized** and **memorized** as produced by the **company** and that they are related to the **brand**?

Sources: “Building prescriber loyalty”, J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

The strength of the brand depends on its identity (i.e., the sum of its objective and subjective characteristics) and on its degree of awareness

Brand strengths components (1/2)



AWARENESS

- Awareness rating:
 - Top of mind
 - Spontaneous
 - Assisted
- } vs. competitors
- The awareness rating depends on cumulated marketing investments dedicated to the brand since its launch, including:
 - Medical calls
 - Press ads
 - Scientific meetings
 - Clinical studies
 - Etc.

IDENTITY

Objective components

- Efficacy
 - Safety
 - Convenience
 - Price
 - Services
- } vs. competitors

Subjective components

- Appearance (e.g., packaging, color, form, taste, texture, etc.)
- Personality (e.g., history, positioning communication style, etc.)
- Affectivity (e.g., feeling conveyed by the company and its collaborators, etc.)

X

=

Brand strength

“The brand strength reflects its ability to create customer loyalty over time”

Certain brands benefits from an extraordinary level of awareness and from an extremely strong identity based on tangible and/or intangible components

Brand strengths components (2/2)



AWARENESS

- Certain brand have reached such a widespread awareness that they have become an antonomasia:
 - Frigidaire
 - Klaxon
 - Kleenex
 - Post-it
 - Scotch



- However, antonomasia is exceptional in the pharma market:

- Valium
- Tagamet
- Prozac
- Viagra



IDENTITY

- Few pharma brands have managed to build a very robust identity, combining their tangible and intangible components:



Since the launch of Glivec, in 2001, patients do not die anymore from Chronic myeloid leukemia (CML)



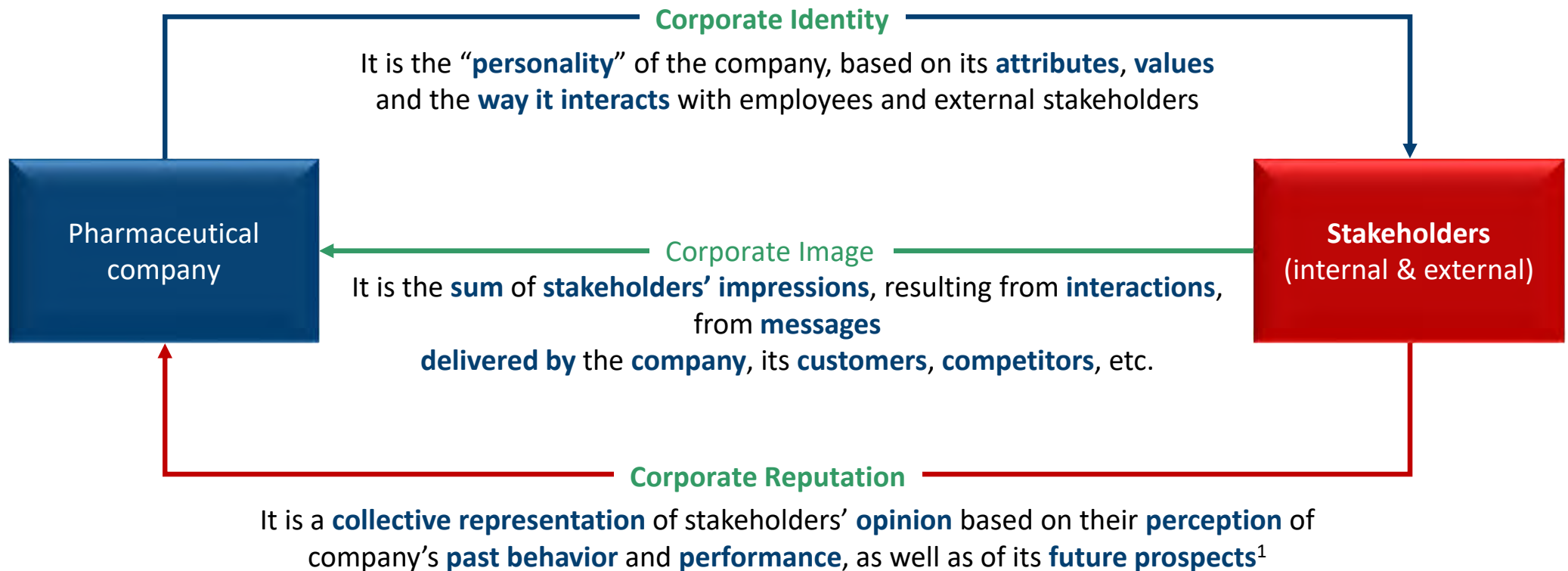
Zantac (Glaxo), a me-too of Tagamet (SKB) became the world top selling brand in the mid 90' with peak sales > USD 500M thanks to an “aggressive” marketing strategy¹

Sources: Smart Pharma Consulting

¹ Since the merger of Glaxo-Wellcome and SmithKline-Beecham (SKB), both Zantac and Tagamet belong to GSK

The corporate image should reflect companies' identity and lead to a strong and appealing reputation, likely to generate confidence and stakeholders' preference

Link between corporate image – identity – reputation



“It takes 20 years to build a reputation and five minutes to ruin it” W. Buffet

Sources: Adapted by Smart Pharma Consulting from “Corporate reputation: the definitional landscape” (2001-2003), M.L. Barnett, J.M. Jermier, B.A. Lafferty

¹ The perception (judgement) of stakeholders can be influenced by external factors such as: media coverage, new regulations, change in customers' behavior and/or competitors' strategy

Stronger corporate reputation leads to an increased operational efficacy and efficiency which impact companies' performance

Impact of corporate reputation on performance



A good corporate reputation is an emotional bond that can boost a company's success by:

- Generating more positive feedback from media and pressure groups
- Creating a more favorable outlook from regulators and rating agencies, thus decreasing financing cost and increasing value
- Attracting capital resources and strategic business partners, thus expanding business opportunities
- Attracting, motivating and retaining talented employees, thus enhancing innovation capabilities and value
- Encouraging consumers to buy products and services
- Driving profitable sales in crowded markets
- Resisting better in a crisis mode, investors giving the company the benefit of the doubt

The global and individual reputation of pharma companies can be improved through a higher focus on innovative R&D, access programs and ethic in business practices

Global corporate reputation of the pharma industry



The 3 pillars of corporate reputation in the pharma industry

Involvement in R&D and innovation	Access initiatives & CSR ¹	Ethic in business and marketing practices
<ul style="list-style-type: none"> Focus investments on current unmet medical needs rather than on market potential only Keep an R&D / marketing & sales investment ratio >1 Invest in R&D and in manufacturing in countries of interest 	<ul style="list-style-type: none"> Ensure access to the medicines to every patient (through performance-based pricing agreements with payers, financial support for uninsured patients) Propose initiatives focused on patients aiming at improving education / compliance / use Focus on your employees' satisfaction at work 	<ul style="list-style-type: none"> Communicate transparently regarding R&D costs and results, pricing and marketing practices Avoid over-claim and provide objective information Patient-focused initiatives aiming at a better education / compliance / products good use

Communication (direct by pharma companies and indirect by external influencers)²

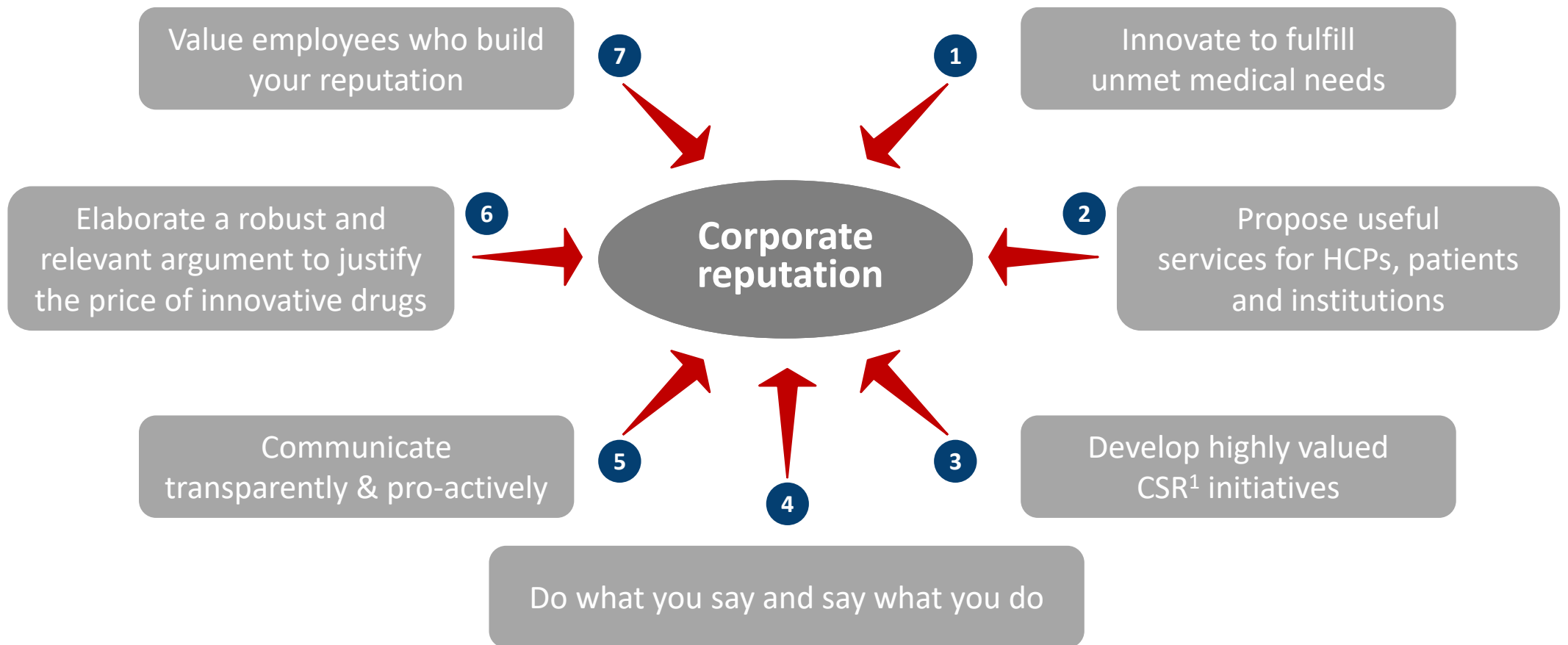
“Reputation and trust are earned through actions, results, and the way companies communicate”

Sources: “The reputation, image and influence of the pharmaceutical industry: Regaining credibility”, Journal of Medical Marketing, 2007 – Smart Pharma Consulting analysis

¹ Corporate Social Responsibility – ² Politics, pressure groups including patient advocacy groups, activists, journalists,

Pharma companies must put their stakeholders in the center of their strategy, “walk the talk”, and be as transparent as possible to get trusted, esteemed and preferred

7 imperatives to improve the reputation of pharma companies



Sources: Smart Pharma Consulting

¹ Corporate Social Responsibility

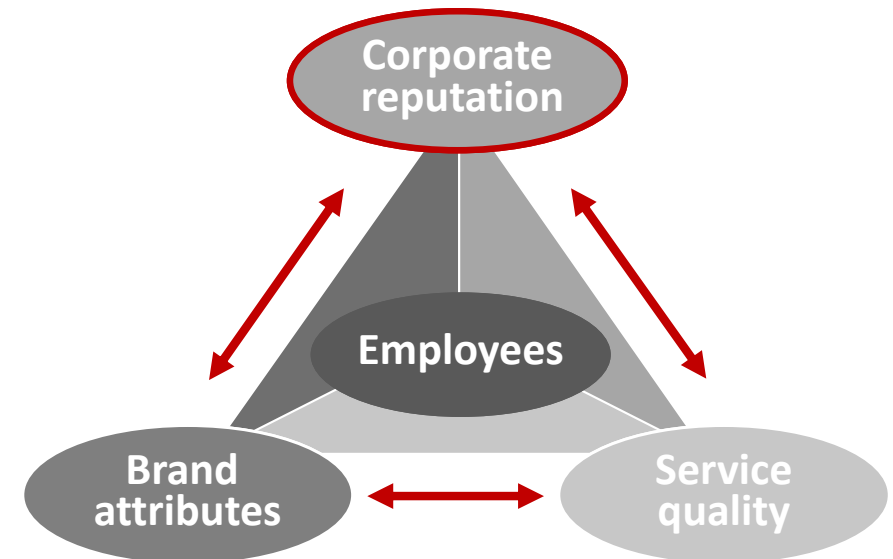
With dwindling drug differentiation, pharma corporate reputation contributes to strengthen the preference of stakeholders (e.g.; authorities, payers, HCPs, patients, investors)

Why superior corporate reputation creates competitive advantage?



- Correlation between financial performance and corporate reputation has been clearly evidenced over the past 20 years
- Higher corporate reputation, than competitors' one:
 - Leads to a more favorable position to negotiate with health authorities and payers, resulting in earlier market entries and better prices
 - Strengthens brand preference by KOLs, HCPs, PAGs, patients, etc., resulting in market share optimization
- Pharma companies' experience / expertise in specific therapeutic areas must be communicated with robust scientific evidence to enhance the perception of brands value by decision makers at market entry and penetration levels
- Strong positive reputation is built on credibility, reliability, responsibility, trust and transparency

Brand Preference Mix¹



The Brand Preference Mix is an easy and effective approach to strengthen the preference of stakeholders for marketed brands

“Boosting corporate reputation contributes to reinforce stakeholders’ preference and companies’ performance”

To generate preference for brands, associated services must be highly valued, unique if possible; and linked – directly or indirectly – to the corresponding brands

Definition of the “preferential power” of a service



The “preferential power” of a service is based on its...

... Value

The valuation of a service is based on stakeholders’ assessment of 4 key factors:

1. Its usefulness
2. Its interest
3. Its convenience
4. Its quality of execution



... Uniqueness

- The uniqueness of a service will reinforce preference, provided it is highly valued
- Uniqueness is either:
 - Total
 - Partial
 - Non-existent



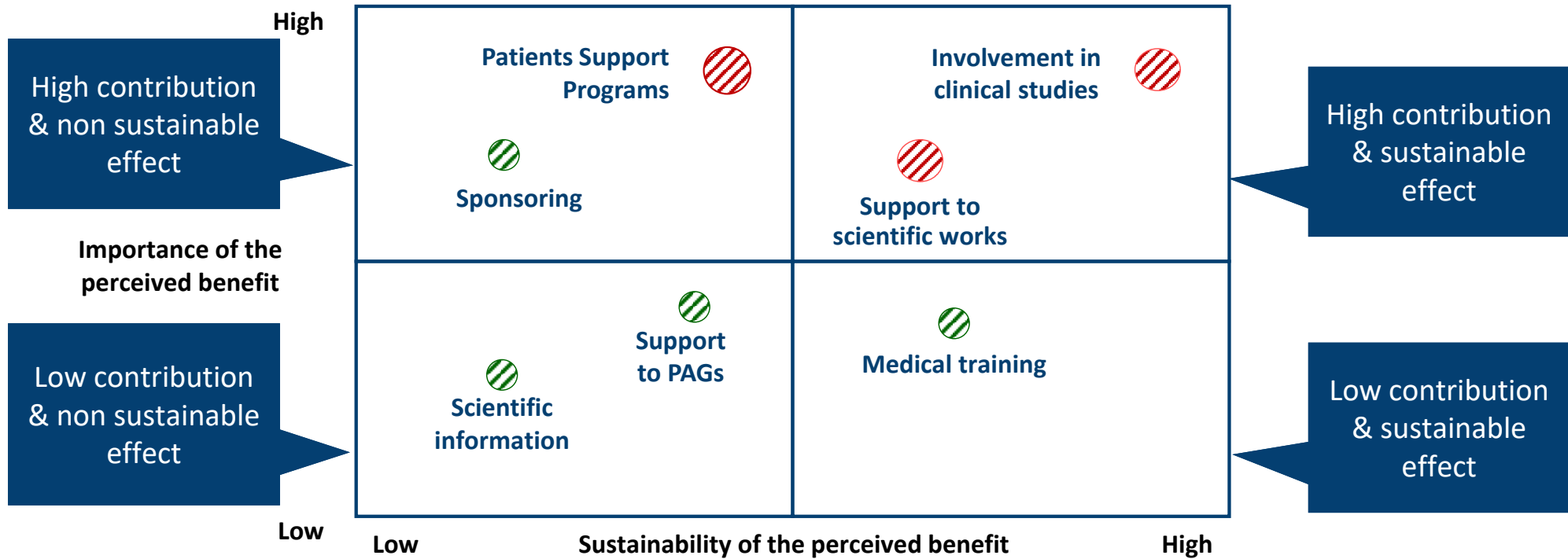
... link to the product

- A highly valued service, even if unique, will help strengthening the preference for a product brand provided:
 - It is linked to the related product...
 - ... and that this link is sustainable

The importance and sustainability of the perceived benefits of services are relevant indicators of their contribution to enhance brand preference

Mapping of services contribution to preference

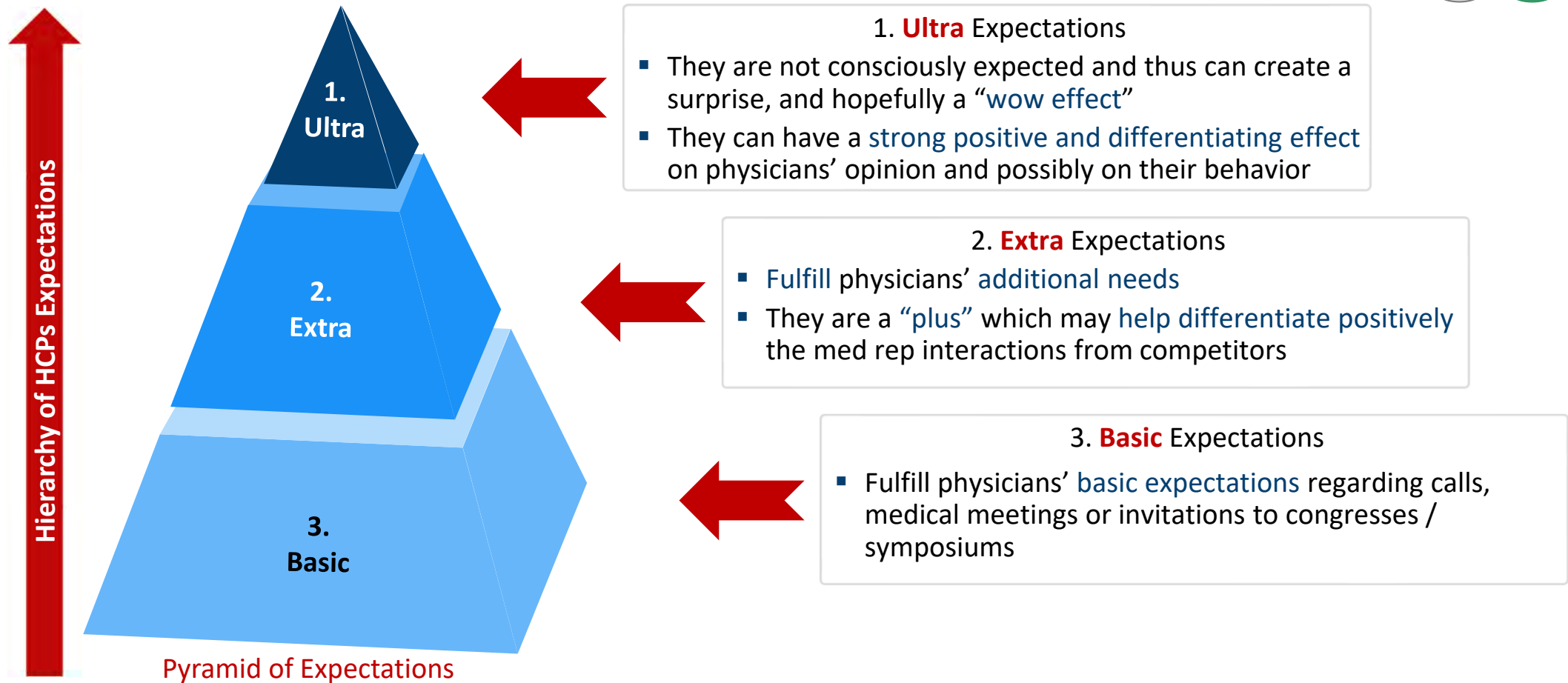
Illustrative



The **benefits of services**, as perceived by physicians depend on four key criteria  **1. Usefulness** **2. Interest**
3. Convenience **4. Quality of execution**

To drive HCPs' preference, pharma companies should strive to fulfill their "Extra Expectations" back offering each of them services that are interesting, useful, convenience and well executed

How to create Service-led medical calls? (1/2)



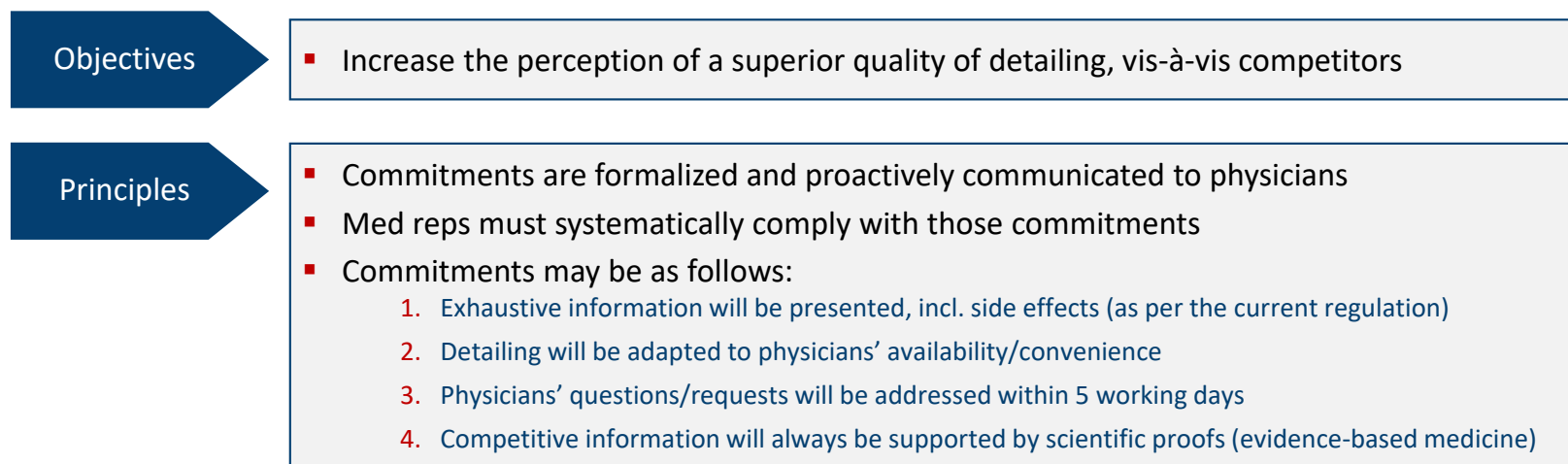
To drive HCPs' preference, pharma companies should strive to fulfill their "Extra Expectations" back offering each of them services that are interesting, useful, convenience and well executed

How to create Service-led medical calls? (2/2)



Illustrative

Commitments for high quality detailing



Benefits

- Perceived efforts by physicians of the company attempts to improve detailing quality / value for them
- Referential to measure Sales Representatives performance

Complexity of change

- Organization
- Tools
- Processes:
 - Clear and rigid enough to fulfill commitments (e.g., Reprint delivery within 5 days)
 - Compliant with the content of "Medical call charter" but med reps' behavior needs to be adapted

Risk

- Over promises leading to physicians' disappointment
- Non strict respect of commitments by Sales Representatives

It is key to make sure that the proposed services will significantly contribute to reinforce the brand preference with the help of specifically designed tools

Pre-assessment of a service contribution to brand preference

Illustrative



Description		Objective		Target (HCPs, patients, etc.)				
Expected Value by the Target			Perceived Exclusivity			Expected Link to the Brand		
Evaluation*		Rationale	Evaluation		Rationale	Evaluation		Rationale
Interest	1 2 3 4 5	•	Total	✓	•	Magnitude	●	•
Usefulness	1 2 3 4 5		Partial	✓				
Convenience	1 2 3 4 5					None	✓	
Execution	1 2 3 4 5							
Total	1 2 3 4 5							
Barriers		Rationale	KPIs (Key performance indicators)		KEIs (Key execution indicators)		Decision	
Technical	●	• Implementation	•		Benefit of the service for: <ul style="list-style-type: none"> The stakeholders (i.e., HCPs, patients, health authorities, payers, etc.) and <ul style="list-style-type: none"> The company and its product 	GO		
Regulatory	●	• Compliance						
Economic	●	• Estimated cost and return				No GO		

Sources: Smart Pharma Consulting

● High ● Medium ● Low

* 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors

Once the service has been delivered, a careful analysis of its quality of execution and of its impact are essential to keep on progressing in terms of resource allocation and efficiency

Post-assessment of a service contribution to brand preference

Illustrative



Description		Objective			Target (HCPs, patients, etc.)		
Perceived Value by the Target			Perceived Exclusivity			Link to the Brand	
Evaluation*		Rationale	Evaluation		Rationale	Evaluation	Rationale
Interest	1 2 3 4 5	•	Total	✓	•	Magnitude	●
Usefulness	1 2 3 4 5		Partial	✓			
Convenience	1 2 3 4 5		None	✓		•	Sustainability
Execution	1 2 3 4 5						
Total	1 2 3 4 5						
Positive Impact on the Brand		Rationale	KPIs (Key performance indicators)	KEIs (Key execution indicators)	Decision	Rationale / Suggestions	
High	x	•	•	•	Stop	•	
Moderate					Renew as such		
Low/None					Adjust		

Sources: Smart Pharma Consulting

● High ● Medium ● Low

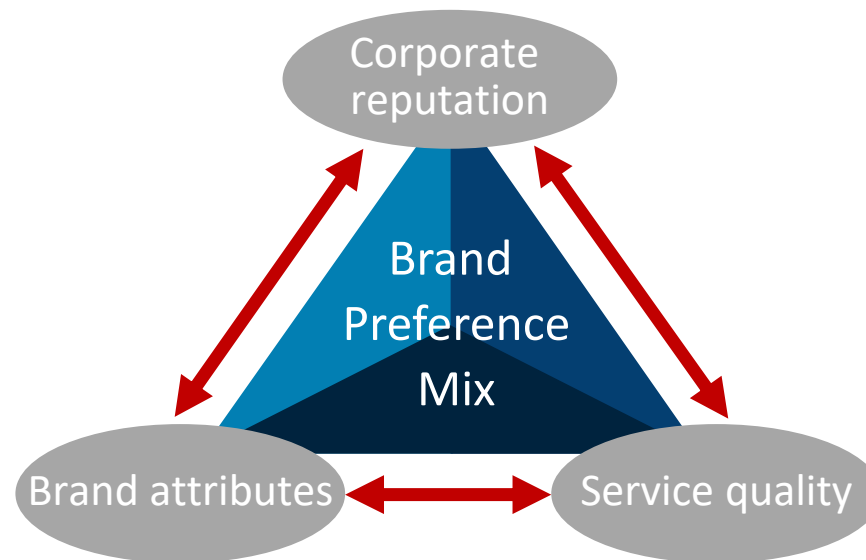
* 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors

It is essential that stakeholders correctly connect the company and the proposed services to its products in order to enhance the preference for the latter

Links between the three components of the Brand Preference Mix



→ Reinforce the links between the BPM components

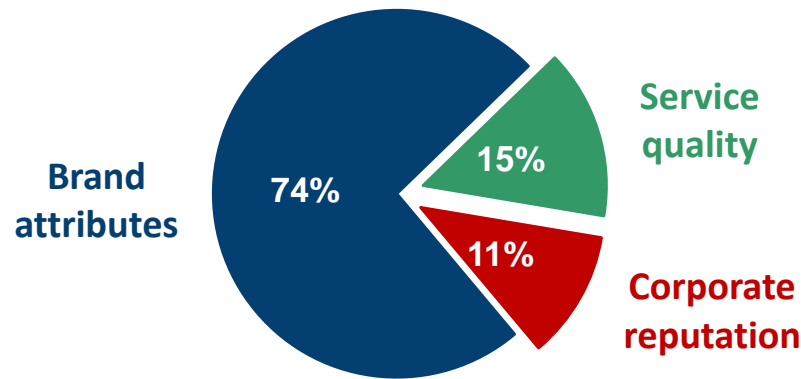


“Pharma companies must always ensure that their actions to strengthen their reputation and the services they propose contribute to improve the perceived value of their brands”

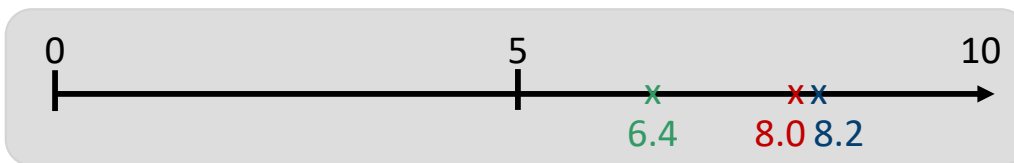
The Brand Preference Mix Index makes it possible to measure the evolution of stakeholders' preference for brands compared to their competitors, overtime

Brand Preference Mix Index (1/3)

Illustrative



Visual Analog Scale



BPM Index calculation $\rightarrow (74\% \times 8.2) + (15\% \times 6.4) + (11\% \times 8.0) = 7.9$

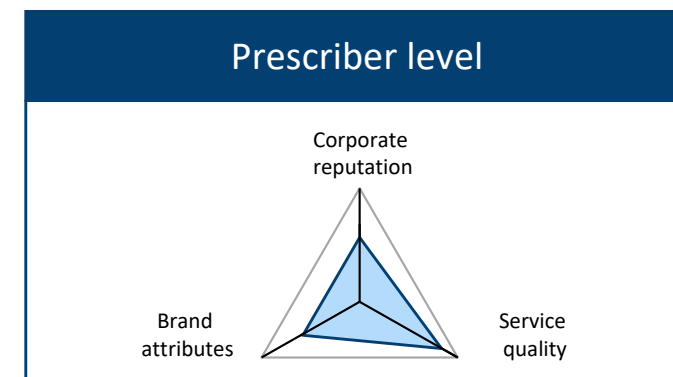
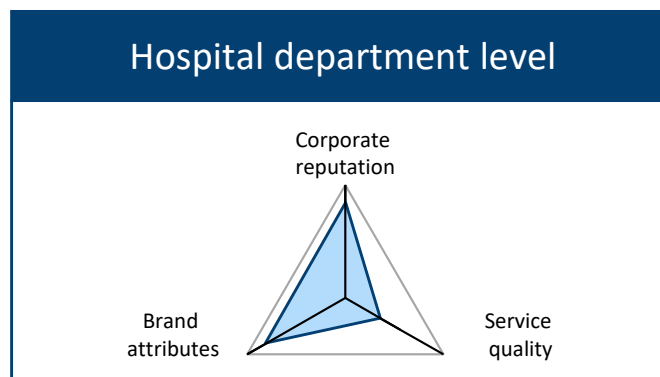
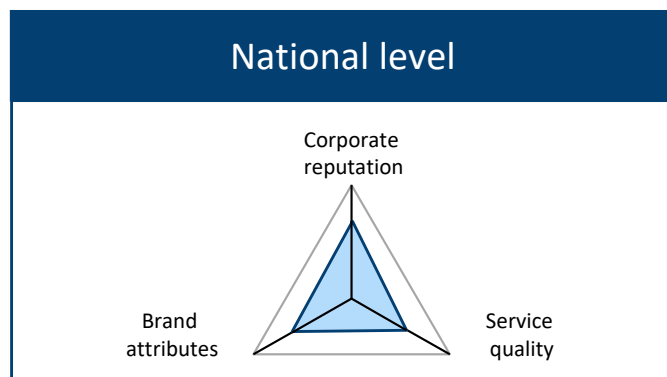
- The Brand Preference Mix Index (BPM Index) can measure, by stakeholder:
 - The importance of the three components of the BPM
 - The perceived image on a scale of 0 to 10

- Thus, the BPM Index measures:
 - Stakeholders' perception at one point
 - Its evolution overtime
 - Its value compared to competitors

- The BPM also enables to:
 - **Understand** the root-causes underlying the commitment of stakeholders to brands and...
 - ... define **actions / messages** to modify this attachment to brands

The Brand Preference Mix Index can be assessed at national level by market research agencies, at hospital and individual levels through interviews by field forces

Brand Preference Mix Index (2/3)



- The BPM Index should be measured, at national level through face-to-face or phone interviews by an agency
- The number of interviewees should be ~50 for specialists and ~100 for GPs, in medium to large markets such as France, Germany, UK, Italy
- The rationale behind the marks obtained for each dimension of the BPM Index must be investigated

- The BPM Index can also be measured at hospital department level through interviews carried out by medical reps, KAM, etc.
- Interviews can be either concentrated on key institutions and/or departments or carried out on all those that have been targeted
- The reasons that support the evaluation should be captured

- The BPM Index should be measured for each targeted prescriber through face-to-face interviews carried out by medical reps or other collaborators
- Prescribers should be interviewed, once or twice a year
- Medical reps should identify the reasons motivating the marks granted by the prescribers for their brands

Med reps can apply the “Brand Preference Mix Index” when they call upon their targeted physicians and thus fine tune their activities

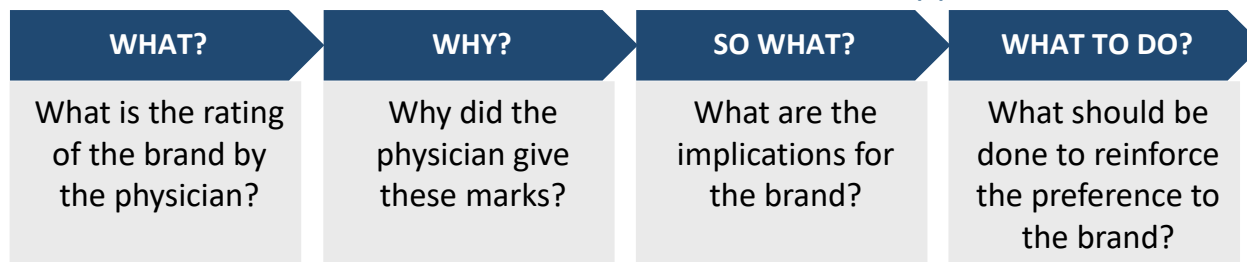
Brand Preference Mix Index (3/3)

Assessment guide for Med Reps

The image displays three overlapping survey forms titled 'PROGRAMME D'AMELIORATION DE LA QUALITE'. The top form, 'QUALITE DU PRODUIT', asks about product quality. The middle form, 'SERVICE ASSOCIES AU PRODUIT', asks about associated services. The bottom form, 'IMAGE LABORATOIRE', asks about the laboratory's image. Each form includes Likert scales and checkboxes for evaluation.

- Recent experiences have shown that:
 - >96% of physicians accept to be questioned on the three components of the BPM
 - >80% of physicians consider that the BPM approach conveys a positive image
 - >85% of med reps say that the BPM helps improving their insight of physicians
- Once physicians have evaluated the BPM, med reps will ask them:
 - Why did they give these marks?
 - What should be done to raise their preference to this brand?
- Then, med reps can fine-tune their messages and actions, physician by physician, based on his feed-back
- The collected information can be shared with marketing people who will define specific initiatives to reinforce prescribers' preference to the brand

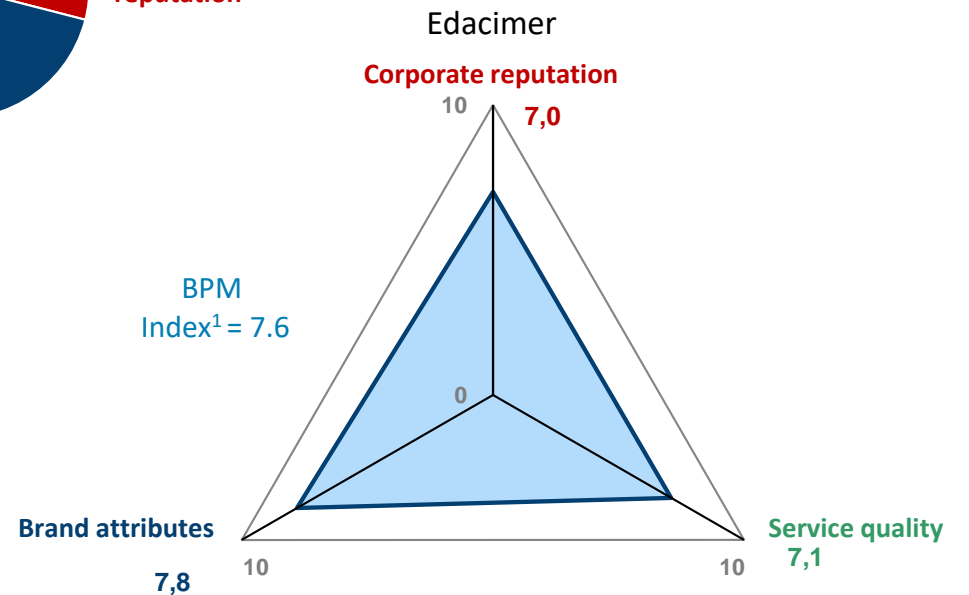
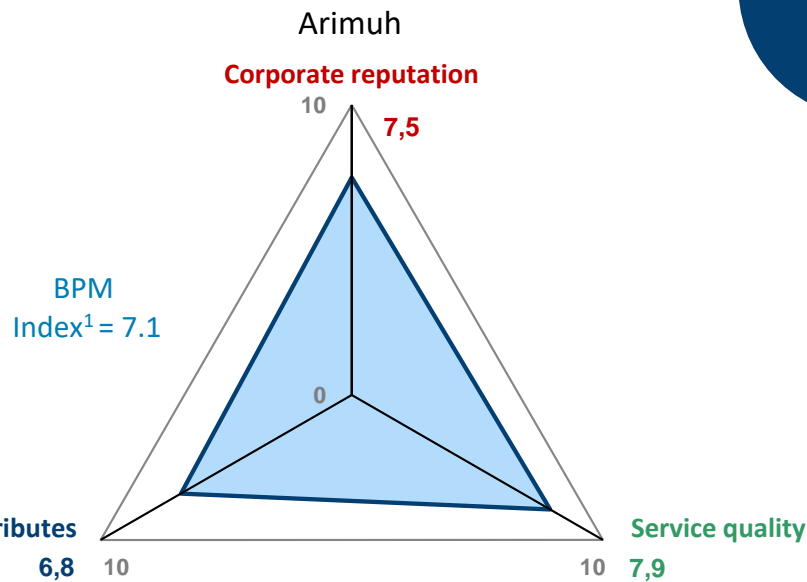
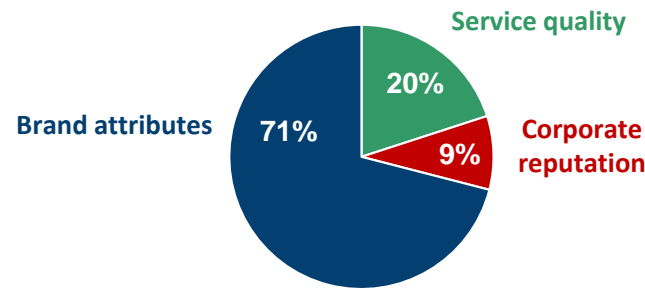
From observation to decision: The 4 Ws approach



The Brand Preference Mix Index allows to assess the attachment of physicians to brands, to define the actions to implement to optimize their impact on preference

Brand Preference Map: Case study

Illustrative



BPM Index calculation

$$(71\% \times 6.8) + (20\% \times 7.9) + (9\% \times 7.5) = 7.1$$

$$(71\% \times 7.8) + (20\% \times 7.1) + (9\% \times 7.0) = 7.6$$

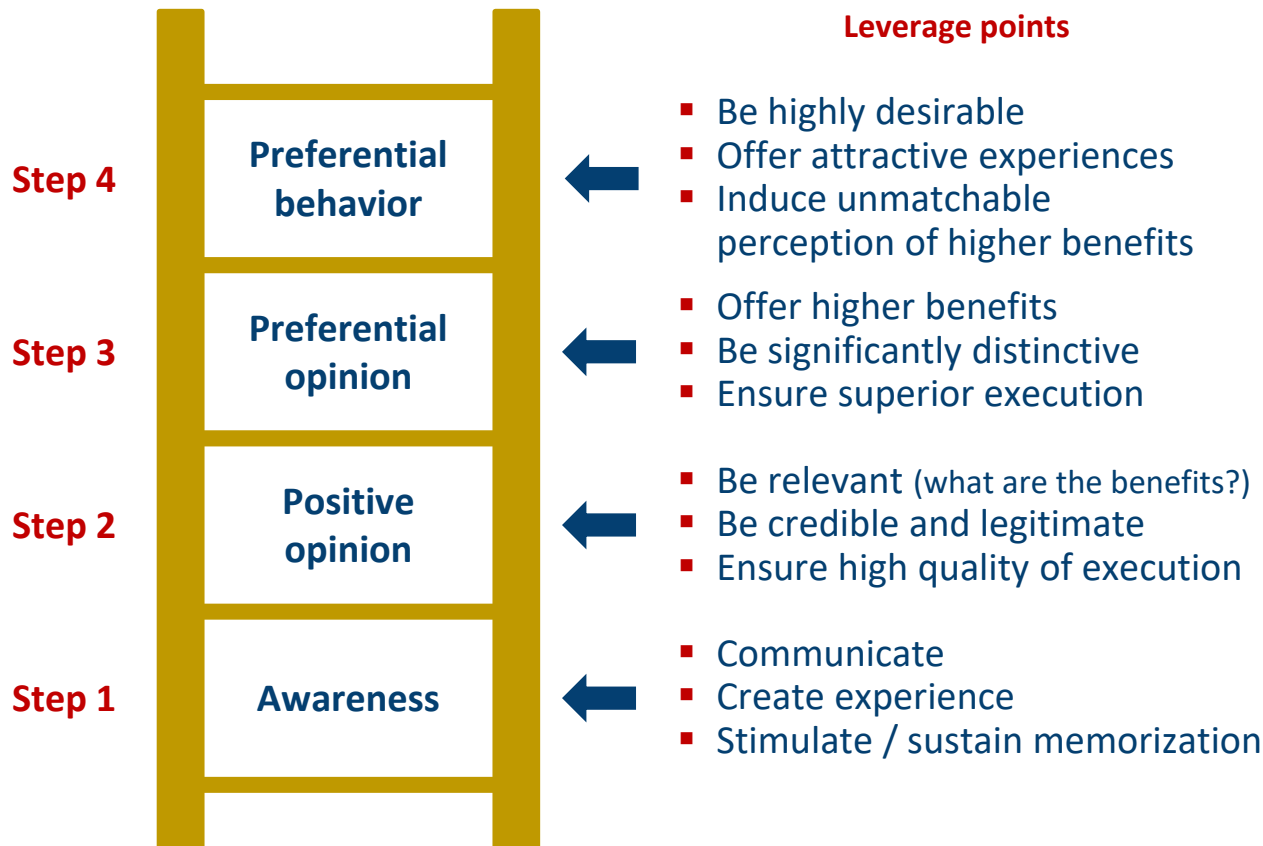
The higher the customers' preference, the higher the probability to gain market share

Sources: Phone interviews conducted with 31 hospital gastroenterologists (November 2013) – Smart Pharma Consulting analysis

The Preference Ladder is a tool helping pharma companies identify, where do their customers stand and how to make them move up to the preferential behavior step

The Preference Ladder

Leverage points



- To build a **strong preferential** (prescribing – purchasing) **behavior** in favor of a brand, the company must **make customers climb** the **Preference Ladder** from step 1 to step 4
- While defining:
 - Activities to be implemented
 - Implementation standards
 - Communication priorities

at targeted customers, it is key to **monitor where each of them stands** on the Preference Ladder and fine tune **how to make them move up**

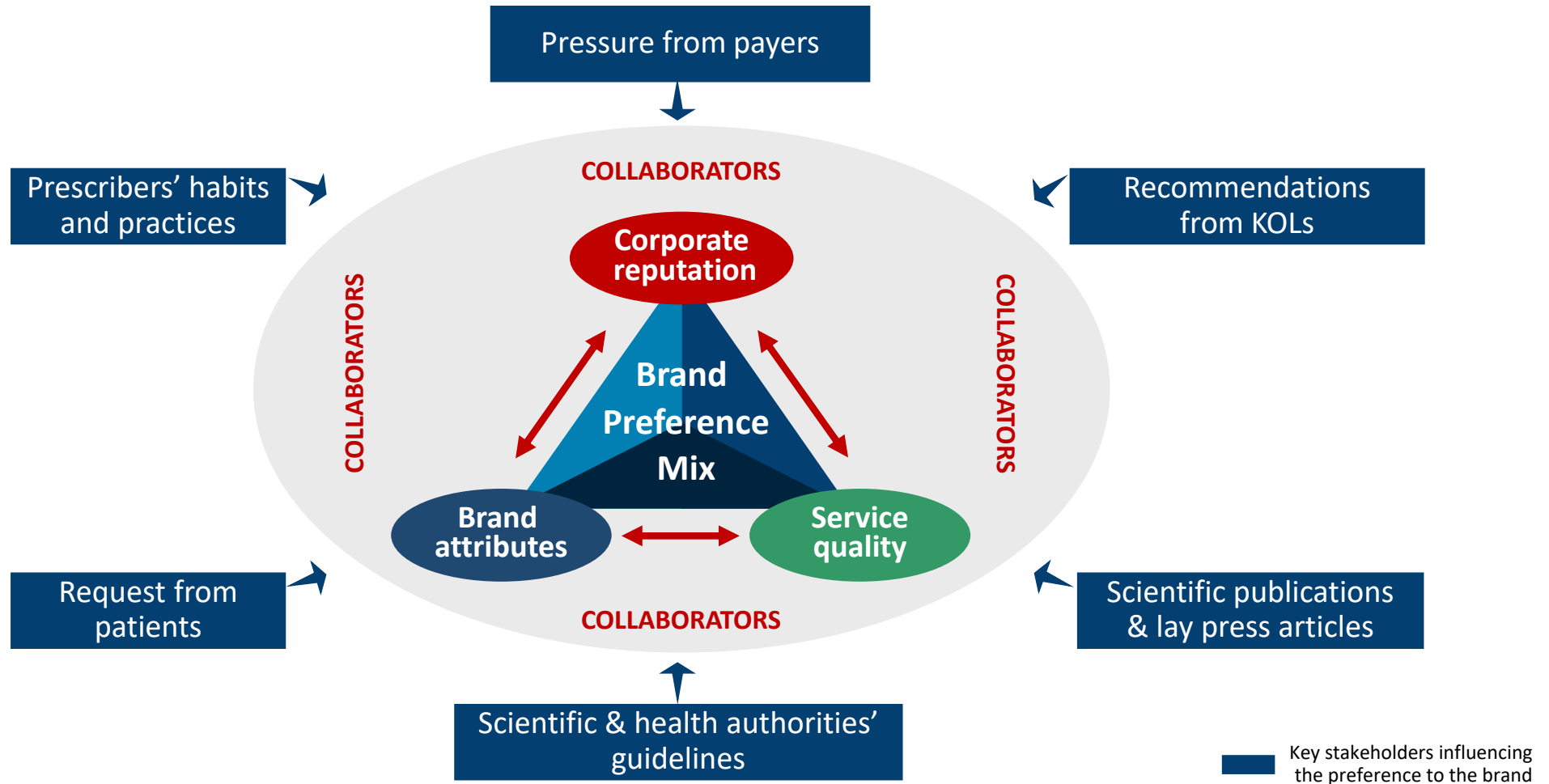
To optimize the performance of their brands, pharma companies must strengthen the preference of their customers which will boost their market share dynamics

Brand Preference optimization in practice (1/3)

- Customer preference for brands is **not limited to product features** (tangible and intangible)
- Customer preference for drugs is determined by the “**Brand Preference Mix**” (BPM):
 1. The perceived value of the product (efficacy, safety, acceptability, convenience, price, etc.)
 2. The perceived quality of the associated services
 3. The reputation of the pharma company which markets the product
- The relative **importance** of these **three components** of the BPM **differs** across therapeutic areas
- **Skills** and **behaviors** of collaborators responsible for:
 - Promoting the brand
 - Proposing and/or implementing associated services
 - Communicating about the pharma companyplay a key role to strengthen the brand preference
- The higher the customers’ **preference** for a brand, relative to its competitors, the higher the probability of **market share gain**

To strengthen preference to their brands, pharma companies must consider multiple external factors which have a strong impact on their “ Brand Preference Mix”

Brand Preference optimization in practice (2/3)



The Brand Preference Mix approach lies on best-in-class value creation for customers, through deeper customer insight and sustainable positive experience

Brand Preference optimization in practice (3/3)

- By measuring the performance of their brands vs. competitors on the 3 dimensions of the BPM, with the BPM Index, marketers will be able to:
 - Determine their strategic priorities to leverage their strengths and address their weaknesses
 - Evaluate the impact of their strategies and tactics on the different dimensions of the BPM
- The BPM Index should be ideally measured for each targeted customer (e.g., GPs, specialists, KOLs, etc.), once or twice a year, by a market research company, or the company sales force
- Based on the analyzed results, a series of customized actions will be defined and implemented customer by customer, following the Behavioral Prescriber Segmentation (BPS) principles
- The Brands Value Proposition should align the benefits associated to the 3 components of the BPM and the customers Needs and Wants to gain/strengthen their preference
- Any planned and carried out initiative to contribute to reinforce brand preference should be:
 - Differentiated – perfectly executed – properly marketed – systematically measures
- When ROI (return on investment) of initiatives cannot be objectively and meaningfully evaluated, which is frequent, surrogates such as assessment of: customer interest, quality of execution, etc., should be used

Best-in-class Pharma Marketers

————— BEST-IN-CLASS SERIES —————

Implementing the Brand Booster Program

The Brand Booster Program includes specific concepts, methods and tools which have been designed to develop Pharma Marketers competence and performance

Context

- **Over the past decade, pharma marketing functions have decreased in importance due to:**
 - External factors:
 - **Health authorities** have raised regulatory **barriers** restricting the scope of possible marketing initiatives
 - **Healthcare professionals** have **reduced** the number of **interactions** with marketing and salespeople and have become less and **less sensitive to operational¹ investment**
 - Internal factors:
 - **Marketing decisions** are more and more shifting from affiliates to headquarters, losing insight into their customers
 - **Marketers have** more and more **difficulties** in **differentiating** their brands
- **Smart Pharma Consulting has set up** the innovative **Brand Booster Program** to help **Marketers strengthen** their **competence**, **improve** the **performance** of their brands and become **Best-in-Class Pharma Marketers**

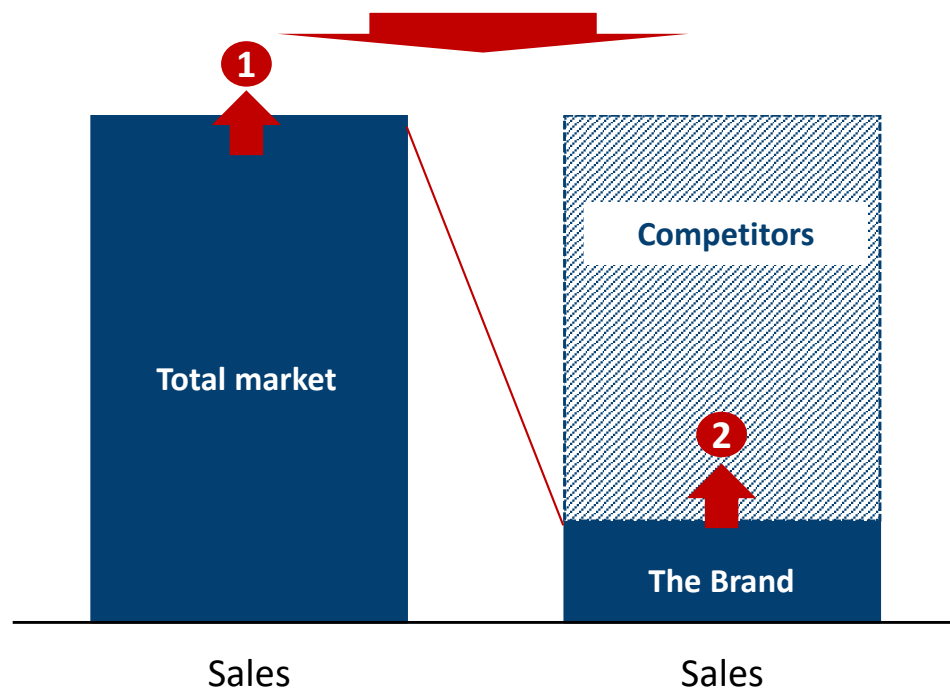
The Brand Booster Program helps Pharma Marketers optimize the performance of their brands by giving the priority to strategies that increase their market shares

Objective

Brand Performance Drivers

1 Increase market size

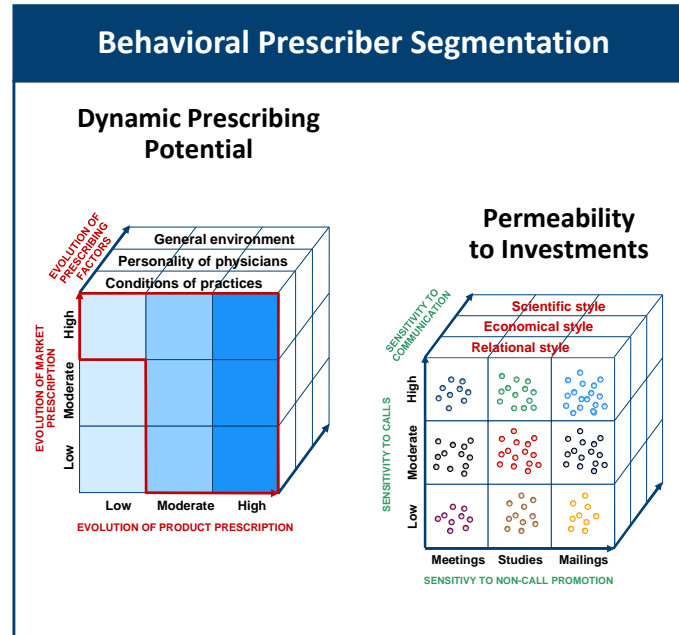
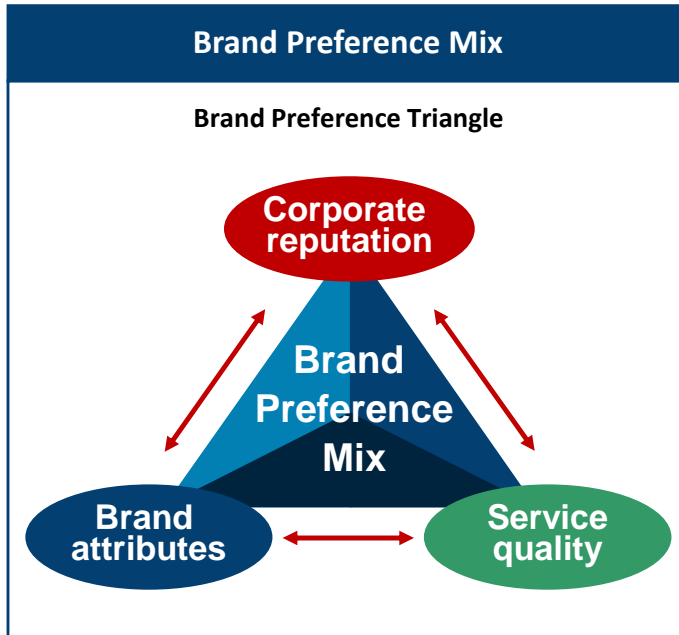
2 Increase market share



- The slowdown in the pharma market growth leads pharma companies to focus on gaining market shares
- The **Brand Booster Program (BBP)**, which has been developed to help pharma companies achieve this objective, is based on three frameworks:
 - The **Brand Preference Mix (BPM)** driving market share gain
 - The **Behavioral Prescriber Segmentation (BPS)**, which improves the efficacy and efficiency of marketing investments
 - The **Individual Prescriber Plan (IPP)**, which formalizes tailor-made operational¹ activities for an optimal efficiency
- The **Brand Booster Program** guarantees consistency between market reality and marketing activities to be implemented to boost brands sales

The Brand Booster Program relies on three simple, logical and complementary frameworks that can be advantageously combined for a faster and higher impact

Executive Summary – Frameworks



- The share of brand prescription is driven by physicians' preference level
- This level can be enhanced by acting on the Brand Preference Mix (BPM), i.e., brand attributes, service quality and corporate reputation

- The Behavioral Prescriber Segmentation is built on 3 dimensions:
 - Factors that drive the dynamics of prescribers' prescriptions¹
 - Prescribers' personalities
 - Prescribers' permeability to investments²

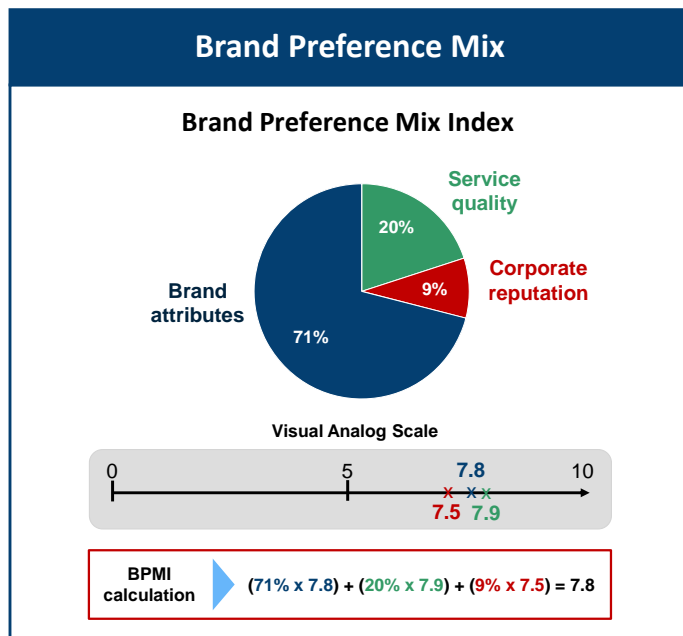
- The cornerstone of the Individual Prescriber Plan is the individual prescriber-centric strategy
- This strategy is about building positive experience with the company, the brand and the services to boost preference

Sources: Smart Pharma Consulting

¹ By market (competitors + brand) and by brand – ² Medico-marketing-sales investments

The tools supporting the Brand Booster Program are pragmatic and user-friendly, which facilitates their use by pharma marketers

Executive Summary – Tools



Behavioral Prescriber Segmentation

Individual Prescriber Portrait

Physicians	Evolution Market/Brand	Permeability to calls/marketing	Personality dominance
A	High/Moderate	High/Mailings	Relational
B	Moderate/High	High/Meetings	Scientific
C	High/High	Low/Studies	Scientific
D	Moderate/Moderate	High/Meetings	Economic
E	Low/Low	High/Meetings	Relational



- The Brand Preference Mix Index is a practical measurement tool that can be used at national level, at hospital/department level, or at individual prescriber level through face-to-face or phone interviews

- The Behavioral Prescriber Segmentation tracks by prescriber:
 - The evolution of its prescriptions
 - The dominant traits of its personality
 - Its permeability (accessibility + sensitivity) to operational¹ investments

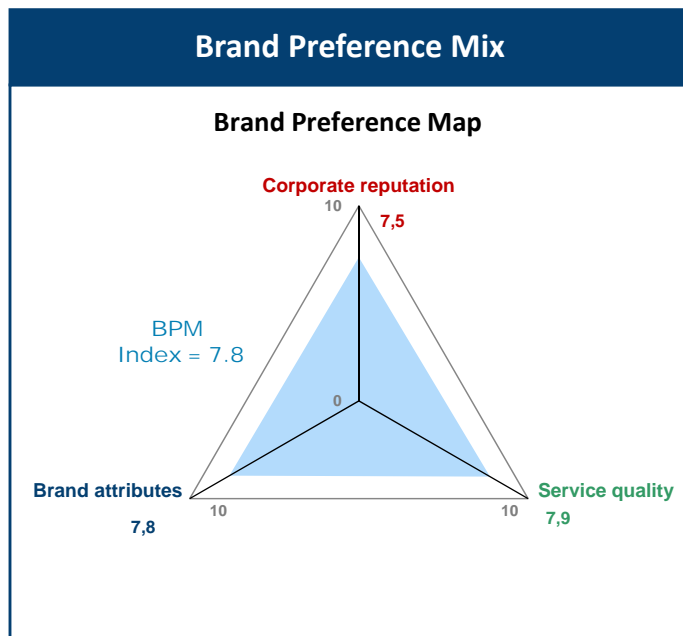
- The Individual Prescriber Plan describes, on a brand and client basis:
 - Qualitative & quantitative objectives
 - Strategic levers & corresponding medico-marketing-sales initiatives to meet these objectives
 - Monitoring tools (KEIs² – KPIs³)

Sources: Smart Pharma Consulting

¹ Medico-marketing-sales – ² Key Execution Indicators – ³ Key Performance Indicators

The Brand Booster Program helps to determine the optimal level and nature (channel, message, tone) of operational¹ resources to be allocated per physician

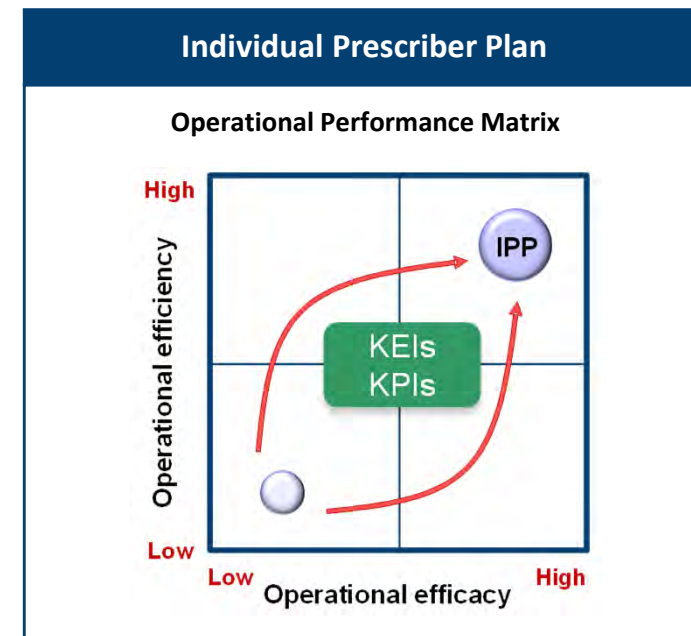
Executive Summary – Benefits



Behavioral Prescriber Segmentation

Individual Prescriber Operational¹ Mix

Physicians	# of Calls	# of Meetings	# of Studies	# of Mailings	Messages & Style
A	12	2	0	4	Dialogue Services
B	8	5	0	0	Scientific
C	6	1	2	0	Scientific
D	6	2	1	1	Economic
E	4	1	0	0	Dialogue Services



- In addition to providing the necessary data to measure the Brand Preference Mix Index, interviews will provide information to identify the strategic levers and the key initiatives to implement to reinforce the three dimensions of the Brand Preference Mix

- The Behavioral Prescriber Segmentation provides a behavioral portrait for each prescriber, allowing a more effective/efficient targeting and a customized allocation of operational¹ resources for each prescriber

- The Individual Prescriber Plan improves operational efficacy/efficiency through:
 - A rigorous planning of operational activities
 - A systematic monitoring of the execution and impact of activities¹ with specific indicators (KEIs² – KPIs³)

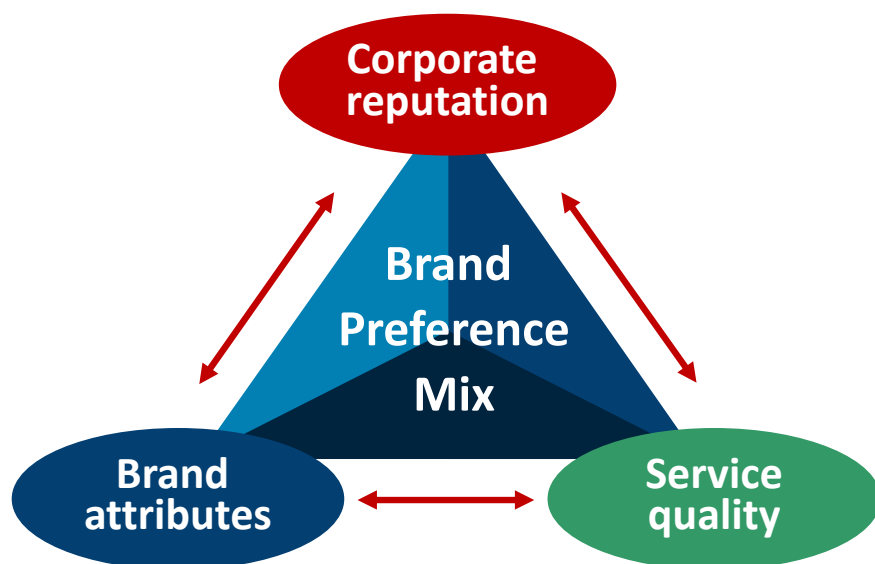
Sources: Smart Pharma Consulting

¹ Medico-marketing-sales – ² Key Execution Indicators – ³ Key Performance Indicators

The Brand Preference Mix determines the key drivers that can be activated to enhance prescribers' preference and ensure maximum market share

Brand Preference Mix – Framework (1/2)

Brand Preference Triangle

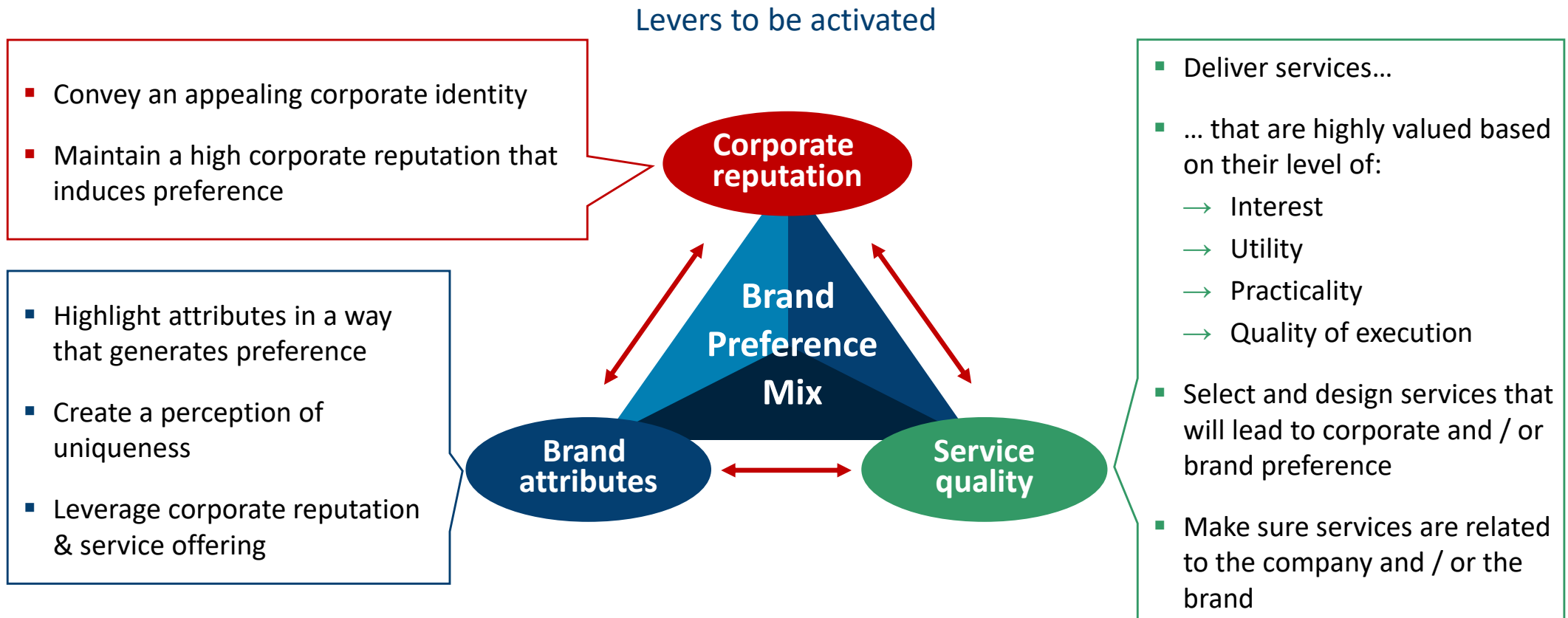


- As the great majority of prescribers use several brands for a given pathology:
 - The **challenge** for pharma companies is to **increase** their **preference** for their brands, **to get a bigger share** of their **prescriptions** (vs. competitors)
 - Strengthening the **preference** of a prescriber for a brand **must go beyond** securing brand **loyalty** only
- To **reinforce** brand **preference**, pharma companies should **optimize** their Brand Preference Mix:
 - The **perceived value** of their **brand** (product) **attributes**
 - The **perceived quality** of the **services** they offer and deliver to physicians
 - Their **corporate reputation**
- The **links between** the three components of the Brand Preference Mix should be **well established** in the mind of prescribers

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIIP Magazine, September 1993 – Smart Pharma Consulting

To boost the preference of physicians for their marketed brands, Pharma Marketers can leverage the three components of their Brand Preference Mix (BPM)

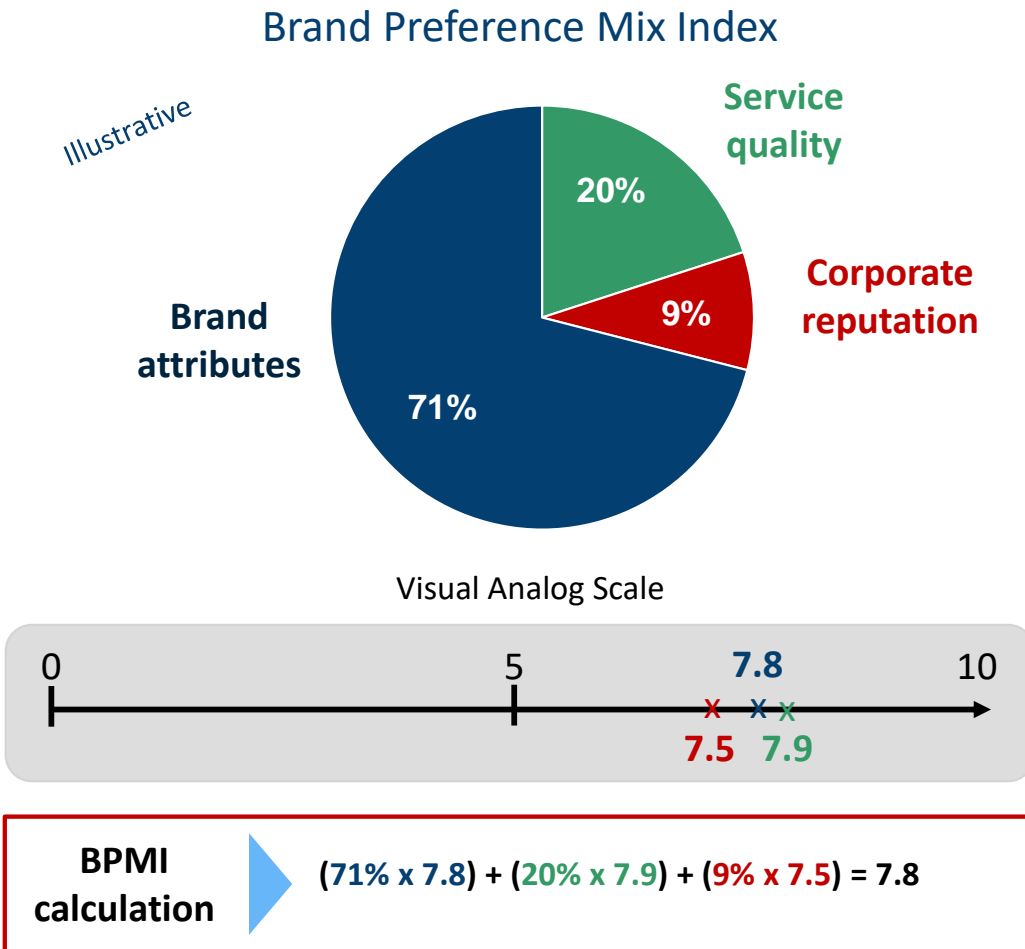
Brand Preference Mix – Framework (2/2)



Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

The Brand Preference Mix Index (BPMI) enables to evaluate the brand performance on each of its preference components, over time and compared to its competitors

Brand Preference Mix – Tool



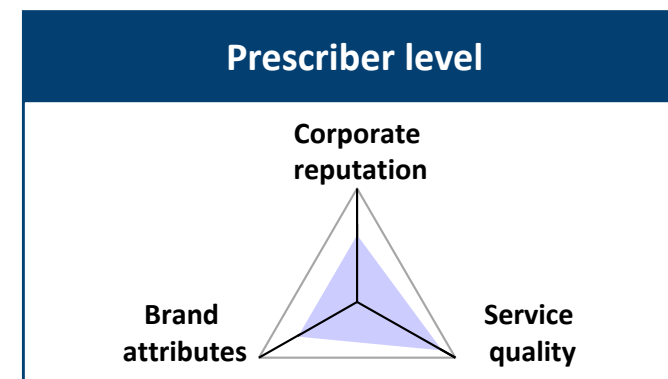
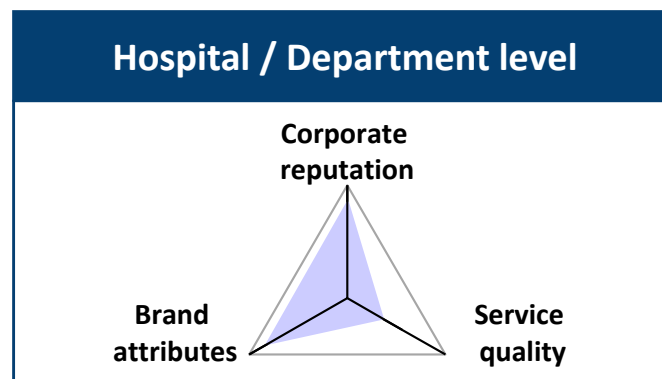
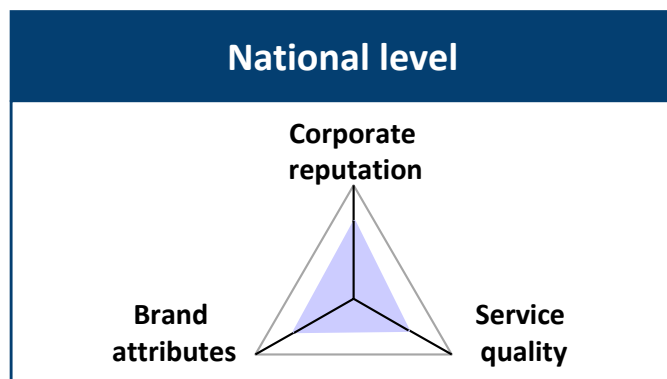
- The Brand Preference Mix Index (BPMI) is a measurement tool that takes into account:
 - The relative importance of each BPM component (i.e., corporate reputation, brand attributes and associated service quality) per brand
 - The score of the brand, on a 10-point scale, for each of its preference components
- The BPMI can be defined per customer¹, per indication, per form, etc.
- The BPMI scores the customer perception at a given point in time, making possible to track the evolution of this perception over time and to compare it to competitors, considering:
 - External events (i.e., related to health authorities, competitors and customers’ behaviors)
 - Internal events (i.e., related to operational activities², quality of services offered, communication strategy, etc.)

Sources: “Building prescriber loyalty”, J.-M. Peny et al., SCRIIP Magazine, September 1993 – Smart Pharma Consulting

¹ Physicians, patients, pharmacists, nurses, payers, health authorities, etc.
² Medico-marketing-sales

The BPM Index can be assessed at national level through market research studies and at hospital/department and individual levels through interviews by sales forces

Brand Preference Mix – Method (1/2)



- The Brand Preference Mix Index (BPM Index) should be measured, at the national level, through face-to-face or phone interviews by an external agency
- The number of interviewees should be approximately 30 for specialists and 60 for GPs, in medium to large markets such as France, Germany, Italy, Spain, the UK, etc.
- The rationale behind the scores obtained for each dimension of the BPM Index must be investigated

- The BPM Index can also be measured at a hospital or a hospital department level (i.e., cardiology, oncology, etc.) through interviews carried out by the field forces (i.e., medical reps, KAMs, MSLs, etc.) of pharmaceutical companies¹
- Interviews can be either concentrated on key hospitals and/or departments or carried out on all those that have been targeted
- The reasons that support the evaluation should be captured

- The BPM Index should be measured at the level of each targeted prescriber through face-to-face interviews carried out by medical reps or other field force collaborators
- Prescribers should be interviewed at least once a year, but ideally twice a year
- Medical reps should carefully and precisely identify the reasons that motivate the marks granted by the prescribers for their brands and those of their most important competitors

Sources: Smart Pharma Consulting

¹ Can be alternatively carried out by an external agency in a limited number of hospitals and/or medical departments

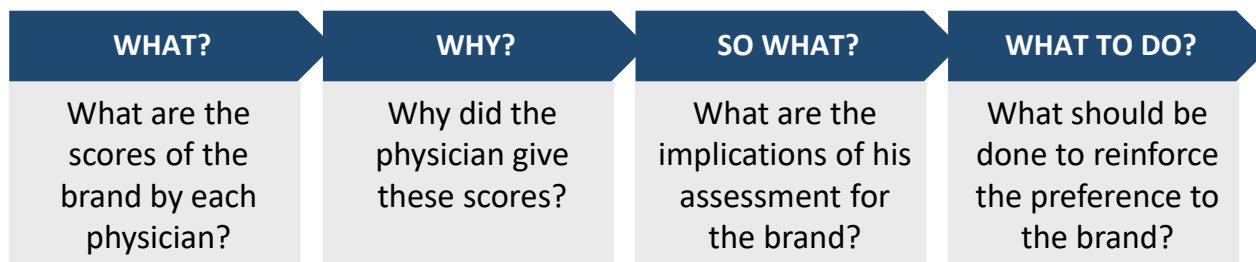
Med reps can monitor the brand performance with the “Brand Preference Mix Index” while calling upon their targeted physicians and thus, fine-tune their activities

Brand Preference Mix – Method (2/2)

Assessment guide for medical reps

- Recent experiences have shown that:
 - >95% of physicians accept to be questioned on the three components of the BPM
 - >80% of physicians consider that the BPM approach conveys a positive image
 - >85% of medical reps say that the BPM helps improve their insight into physicians
- Once physicians have evaluated the brand with the BPM, they are asked:
 - What is the rationale supporting these scores?
 - What should be done to raise their preference to the brand?
- Then, med reps can fine-tune their messages, their activities, physician by physician, based on the feedback
- The collected information should be shared with marketers who will define specific initiatives to reinforce prescribers’ preference to the brand

From observation to decision: The 4 Ws approach

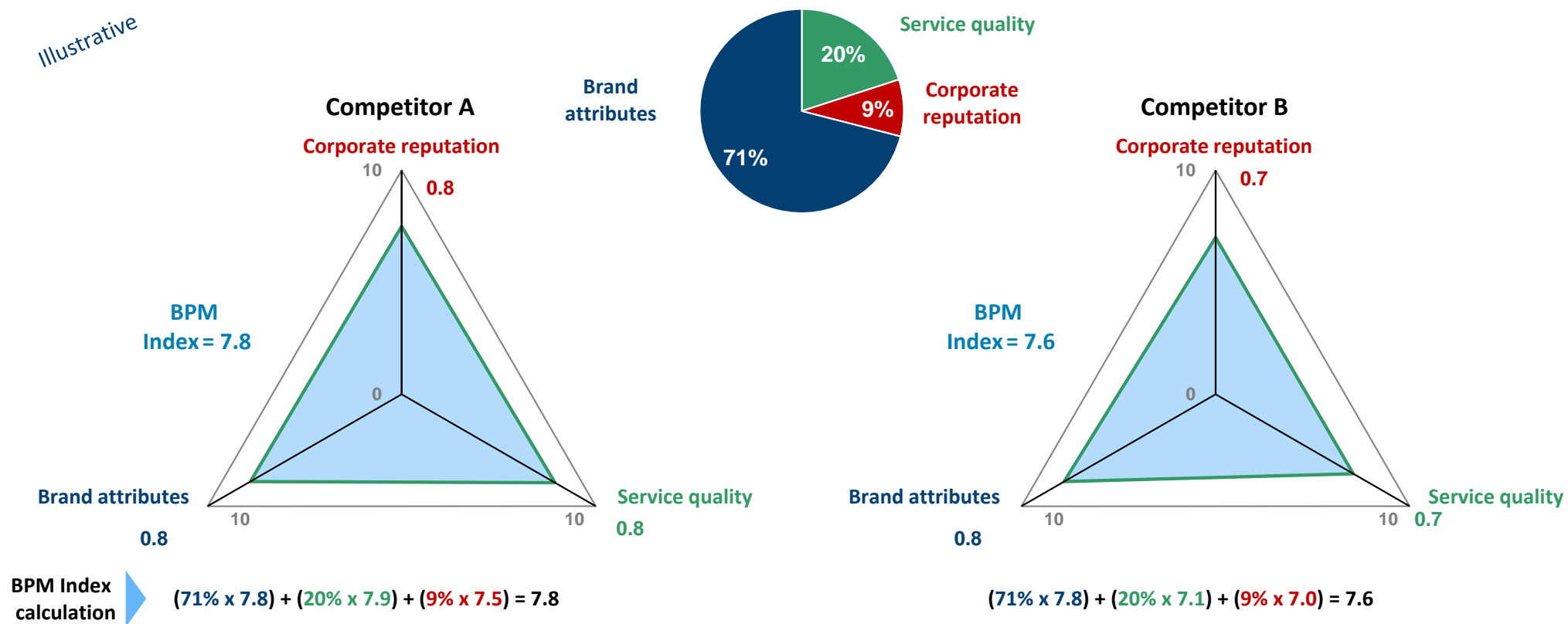


The Brand Preference Mix Index permits to track the performance of each brand on the three dimensions of the Brand Preference Mix, down to the individual prescriber

Brand Preference Mix – Benefits (1/2)

Brand Preference Map

Illustrative

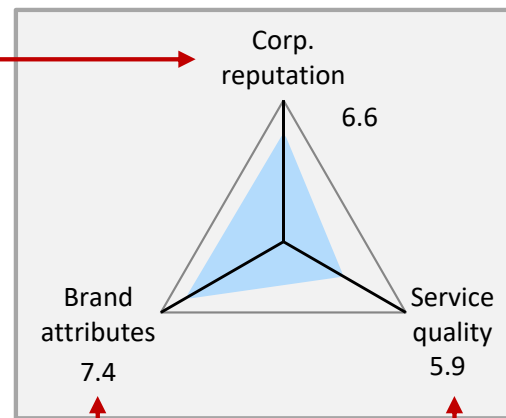
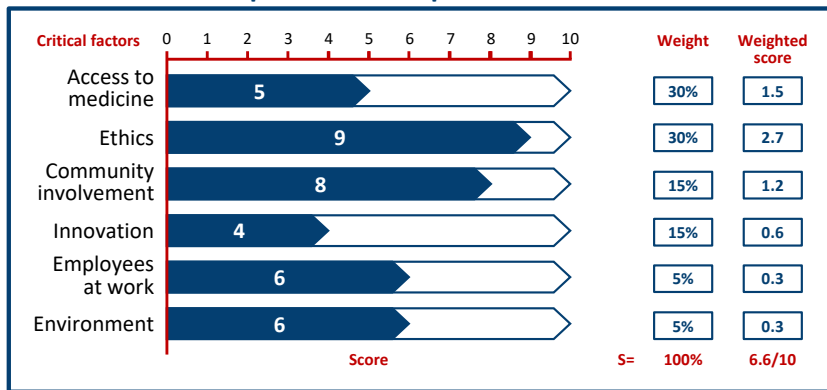


Sources: Smart Pharma Consulting

It is possible to identify the rationale behind the scores of the brands for each component of the Brand Preference Mix and then to find solutions to improve them

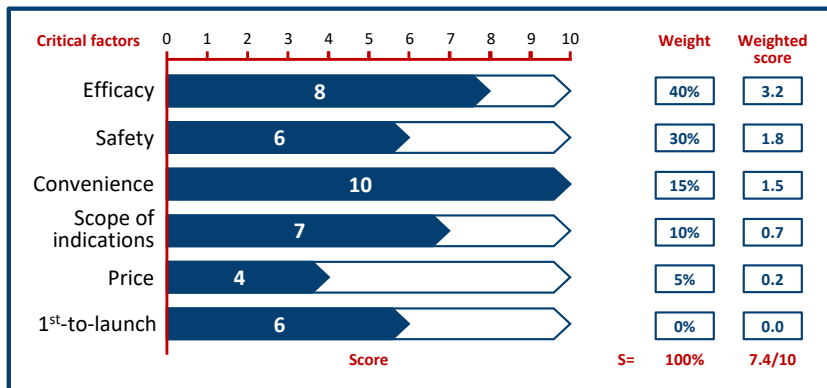
Brand Preference Mix – Benefits (2/2)

1. Corporate Reputation Score

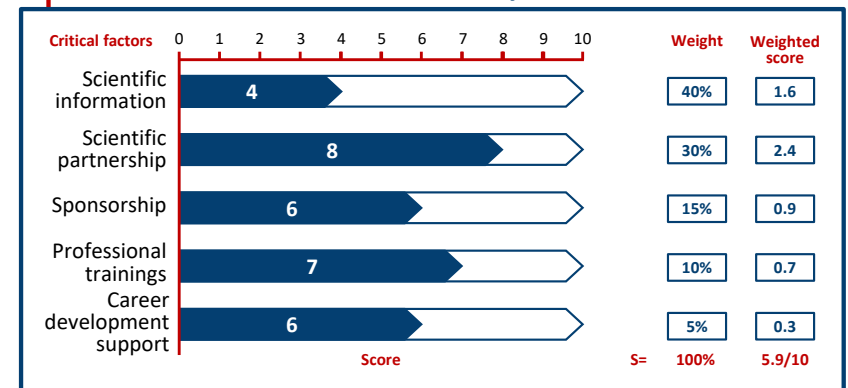


1. The Corporate reputation score is strongly driven by CSR¹ and scientific commitment which requires regular and well-structured communication to prescribers
2. The Service quality score depends mainly on the quality of scientific information, for which medical reps remain an important communication channel
3. The Brand attributes score depends on different components according to the product type (OTC vs. Rx), its lifecycle stage and its reimbursement status

3. Brand Attributes Score



2. Service Quality Score



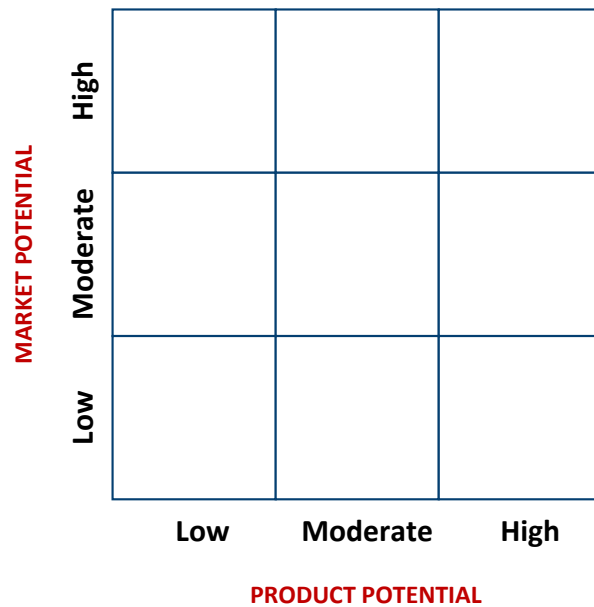
Sources: Smart Pharma Consulting

¹ Corporate Social Responsibility

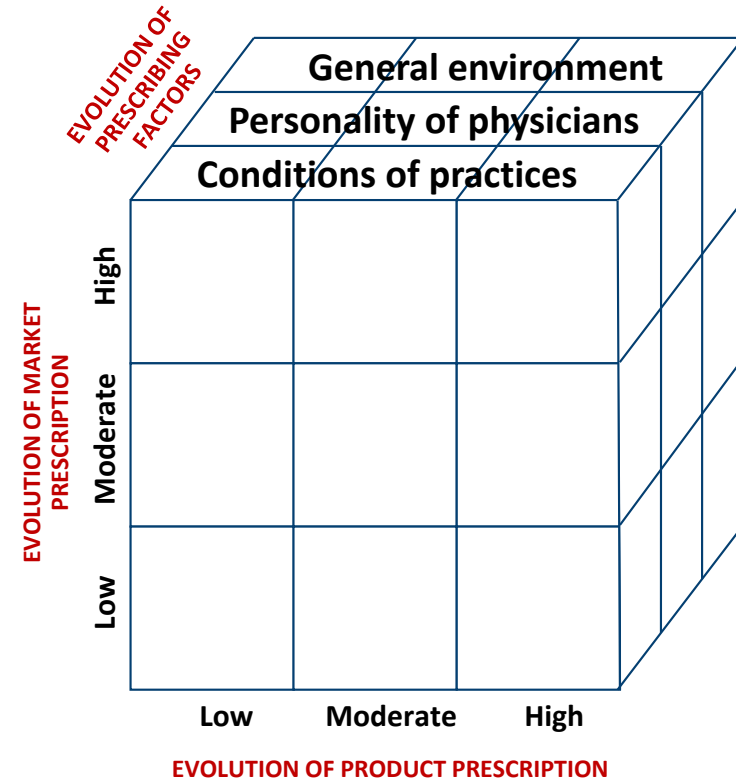
The replacement of a static profiling of physicians by a dynamic one, enables to capture more relevant and accurate insights regarding their prescribing potential

Behavioral Prescriber Segmentation – Framework (1/2)

Static physician segmentation



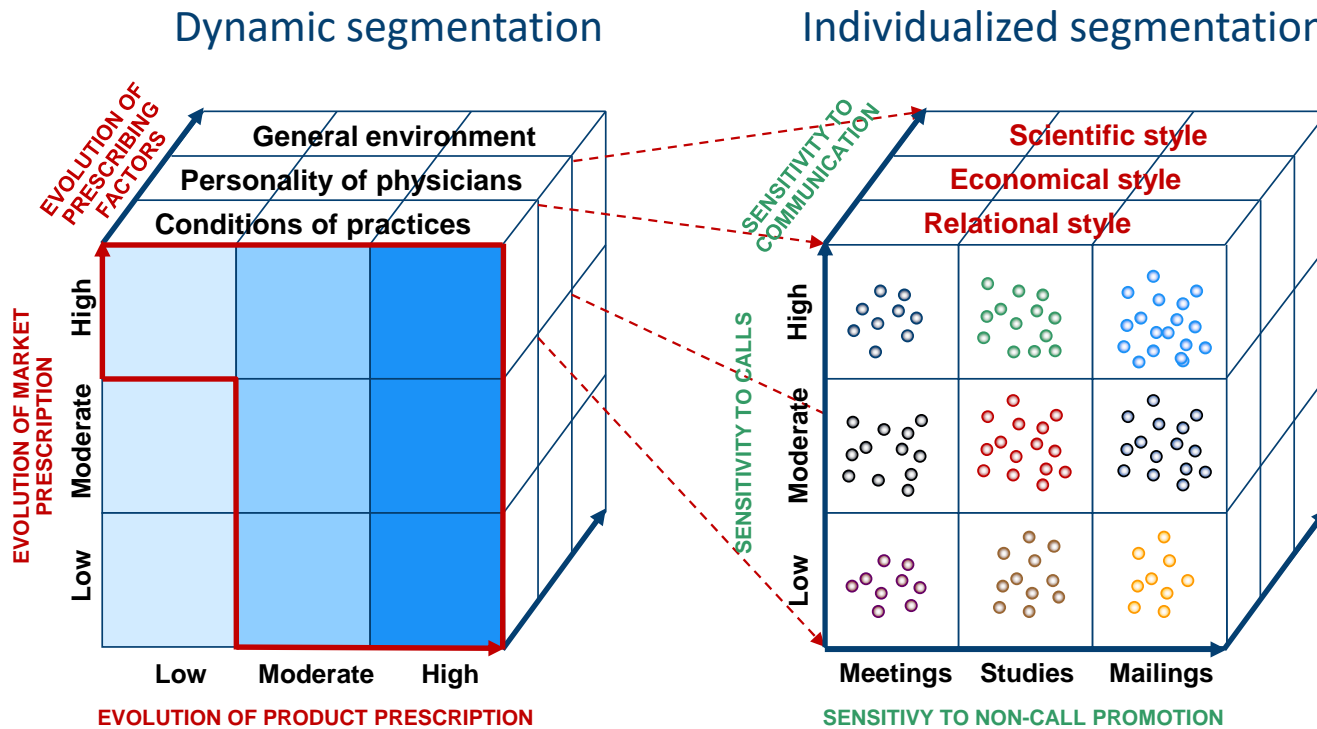
Dynamic physician segmentation



Sources: "Pharma Marketing Tool box", J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

The Behavioral Prescriber Segmentation is based on the dynamic assessment of the prescription potential and on the permeability to investment per individual prescriber

Behavioral Prescriber Segmentation – Framework (2/2)



- The Behavioral Prescriber Segmentation (BPS) optimizes the efficacy and efficiency of the operational¹ investments targeted at each prescriber
- The BPS consists in identifying:
 - The evolution of market² and brand prescriptions by physician
 - The key factors determining that evolution (environment, personality and medical practice)*
 - The permeability (accessibility and sensitivity) to operational channels and activities such as:
 - Face-to-face calls
 - Other operational initiatives (including digital ones)
 - The personality dominance of each physician (relational, economic, scientific)

* Key factors that determine the evolution of market² and brand prescriptions by physician

- Environment (e.g., patient flow, regulations, public health initiatives, Sick Funds decisions, reimbursement, drug prices, influencers such as Key Opinion Leaders, etc.)
- Personality (e.g., innovative, conservative or resistant profile, willingness to try new therapeutic protocols, new products, etc.)
- Medical practice (e.g., habits of prescriptions, involvement in clinical studies, compliance with guidelines, etc.)

Sources: "Pharma Marketing Tool box", J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

¹ Medico-marketing-sales – ² Market includes the brand of the pharmaceutical company and the competitors' ones

The Individual Prescriber Portrait keeps a track record of sales potential dynamics, permeability to operational¹ activities and personality dominance for each prescriber

Behavioral Prescriber Segmentation – Tool

Individual Prescriber Portrait

Physicians	Evolution Market/Brand	Permeability to calls/marketing ²	Personality dominance
A	High/Moderate	High/Mailings	Relational
B	Moderate/High	High/Meetings	Scientific
C	High/High	Low/Studies	Scientific
D	Moderate/Moderate	High/Meetings	Economic
E	Low/Low	High/Meetings	Relational

- To implement the Behavioral Prescriber Segmentation, it is necessary to set up a process to collect, store, analyze and retrieve three sets of data for each prescriber:
 - The evolution (negative, neutral, positive) of their prescription level:
 - Market dynamics (the brand + its competitors)
 - The brand dynamics
 - Their permeability (accessibility and sensitivity) to operations¹:
 - Face-to-face calls
 - Other operational channels, including digital ones (e.g., remote e-detailing, e-mailing, e-meetings, websites, etc.)
 - The dominant trait of their personality (relational, scientific, economic)
- Medical reps and other collaborators in contact with prescribers should be involved in the collection of those data, which should be updated on an ongoing basis
- These data will define the “Individual Prescriber Portrait” that will then be used to set the optimal level and mix of operational activities for each prescriber

Sources: “Pharma Marketing Tool box”, J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

¹ Medico-marketing-sales – ² Marketing meaning other channels than medical calls

The level and mix of operational¹ activities for each prescriber depend on his specific profile which should be mainly documented by medical representatives²

Behavioral Prescriber Segmentation – Method

Profiling

- Assessment of Market/Product dynamics evolution per prescriber by med reps on a regular basis:
 - Observation and probing of physicians...
 - ... and of other relevant healthcare professionals
- Identification of the key drivers that influence the prescribing dynamics of each physician (environment, personality, medical practice)
- Identification of each physician's permeability (access & sensitivity) to operational channels & activities
- Definition of each physician's personality dominance (relational, scientific, economic)

Segmentation

- Segmentation of physicians based on the following individual characteristics:
 - Market dynamics
 - Product (brand) dynamics
 - Factors that drive these dynamics
 - Permeability to medico-marketing-sales activities, including the preferred channels
 - Drivers related to the dominant traits of their personality that will contribute to influence their prescribing choices:
 - Scientific drivers
 - Economic drivers
 - Relational drivers

Adjustment

- Determination of the magnitude of the operational effort per prescriber considering:
 - The prescription dynamics for a given indication (the Market) and for the pharmaceutical company product (the Brand)
 - The degree of operational permeability to operational channels (including digital ones) and to operational activities
- Definition of the communication messages based on:
 - The market potential (patient flow and diagnosis rate)
 - The prescribing habits
 - The reasons that determine the product choice

Sources: "Pharma Marketing Tool box", J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

¹ Medico-marketing-sales – ² Other pharma company collaborators in contact with prescribers and their influencers should also contribute to enrich the prescribers' profile (e.g., medical, marketing and other sales collaborators)

The Behavioral Prescriber Segmentation permits to adjust medico-marketing and sales activities to the respective sensitivity and personality of each physician

Behavioral Prescriber Segmentation – Benefits

Physicians	Individual Prescriber Portrait			Individual Prescriber Operational Mix				Messages & Style
	Evolution Market/Brand	Permeability to calls/marketing	Personality dominance	# of Calls	# of Meetings	# of Studies	# of Mailings	
A	High/Moderate	High/Mailings	Relational	12	2	0	4	Dialogue Services
B	Moderate/High	High/Meetings	Scientific	8	5	0	0	Scientific
C	High/High	Low/Studies	Scientific	6	1	2	0	Scientific
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E	Low/Low	High/Meetings	Relational	4	1	0	0	Dialogue Services

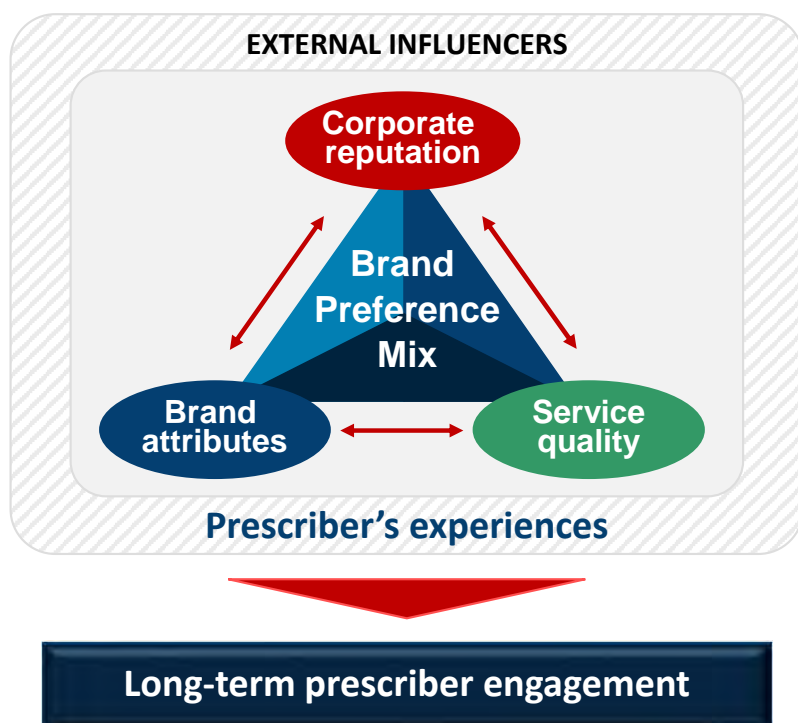
- The Behavioral Prescriber Segmentation (BPS) offers pharmaceutical companies a more reliable estimate of individual prescribers’ prescription potential than conventional approaches do
- The BPS also helps to acquire a better understanding of factors driving prescribers’ brand preference
- Thus, by implementing the BPS, pharmaceutical companies can determine, for each prescriber, the operational actions likely to be the most:
 - Effective (message content and style of communication)
 - and
 - Efficient (level and nature of efforts)

Sources: “Pharma Marketing Tool box”, J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

The Individual Prescriber Plan is essential to structure and formalize a Prescriber-Centric Strategy to secure Brand Preference and long-term engagement

Individual Prescriber Plan – Framework

Prescriber-Centric Strategy



- The Individual Prescriber Plan (IPP) is built around prescribers who represent the most important customer category for Rx-driven brands of pharma companies
- Depending on the type of products, physicians, nurses, pharmacists and even patients can all be considered as “prescribers”
- External influencers, such as health authorities, politicians, sick funds, private health insurance, patient advocacy groups, professional associations, pharmaceutical companies, key opinion leaders, etc., may also play an essential role by modifying the behavior of prescribers
- Prescriber-centricity requires going that extra mile to please the prescriber and ensure that he enjoys the experience of being:
 - A prescriber of the company and of its brand(s)
 - A beneficiary of the associated services
- Positive experiences are essential to create sustainable prescriber preference to brands and to induce their long-term engagement (active loyalty)

The Individual Prescriber Plan makes it possible to set objectives by individual prescriber and define the appropriate operational activities to meet these objectives

Individual Prescriber Plan – Tool (1/3)

Prescriber-Centric Brand Plan



- The Individual Prescriber Plan is structured like a Brand Plan, but analyses are carried out from the prescriber’s perspective
- The situation analysis section should highlight, for each prescriber:
 - The driving forces that influence his prescribing behavior
 - His preferred communication channels and the ones likely to influence him the most
 - His personality (relational, economic, scientific)
- The prescriber-centric SWOT should consider the prescriber’s prescription potential, as well as his values, perceptions and motivations
- A qualitative and quantitative objective should be set prescriber by prescriber
- Strategy and tactics should aim at:
 - Creating more value for the prescriber
 - Reinforcing his preference for the brand
- KEIs¹ and KPIs² should be defined to ensure appropriate execution and resource allocation

Before making the decision to invest in operations¹ at targeted prescribers, expected impact should be clearly defined, as well as execution and performance indicators

Individual Prescriber Plan – Tool (2/3)

Check-list to support operational investment decisions

Illustrative

What is the objective of the action?	What are the KEIs ² ?	What are the KPIs ³ ?
<ul style="list-style-type: none"> ▪ Create / reinforce awareness ▪ Generate interest ▪ Develop brand preference ▪ Increase share of prescription ▪ Increase compliance ▪ Limit substitution rate ▪ Get the brand listed ▪ Fine tune the profile of the prescriber or of other customers 	<ul style="list-style-type: none"> ▪ % of the target covered by the action ▪ % of the target exposed to the action ▪ % of the target impacted by the action ▪ % of the target having a positive opinion of the action (usefulness, Interest, practicality, quality of execution) ▪ Implementation time required vs. planned ▪ Actual vs. budgeted cost 	<ul style="list-style-type: none"> ▪ Brand Preference Mix index ▪ Preference Ladder step ▪ Key message memorization rate ▪ Share of prescription ▪ Sales evolution ▪ Variation in the number of treatment initiations ▪ Profit evolution in euros ▪ % of hospitals having listed the brand ▪ Return on investment

Sources: "Pharma Marketing Tool box", J.-M. Peny, Smart Pharma Consulting, 2015, 246 p.

¹ Medico-marketing-sales activities – ² Key execution indicators – ³ Key performance indicators

The a priori and a posteriori assessment tools help objectivize that planned or existing activities will significantly contribute to reinforce the Brand Preference Mix

Individual Prescriber Plan – Tool (3/3)

A priori assessment tool

Description	Objective	Target (HCPs, patients, etc.)																																								
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A posteriori assessment tool

Barriers	Rationale	KPIs (Key performance indicators)	KEIs (Key execution indicators)	Decision
Technical	● Implementation			GO
Regulatory	● Compliance			No GO
Economic	● Estimated cost and return			

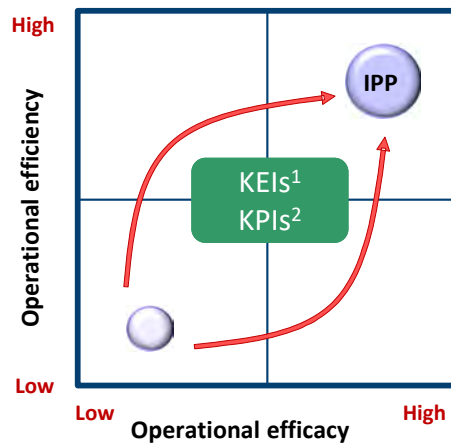
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Sources: Smart Pharma Consulting

The Individual Prescriber Plan enables pharmaceutical companies to turn prescriber insight into competitive advantages in a more effective and efficient manner

Individual Prescriber Plan – Benefits

Operational Performance Matrix



- The Individual Prescriber Plan (IPP) is a useful tool to support a Prescriber-Centric Strategy
- Prescribers’ experiences and perceived values with:
 - The brand
 - The services related to the brand
 - The pharmaceutical company
 are captured and analyzed with the help of the Brand Preference Mix Index (BPMI)
- The Behavioral Prescriber Segmentation (BPS) provides an accurate knowledge of each prescriber:
 - Prescription potential for the market and the brand
 - Permeability to operational³ channels, messages and communication styles
- Thus, it is possible to design a fine-tuned “business plan” for each (key) prescriber, in such a way that operational efficacy and efficiency are optimized
- The quality of execution will be tracked with KEIs, and the performance measured with KPIs

Key Execution Indicators (KEIs ¹)
<ul style="list-style-type: none"> ■ Level and mix of operational activities (medico-marketing-sales) vs. plan ■ Quality of execution of activities: <ul style="list-style-type: none"> – Disease, competition and brand knowledge – Management of health economics issues – Ability to handle questions and objections – Knowledge and understanding of prescriber’s profile – Adjustment of communication style and of message content to the prescriber’s profile – Ability to trigger multi-channel initiatives – % of calls carried out with an iPad

Key Performance Indicators (KPIs ²)
<ul style="list-style-type: none"> ■ Impact on performance: <ul style="list-style-type: none"> – Level of sales and evolution (in euros, units, prescriptions, patients) – Level of prescription share and evolution (in euros, units, prescriptions, patients) – Level of initiations and evolution – Level of prescription switches and evolution (of prescriptions, patients) ■ Impact on behavior: <ul style="list-style-type: none"> – Level of prescriber interest – Product memorization rating – Intention to prescribe rating

Sources: Smart Pharma Consulting

¹ Key execution indicators – ² Key performance indicators – ³ Medico-marketing-sales activities

The Individual Prescriber Plan¹ should be precisely elaborated by a team of collaborators interacting, on a regular basis, with the concerned prescribers

Individual Prescriber Plan – Method

Exploring Individual Prescriber insight²

- Key questions to be answered:
 - Who are the most critical prescribers to focus on to develop brand growth?
 - What will drive their brand preference?
- Ongoing exploration and discovery of individual prescriber insight are key to answering these two questions
- Prescriber-related insight collected by:
 - Medical representatives
 - Medical Scientific Liaisons (MSLs)
 - Other collaborators like Key Account Managers who meet prescribers or influencers
- Data should be stored in a shared database, opened to medical, marketing and sales collaborators that interact with prescribers³

Crafting Individual Prescriber strategy & tactics

- Prescriber insight must be translated into effective operational⁴ activities likely to reinforce brand preference
- When there is a potential to create high reciprocal value for the prescriber and the company, a one-on-one customized program should be built according to the following steps:
 1. Evaluate the level of potential value for the prescriber and the company
 2. Understand individual prescriber needs, brand preferences, behaviors
 3. Create a “business plan” including services, communication styles, message contents and operational channels adjusted to each prescriber
 4. Track prescriber experiences and all aspects of his satisfaction to ensure high level of brand preference

Designing Individual Prescriber Plan²

- Each prescriber plan should be built by a “prescriber team” which includes the collaborators who interact with the prescriber and know him best
- The strategy and the corresponding tactics are supported by Individual Prescriber Portraits, which should be fine-tuned and updated by the team
- Before deciding to implement any operational activity, the following key questions should be answered:
 - What is the objective?
 - How should it be implemented?
 - What is the cost?
 - What is the expected impact?
- An individual action plan should be set

The Brand Booster Program is a best-in-class program based on deep prescriber insight, value creation for prescribers and optimization of resource allocation

Value of the Brand Booster Program (1/2)

- The **Brand Preference Mix** is the central pillar of the **Brand Booster Program** developed by Smart Pharma Consulting
- To create a strong and sustainable brand preference, marketers can identify the root causes of prescribers' brand valuation with the help of the Brand Preference Mix Index
- The **Behavioral Prescriber Segmentation** approach makes it possible to get deeper insight regarding prescribers' needs, motivation, behavior and experience that are all essential to target the most attractive prescribers:
 - Those who have a high potential of prescription growth for the market¹ and the brand
 - Those who are the most permeable to medico-marketing-sales activities
- The **Individual Prescriber Plan** is a key element to help pharmaceutical companies express their strategic priorities and tactics in terms of value creation per prescriber and to align their resources accordingly to create a sustainable brand preference in an effective and efficient way

The Brand Booster Program is a powerful and comprehensive approach, based on three components, enabling Marketers to optimize the performance of their brands

Value of the Brand Booster Program (2/2)

Brand Preference Mix	Behavioral Prescriber Segmentation	Individual Prescriber Plan
<ul style="list-style-type: none"> ■ By measuring the performance of their brand with the BPM Index, marketers will be able to: <ul style="list-style-type: none"> – Define their strategic priorities to strengthen prescribers’ preference – Evaluate the impact of their strategies and of the corresponding tactics ■ The BPM Index should be calculated for each targeted client once or twice a year ■ Based on the analyzed results, a series of customized actions will be defined and implemented at individual prescriber level 	<ul style="list-style-type: none"> ■ The BPS enables marketers to fine-tune operational¹ investments per prescriber... <ul style="list-style-type: none"> ■ ... by identifying: <ul style="list-style-type: none"> – His capability/willingness to prescribe the competing brands – The driving forces influencing his prescribing behavior – His permeability² to operations – Acceptable/convincing messages – Appropriate style of communication ■ The BPS success requires: <ul style="list-style-type: none"> – The implementation of a simple and systematic process to collect data – The development of operational tools that take into account the diversity of prescribers’ behaviors and permeability 	<ul style="list-style-type: none"> ■ To make their brands preferred, marketers must develop: <ul style="list-style-type: none"> – A prescriber-centric strategy/tactics – A prescriber-centric brand plan ■ Prescriber-centric strategy is about creating positive experiences through the three components of the BPM ■ This requires deeper insight to develop strategies and tactics to intensify their positive perception ■ A prescriber-centric brand plan captures the prescriber perspective and estimates his real perception of the company, its products and its services

Sources: Smart Pharma Consulting

¹ Medico-marketing-sales activities – ² Accessibility and sensitivity to different channels

As the author of the Brand Booster Program, Smart Pharma Consulting is the best positioned to ensure its smooth and efficient implementation by pharma companies

Smart Pharma Consulting Services (1/2)

Brand Booster Program Implementation

Brand Preference Mix

- Design and implementation of national studies to measure the Brand Preference Mix Index
- Design and facilitation of the implementation of Brand Preference Mix Index measurement at hospital/department and at prescriber levels through sales forces

Behavioral Prescriber Segmentation

- Presentation and training of the medico-marketing-sales departments to learn how to:
 - Collect prescriber insight to define an Individual Prescriber Portrait
 - Quantitatively and qualitatively adjust operational efforts for each targeted prescriber

Individual Prescriber Plan

- Design of an Individual Prescriber Plan structure, including monitoring tools
- Training of marketers and other collaborators to correctly prepare Individual Prescriber Plans
- Challenge of teams involved in the preparation and development of Individual Prescriber Plans

Smart Pharma Consulting supports national and international multi-disciplinary¹ brand teams with robust methodologies, practical tools and a challenging attitude

Smart Pharma Consulting Services (2/2)

Smart Pharma Experience & Approach

Support to 80 brands in 17 different disease areas:

- | | |
|--------------------------|---------------------------|
| 1. Addictology | 9. Metabolism / Diabetes |
| 2. Allergy | 10. Neurology |
| 3. Cardiology | 11. Nephrology |
| 4. Dermatology | 12. Oncology / Hematology |
| 5. Gastroenterology | 13. Ophthalmology |
| 6. Gynecology | 14. Pulmonology |
| 7. Infectious diseases | 15. Psychiatry |
| 8. Metabolism / Diabetes | 16. Rheumatology |
| | 17. Urology |

- We provide robust methodologies and practical tools to strengthen situation analyses
- We facilitate the identification of relevant strategic priorities to achieve pre-set objectives...
- ... and the selection of the corresponding tactics² including the appropriate monitoring tools³
- We positively challenge brand teams to enhance the quality of their analyses and recommendations

Key issues addressed by our approach

1. How to best evaluate the market dynamics and the brand performance?
2. How to measure the impact of recent investment decisions?
3. How to build market scenarios?
4. How to carry out an *Advanced SWOT*⁴ analysis?
5. How to set rational performance objectives⁵?
6. How to define the corresponding relevant strategy with the help of the *Advanced SWOT* analysis?
7. How to determine the optimal mix and level of medico-marketing and sales investment per brand and across different brands of a portfolio?

Outstanding Physician Experience

————— BEST-IN-CLASS SERIES —————

Boosting Brand Preference

Offering outstanding Physician Experience is a source of competitive differentiation likely to boost their brand preference

1. Introduction

Forward

- The search of outstanding customer experience should be the overarching priority of R&D-based pharmaceutical companies
- Indeed, numerous studies, in various industrial sectors, have shown that delightful customer experience is a powerful means to create and maintain privileged relationships and induce customer preference for their related products (or services), leading to market share growth
- By offering outstanding experiences to physicians, pharma companies are more likely to:
 - Keep on interacting with them
 - Differentiate positively their products from competition
 - Optimize their market share evolution
- In this position paper, we have adapted the concept of “customer experience” to physicians¹, and we propose a methodology and tools to help pharma companies offer outstanding physician experience

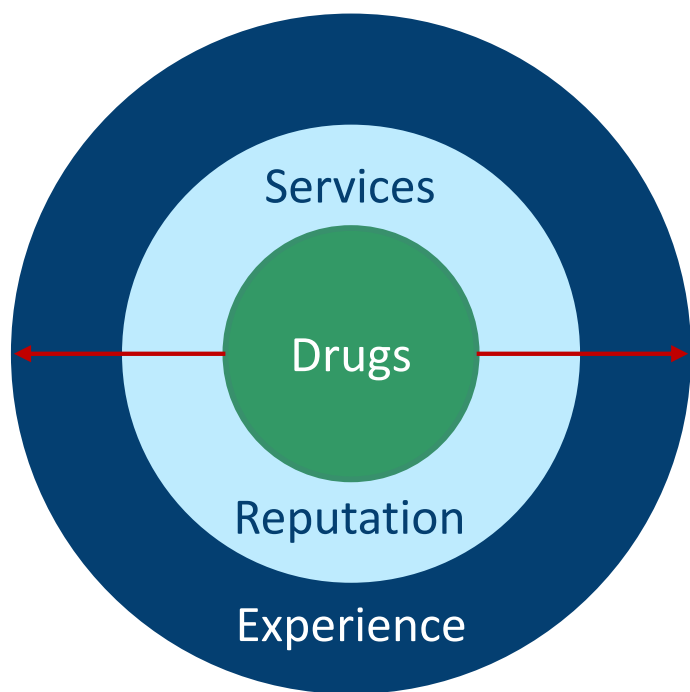
“Managing customer experience bolsters your brand” – Stan Phelps

The purpose of Physician Experience is to urge pharma companies to provide physicians not only with products and customized services but to enrich their life with memorable events

1. Introduction

Physician Experience (PX) – Definition (1/2)

Evolution of the drug prescribing model



- Innovative drugs and related services are key to success, but too quickly copied to create a sustainable competitive advantage
- Delivering experiences, delighting physicians, is a powerful means to cope with product and service commoditization
- Physician Experience is the perception (physical, rational, emotional, sensorial, etc.) resulting from interactions with a product, its associated services and the people of the companies involved in selling and/or delivering them
- Thus, experiences may be different from one physician to another
- Experience-related events either before, during or after a drug prescription, a service delivery, an exchange with the company¹ determine the degree of physician delight
- Remarkable Physician Experience enables to differentiate positively drugs from competition by enriching physicians' life

Sources: Adapted by Smart Pharma Consulting from "Welcome to the Experience Economy" by B. Joseph Pine II and James H. Gilmore, HBR (1998)

¹ Its collaborators or representatives

Physician Experience must be defined as the physician end-to-end journey, not just at key touchpoints

1. Introduction

Physician Experience (PX) – Definition (2/2)



- Physician Experience should not be limited to key touchpoints or critical moments – also called moments of truth – when physicians interact with a brand (drug), its related services and/or the company marketing it
- Physician Experience is the accumulated effect of multiple touchpoints over time, which can lead, if positive and consistent, to a strong relationship feeling and intimacy between physicians and brands
- Physician Experience needs to be extraordinary, memorable and compelling in order to generate a competitive advantage
- Physician Experience is not fully under the control of the pharma company marketing a brand; it is also impacted by various indirect elements and stakeholders (i.e., bad buzz on social media, word-of-mouth, advocates, detractors, distributors, etc.)

“People will forget what you said, what you did, but not forget how you made them feel” – Maya Angelou

Zappos key strategy to retain its customers consists to create a “wow” effect on every call so that customers feel delighted of their interaction with the employees

1. Introduction



Case Study

Zappos Customer Excellence Strategy



If Zappos sells average products at average prices, it delivers unique services, second to none

Sources: Forbes.com (09/2018) – CMO.com (05/2018) – Smart Pharma Consulting

¹ This model is of interest in situations requiring flexibility, adaptability, responsiveness and empowerment. Responsibilities are distributed throughout self-organizing teams – ² Artificial Intelligence, especially to better predict the best size of shoes and clothes for customers – ³ Personal Emotional Connection – ⁴ Those having less than 50-point average at the end of the month, will receive extra training

The key lesson to learn from Amazon.com is their continuous experience improvement strategy with a special focus at making the customer life as easy as possible

1. Introduction



Case Study

Amazon Customer Excellence Strategy



Amazon was one of the first companies to invest in technology and infrastructure, and to leverage data collection to enhance the customer experience

Sources: Joe Coleman CRM Magazine (2018) – Smart Pharma Consulting

¹ The annual subscription which costed €49 in France and \$119 in the USA in 2019, gives members access to a variety of additional perks such as: exclusive deals, streaming titles on Amazon Video, 2 million titles on Amazon Prime Music, etc.

Air France customer experience strategy is supported by an integrated CRM system enabling the delivery of excellent human interactions, along the customer journey

1. Introduction



Case Study

Air France Customer Excellence Strategy



Air France uses technology and innovation to develop customer intimacy¹ to create superior customer experience

Sources: Future Travel Experience.com (2017) – L’Usine Digitale.com (2016) – Smart Pharma Consulting

¹ Consists in getting closer to customers to better know and understand their needs and wants to better fulfil or anticipate them

Offering outstanding Physician Experience is a strong driver to generate positive memories in highly competitive markets where products and services are most often undifferentiated

2. Why is Physician Experience so Important?

Physician Experience Objective – Part 1



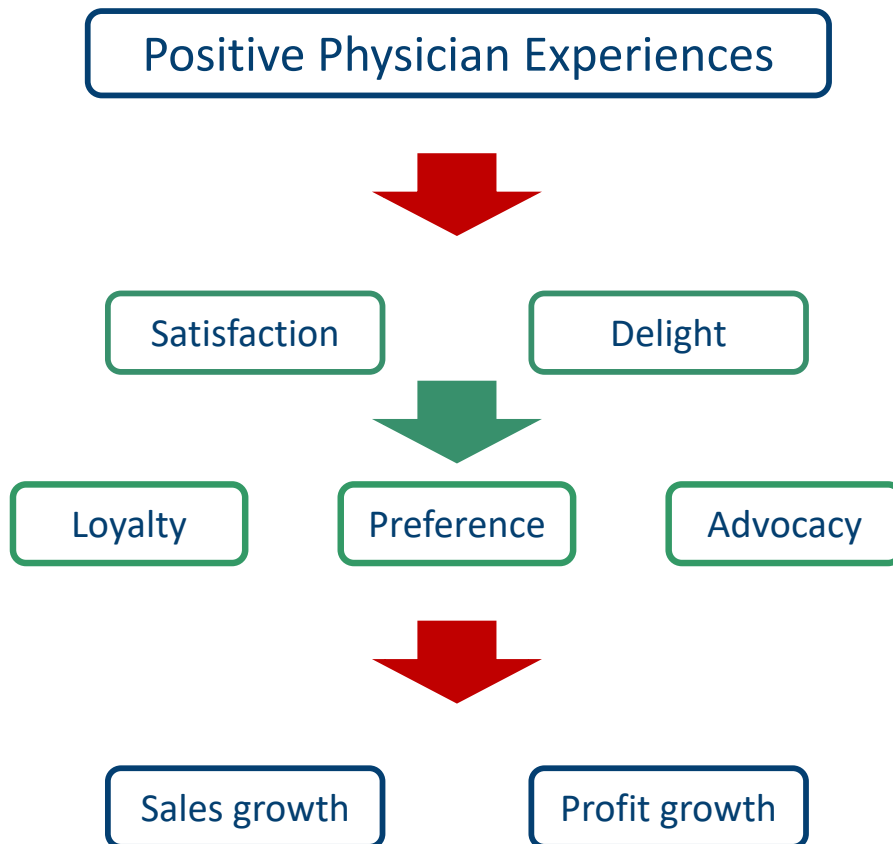
- To grow, it is not anymore enough for pharma companies to:
 - Market effective, safe and convenient drugs
 - Deliver good quality associated services
- To modify the opinion and then the behavior of physicians in favor of their marketed drugs, pharma companies must go beyond product and service functionalities
- Thus, pharma companies must offer, along with drugs and services, consistent, intentional, differentiated and valuable experiences, that physicians will positively remember

“It is no longer enough to satisfy your customers; you must delight them” – Philip Kotler

Providing positive experiences to physicians will increase their loyalty and preference for the brand, while turning them into advocates, which will drive sales and profit growths

2. Why is Physician Experience so Important?

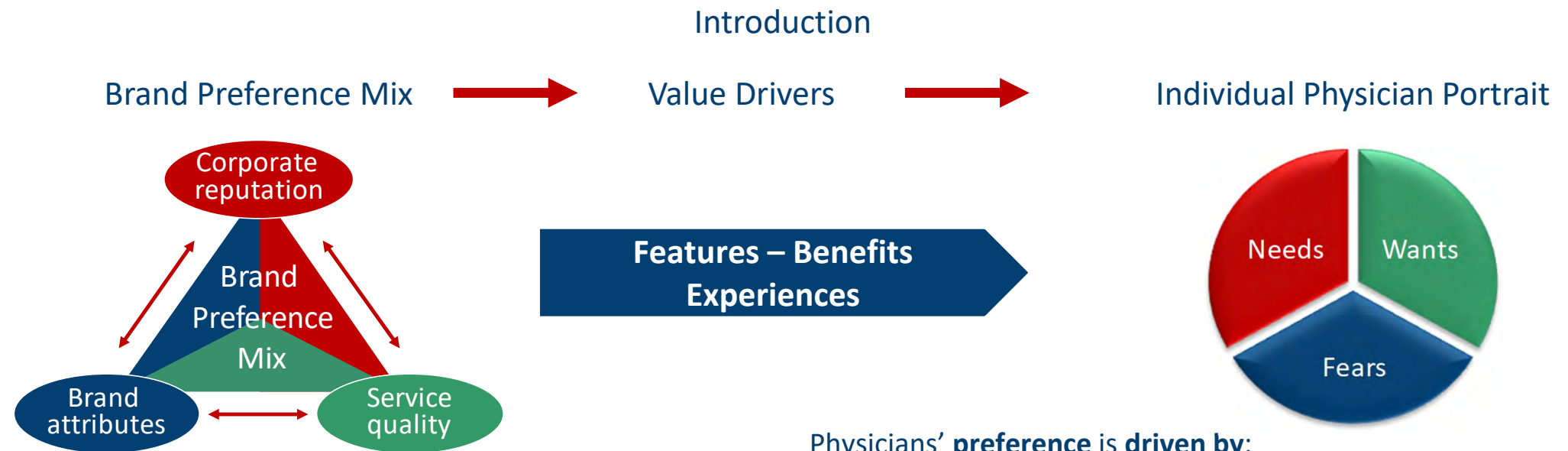
Physician Experience Objective – Part 2



- Positive Physician Experience will lead to:
 - Satisfaction and positivity
 - Delight and happiness
- Physicians that are satisfied and delighted by experiences with a brand (drug), the associated services and/or the interactions with the company marketing that brand, will:
 - Be more loyal, increasing the retention rate
 - Show a stronger preference
 - Be inclined to recommend
- Thus, positive Physician Experience will drive:
 - Sales growth mainly through the impact on brand preference and advocacy
 - Profit growth mainly through higher retention

The features of the Brand Preference Mix components should offer meaningful benefits and delightful experiences to physicians to strengthen their preference

3. The Smart Physician Experience Model – Concept



- The features of the three components of the Brand Preference Mix must be activated in a way...
- ... that brings **superior benefits** and **experiences** to physicians than competitors do
- Pharma companies must **promote** these **benefits** and **offer experiences** to physicians to **convince** them to **prescribe** more and to **recommend** the **brand**

Physicians' preference is driven by:

- **Needs:** "I need a treatment for this disease that is effective and safe" [**rational-based**]
- **Wants:** "I want to prescribe this treatment because I feel more secure" [**emotional-based**]

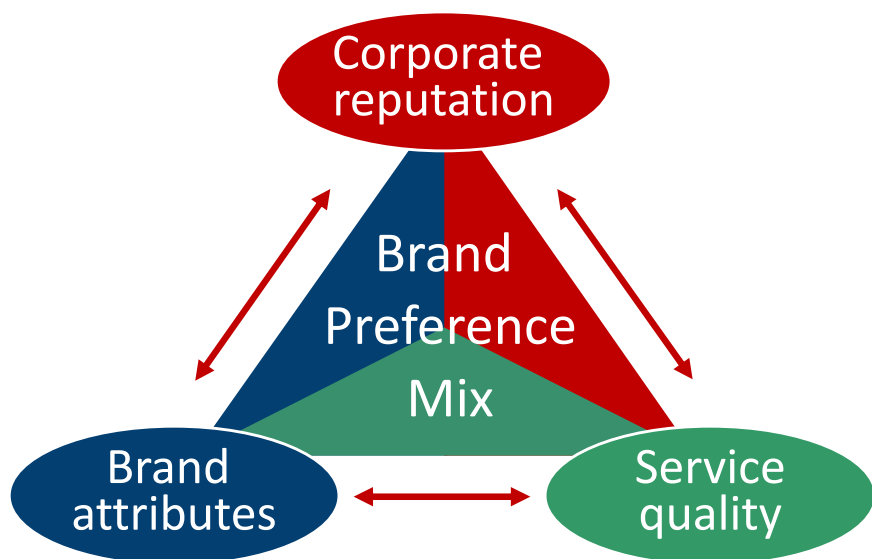
But **limited** by:

- **Fears:** "I am used to another treatment and do not wish to change my habits" [**rational- and emotional-based**]

The Brand Preference Mix determines the key drivers that can be activated to enhance prescriber preference and thus optimize market share

3. The Smart Physician Experience Model – Concept

The Brand Preference Mix

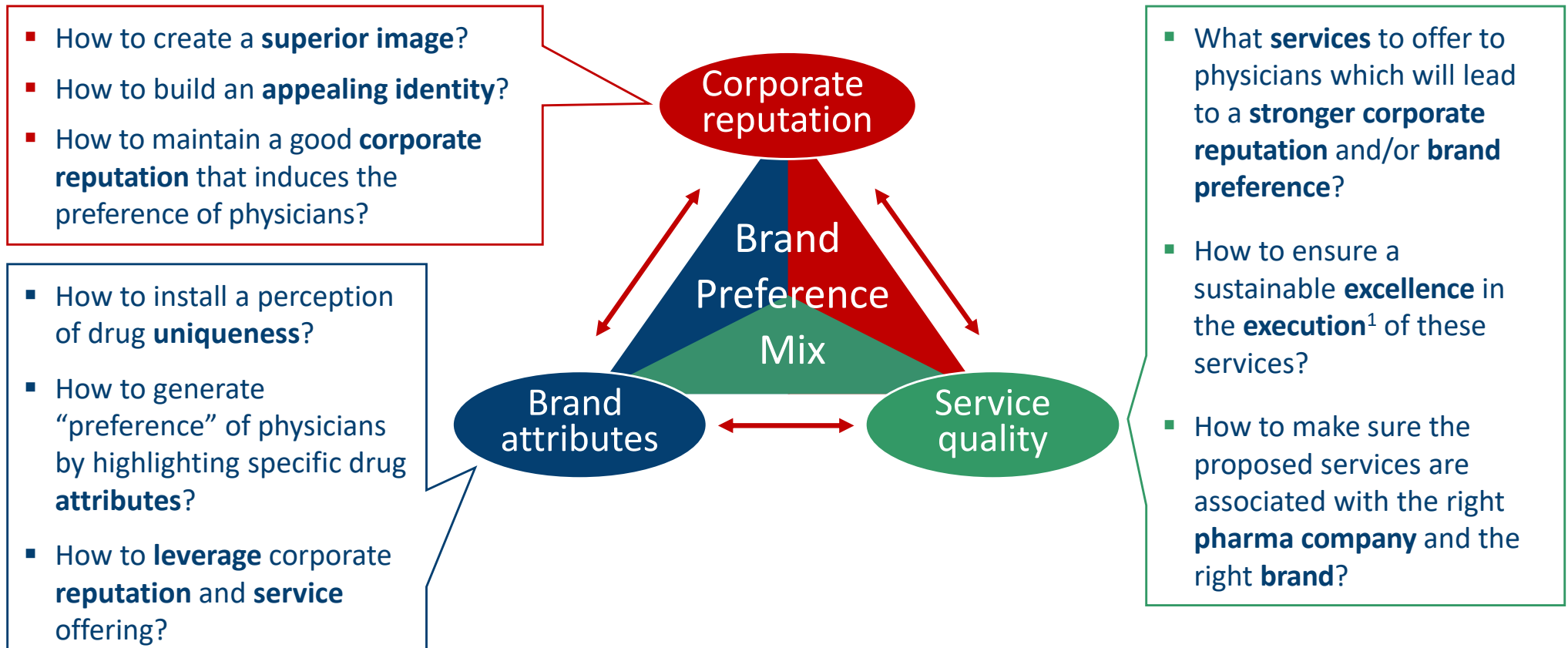


- One of the pharma companies biggest challenge is to increase physician preference for their brands (drugs) to gain prescription share with each of them
- To reinforce the preference of physicians, pharma companies must optimize their Brand Preference Mix:
 - The perceived value of their brand attributes
 - The perceived quality of the services they offer and deliver to physicians
 - Their corporate reputation
- The links between the three components of the Brand Preference Mix should be well-established in the mind of the prescribers

To activate the Brand Preference Mix components of their drugs, pharma companies should address the following key issues

3. The Smart Physician Experience Model – Approach

The Brand Preference Mix levers



Sources: “Building prescriber loyalty”, J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

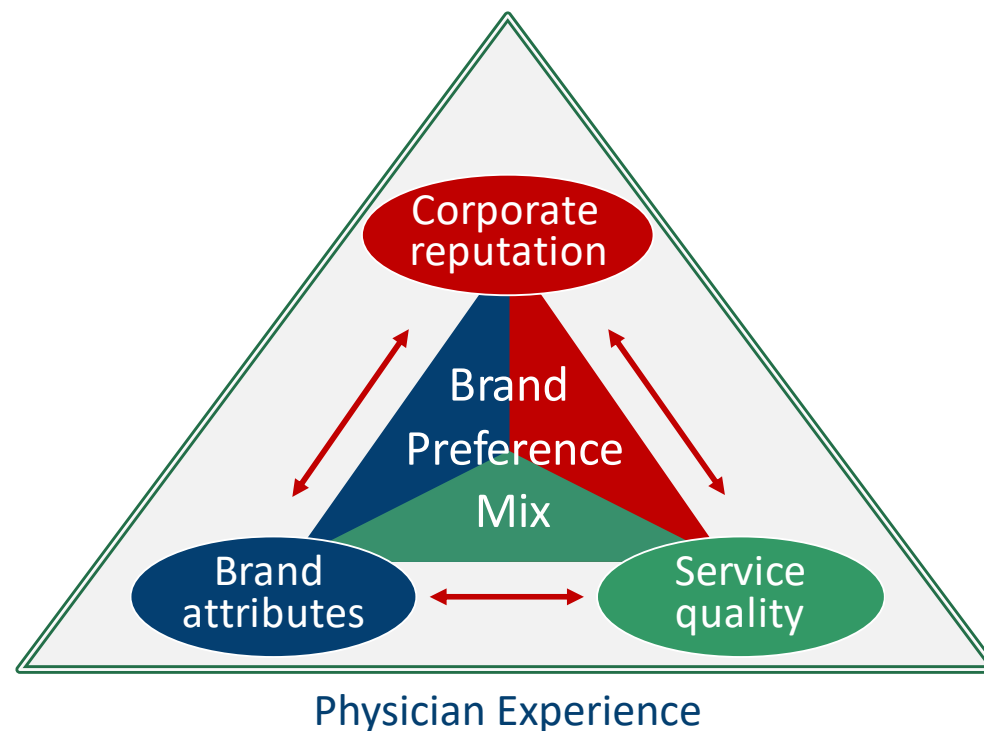
¹ See the position paper “Excellence in Execution Applied to Pharma Companies” on Smart Pharma Consulting website

The Brand Preference Mix determines the key drivers that can be activated to enhance prescriber preference and thus optimize market share

3. The Smart Physician Experience Model – Concept

The Physician Experience Level

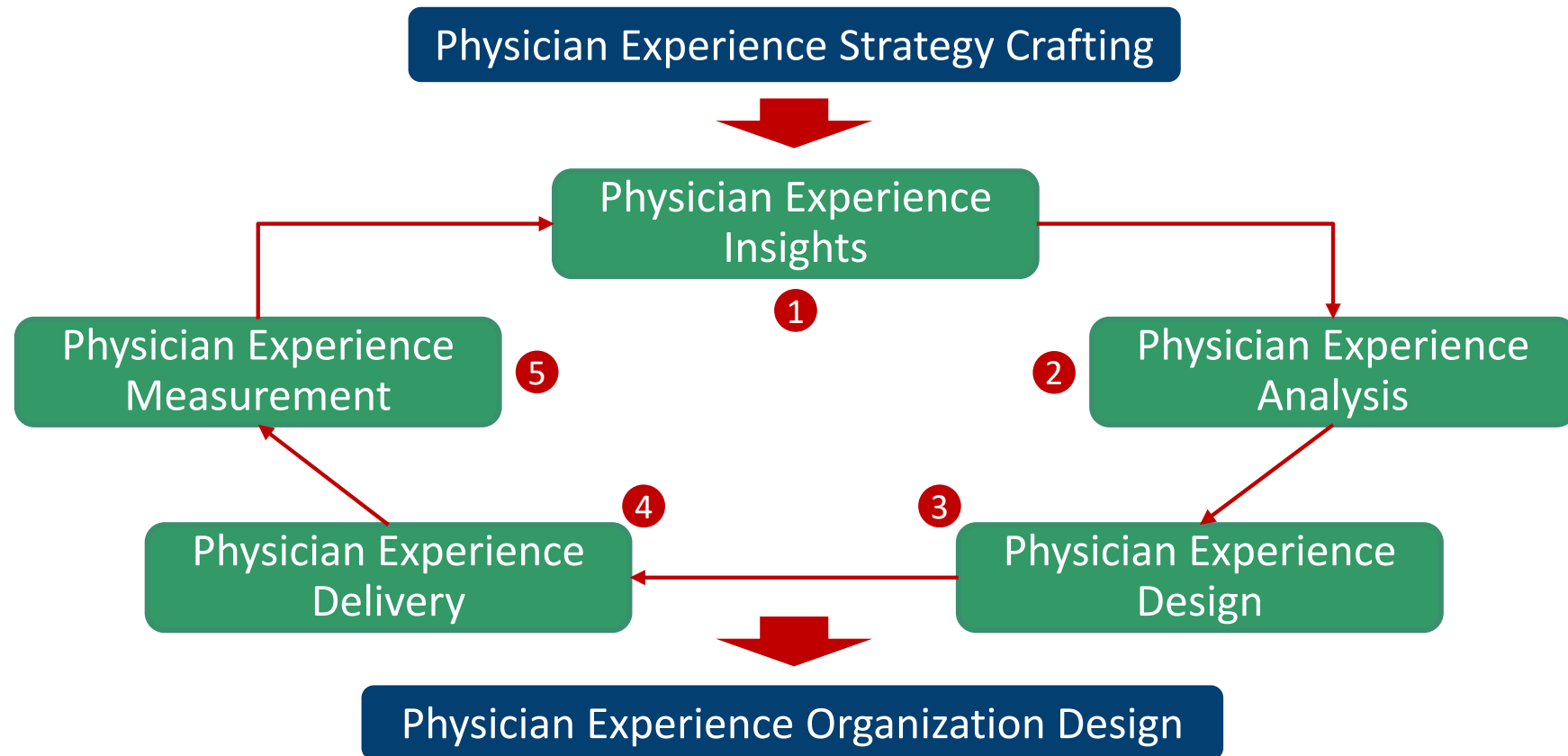
- To deliver an outstanding Physician Experience, Pharma companies must have a clear value proposition based on the three components of the Brand Preference Mix and an intimate understanding of individual physicians' “needs”, “wants” and “fears”
 - Physician Experience strategy should be holistic, considering the:
 - Cognitive (the fact to know, to be exposed)
 - Affective (the fact to appreciate, to prefer)
 - Conative (the fact to prescribe, to recommend)
- perspectives of the experience



The following 5-step approach will help pharma companies deliver a consistently outstanding experience to physicians whose expectations keep on rising

4. The Smart Physician Experience Model – Approach

Introduction



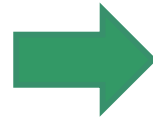
Physician Experience must move to the strategic agenda of pharma companies as patient-centricity did for most organizations

4. The Smart Physician Experience Model – Approach

Physician Experience Strategy Crafting

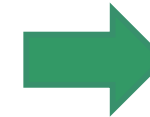
Step 1

- Experience strategy crafting should start by defining a clear vision, formalized, communicated and bought in by collaborators



Step 2

- Strategy and tactics should be based on co-creation, involving physicians and collaborators across the company



Step 3

- Experience strategy should be integrated into the brand strategy, considering the brand preference mix

- Physician Experience strategy crafting should consider the following key factors:
 - PERSONALIZATION: apply individual insights gathered at each touchpoint to create delighting interactions
 - CONVENIENCE: offer services that are convenient from the physicians' perspective
 - ACCESSIBILITY: ensure that physicians have an easy and quick access to pharma companies' collaborators to fulfill their needs (e.g., information, pharmacovigilance, issues to be addressed)

“Physician Experience Strategy needs to be aligned with the strategic square¹ of the company”

Sources: Smart Pharma Consulting, S. Lotz et al. McKinsey on Customer Care (2018)

¹ The Strategic Square corresponds to the Vision, Purpose, Mission and Values of the company or of the departments involved in Physician Experience initiatives. See the position paper “Excellence in Execution” published in June 2019, available on Smart Pharma Consulting website/

One should understand why each physician is disappointed, satisfied or delighted by each moment of truth between him, the company, its marketed brands and offered services

4. The Smart Physician Experience Model – Approach

① Physician Experience Insights (1/2)

Why to gather data?

- To hone their strategy, Pharma companies must engage with physicians to understand what are their expectations, motivations, frustrations, pain points¹
- The ultimate objective is to maintain a continuous updating of data
- The value of these data depends on the insights (knowledge and understanding) they will bring
- Specific data, from every physician touchpoint, should be captured to understand which interactions increase engagement and which hurt it; and why
- Then, Pharma companies will define the actions to be carried out to drive a positive change in physician opinion and behavior

What data to gather? – Small data

- Highly specific and individualized data – small data – are the starting point to improve Physician Experience
- They enable to choose a specific initiative to be implemented for a specific physician

What data to gather? – Big data

- Big data have more to do with strategic decisions and can be useful to define strategic directions
- At tactical level, when small data are missing, big data can be used to feed algorithms to predict Physician Experience issues or the type of solutions to propose

“Physicians’ expectations are also set by their experience in other sectors which are far ahead²”

The challenge is to transform data into an enhanced Physician Experience by investing in understanding what drives physicians' opinion, emotion and behavior

4. The Smart Physician Experience Model – Approach

① Physician Experience Insights (2/2)

How to gather data?

- Amongst the broad range of data to be collected to develop insights, the following ones are important:
 - Medical specialties
 - Fields of interest
 - Opinion and emotion on various subjects
 - Behaviors re. diagnosis, prescriptions, patients follow up, etc.
 - Unmet needs
 - Specific wants
 - Major fears
 - Key habits
 - Interaction histories
 - Etc.



- To devise the actions to be carried out to enhance individual Physician Experience, data should be continuously updated
- Multiple sources of information can be used to keep an updated and precise portrait of physicians
- In-fields collaborators (e.g., MSLs, med reps, area managers, etc.) are the best positioned to do so
- Harvesting feedbacks from C-suite to physician-facing employees; and analyzing this information can help create superior experiences for physicians

“The emotional component of experiences is essential when products and services are undifferentiated”


Personas or individual ID cards are commonly used to help design an optimal experience model to meet/exceed individual expectations and thus achieve a sustainable competitive advantage

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (1/10)

Personas & Physician ID Cards

- The Physician Experience should be analyzed from the outside in
- For so doing, it is possible to create personas which represent models (archetypes) of physicians, including their characteristics and their emotional needs
- However, individual portraits (ID cards) of physicians, based on real data, would be preferable to personas, because they enable to determine, for each physician:
 - Who are they?
 - What are their opinions, emotions, behaviors?
 - What is their historical experience with the company, its products and services?
 - What do they want, need, fear?
 - Etc.

Physician ID Cards		<i>Illustrative</i>
	<ul style="list-style-type: none"> • Name:----- • Workplace:----- 	<ul style="list-style-type: none"> • Medical degree:----- • Medical position :-----
Expertise / Field of Interest	Awareness	
Key priorities	Key challenges	
Opinion / Emotion / Behavioral re. company, its products and services	Expectations from company, its products and services	
Preferred communication channels		

Physician journey mapping will complete personas or individual ID cards to evaluate physician practical and emotional degree of satisfaction at each touchpoint

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (2/10)

Physician journey mapping – Introduction

- The experience of individual physicians is so complex that its analysis requires its deconstruction into journeys which are visualized in a flow of interactions, called “touchpoints”
- Physicians journey mapping enables to understand:
 - What are their touchpoints?
 - How do they interact with the company, its brands and associated services at these touchpoints?
 - The emotional connection they feel at each interaction across all touchpoints,
so that to explore how to eliminate current “pain points” and reinforce “delight points” to create an emotional attachment to the brands
- Thus, it is possible to find solutions, and enable an end-to-end redesign of the physician journey
- The audit of current practices and capabilities, as well as a mapping of existing Physician Experience, will raise important questions, such as:
 - Where are the current pain and delight points?
 - Is there a clear understanding of how physicians feel about existing processes?
 - What ideas do in-field collaborators have to enhance experience of physicians?
 - What key learnings can be applied?
 - Which channels do physicians prefer?

In practice, the most important journeys should be selected, and their respective pain points addressed, physician by physician, through a cross-functional contribution of collaborators

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (3/10)

Physician journey mapping – In practice (1/2)

- The 1st step will consist in identifying the most important¹ journeys and the associated pain points through a dual approach:
 - Top-down, judgement-driven evaluations
 - Bottom-up, data-driven analyses
- During the 2nd step, the selected journeys will be examined in detail to pinpoint the touchpoints between the physician, the brand, the company which markets it and the services it proposes
- A 3rd step will evaluate the positive or negative perceptions of the physician at each touchpoint and their root causes; and the likely impact on its behavior, knowing that certain poor experiences do not necessarily lead to a negative behavioral change
- Ideally, the physician journey mapping should be carried out, physician by physician, so that to obtain a precise diagnosis of the situation from which a redesign of physician interactions will start
- The production of a robust physician journey mapping requires:
 - The contribution of different departments of the company (i.e., physician-facing collaborators as well as collaborators from support functions having a direct or indirect impact on physician experience)
 - The input of physicians (through interviews, focus groups, etc.) to make sure all key touchpoints have been selected, the internal performance assessment and their related causes are valid

Sources: Smart Pharma Consulting, “The Truth about Customer Experience” by A. Rawson et al., HBR (2013)

¹ The most important journeys are those having the greatest impact on physician positive or negative opinion and behavior vis-à-vis the brand. They can vary according to the physician, the country, etc.

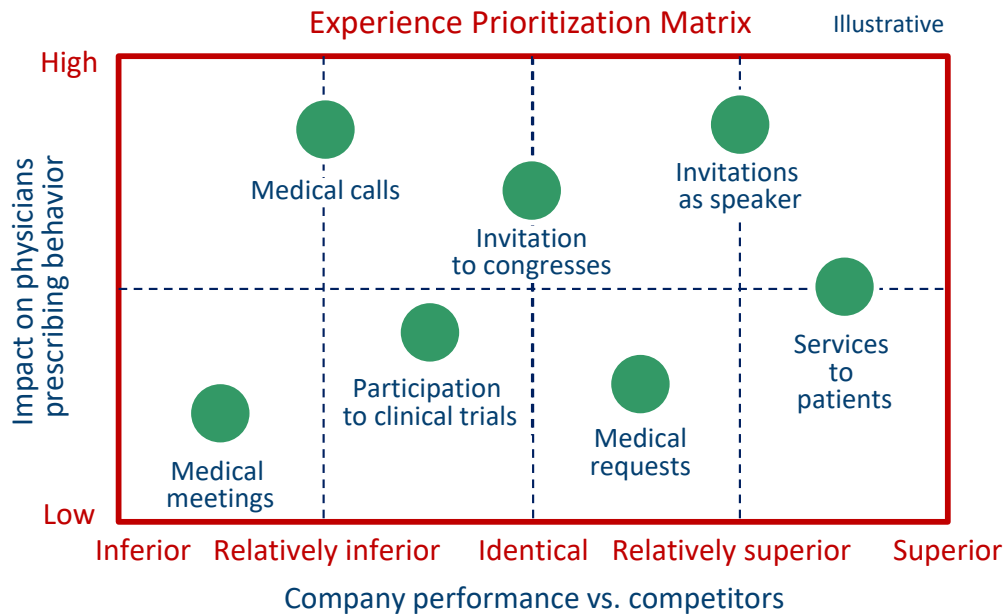
The redesign of journeys should have an important impact on the physician’s prescription and offer opportunities for significant improvements

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (4/10)

Physician journey mapping – In practice (2/2)

- The following matrix can be used to select the journeys that should be redesigned – in priority – to improve physicians’ experience



- The two recommended criteria to be considered are:
 - The journeys having most impact on physician’s prescription, beyond the attributes of the product
 - The performance of the pharma company
- The performance should be evaluated in comparison with competitors, because the objective is to offer physicians a greater experience than competitors do
- The feasibility (organizational, technical, financial, legal, etc.) should also be considered for prioritization
- The matrix can be used by physician or groups of physicians, knowing that results can vary significantly by individual, by therapeutic area, by country, etc.
- In this illustrative case, “medical calls” and “invitations to congresses” are priorities for redesigning

Medical call experiences are generally considered by physicians as having a limited value, which explains their dissatisfaction and their reluctance to meet medical reps

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (5/10)

Physician journey mapping – Medical call experience (1/2)

Current situation

- Access of medical reps to physicians is declining and calling time reducing
- Physicians do not want to waste time for medical calls (51% say they already know the information shown)¹
- Digital alternatives (i.e., e-mails, text messages, phone calls, webinars) are in general ignored by physicians
- Physicians are ready to give medical reps some time, provided the interaction during the medical call is:
 - Interesting
 - Useful
 - Well-executed
- Physicians want to have a good time

Objective of the journey mapping

- If face-to-face contacts with physicians are expensive² they are also the most effective promotional means to influence the physician's prescription
- In this context, physician medical call experiences should be analyzed to identify the pain points and find solutions to maintain a regular access with them
- These solutions should ensure that during medical calls, physicians:
 - Receive relevant, trustworthy and up-to-date information
 - Are offered useful services (for them or their patients)
 - Have enjoyable interactions

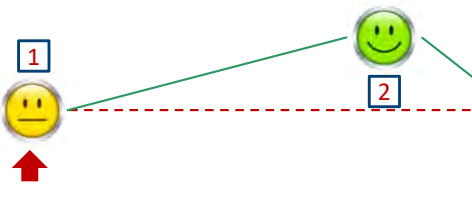
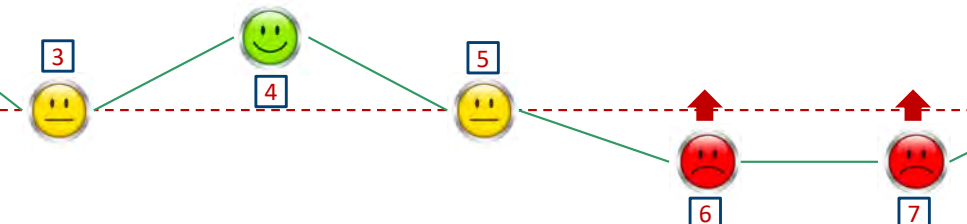
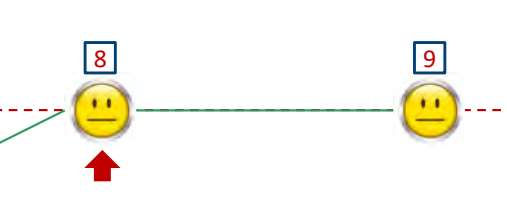
This journey map depicts the medical call made to a physician to identify the pain points and neutral points that represent opportunities of transformation into delight points

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (6/10)

Simplified illustration

Physician journey mapping – Medical call experience (2/2)

	Pre-call	Call	Post-Call
Touchpoints ¹	<ol style="list-style-type: none"> Next call planning w/ the med rep Call to the med rep to clarify the program of a symposium the physician is considering to attend 	<ol style="list-style-type: none"> Introduction by the med rep who indicates the objective of the call Answer to questions asked to the med rep during previous calls Detailing of the promoted brand by the med rep Questioning by the med rep re. the number of patients under his brand Overall call perceived as too long and not very interesting 	<ol style="list-style-type: none"> Reception of a reprint from the medical department, following a specific demand during the call Reception of an e-mail with a link to a webinar
Emotions ²			
Opportunities	<ol style="list-style-type: none"> Determine, in agreement with the physician, a topic to be covered during the next call to be planned 	<ol style="list-style-type: none"> The physician does not want to be asked by the med rep to prescribe the brand he promotes. Alternative approaches should be implemented to engage the physician to extend his usage of the brand Better manage the call duration and determine what could have made the physician more interested by the content of the call 	<ol style="list-style-type: none"> The process should be rethought so that the physician feels delighted by the way his demand is fulfilled

Sources: Smart Pharma Consulting

¹ Interactions of the physician – ² What does the physician feel and think?

Invitations to congresses are generally viewed by invited physicians as a commodity and therefore, they do not represent a preference driver for the brands, despite the high cost

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (7/10)

Physician journey mapping – Invitation to congress experience (1/2)

Current situation

- The great majority of physicians is interested to attend medical congresses to remain informed about the latest medical progresses and to meet their peers
- For key opinion leaders (KOLs), congresses are an opportunity to present the outputs of their researches
- Their registration, transportation and accommodation costs are in general subsidized by pharma companies
- Most physicians are satisfied to have been invited, but rarely delighted
- They consider this “service” as a commodity; having no preference regarding the company inviting them, and it is not rare that, after a few months, they do not remember by whom they have been invited

Objective of the journey mapping

- Invitations of physicians to congresses represent a significant cost¹ for pharma companies
- Pharma companies inviting physicians to congresses should analyze the overall invitation journey to identify the ways to offer them a positive experience that will be memorable over time
- Physicians want not only a service of quality but also a peace of mind
- The analysis of key touchpoints should enable to identify where to make improvements so that the overall invitation to congress experience is considered as unique and become a source of positive differentiation vs. competitors

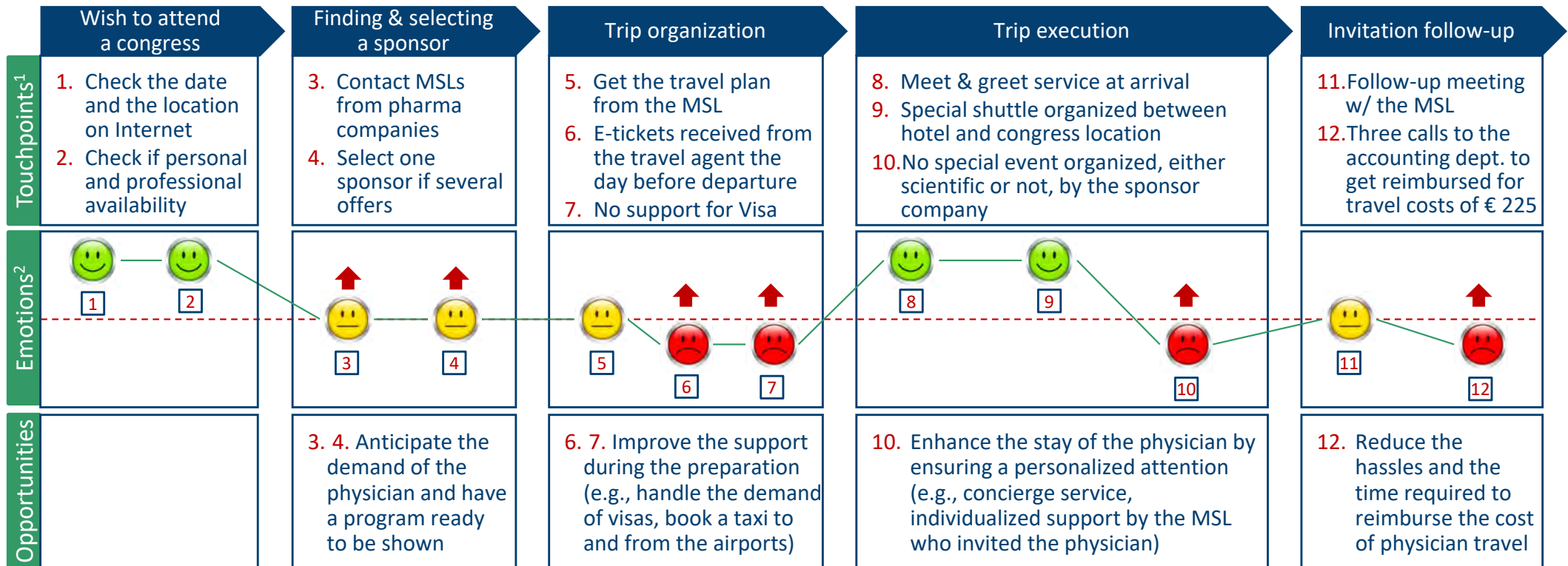
This example of a journey map relative to the invitation of a physician to a congress highlights the key touchpoints that should be redesigned to offer him a unique experience

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (8/10)

Simplified illustration

Physician journey mapping – Invitation to congress experience (2/2)



Sources: Smart Pharma Consulting

¹ Interactions of the physician – ² What does the physician feel and think?

There is no regular interactions between physicians and pharma companies before, during and after the prescription of their brands to a given patient

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (9/10)

Physician journey mapping – Brand experience (1/2)

Current situation

- Physicians looking for information about a brand prefer company-sponsored websites and to a lesser extent face-to-face meetings with medical reps or MSLs
- However, they often complain about the difficulty to have access to the right medical information...
- ... and about the information they consider as:
 - Incomplete
 - Irrelevant
 - Skewed
- Physicians are not in a regular contact with pharma companies before, during and after they have prescribed their brand

Objective of the journey mapping

- Determine the information physicians need to get to feel comfortable prescribing the marketed brand
- Facilitate access of physicians to reliable and well-structured information about the brand attributes and its prescribing conditions (i.e., indications, patient profile, contra-indications, side effects, dosage and treatment duration)
- Encourage physicians to share with medical departments of pharma companies the experience of patients treated by the brand
- Thus, the company marketing the brand will be able to send information and/or give advice to physicians to enhance their patient experience under the brand

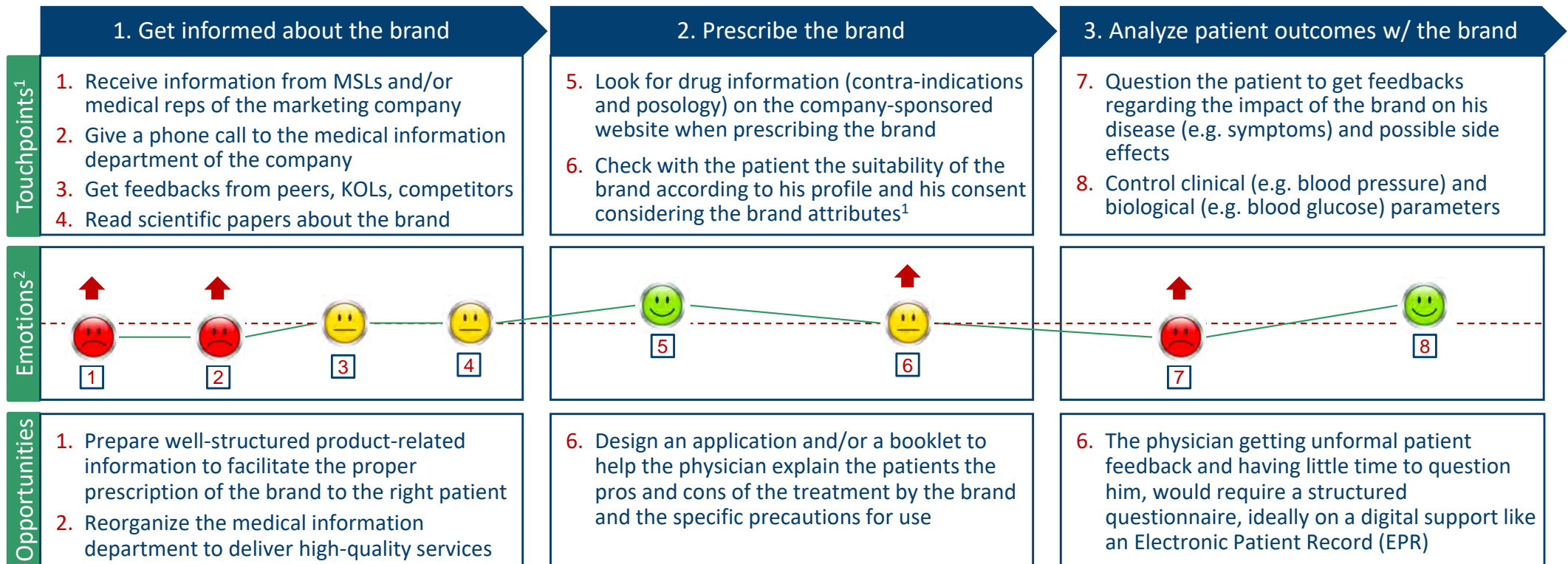
The journey map of a Physician Experience relative to the prescription of a brand may help discover touchpoints for which improvements could be proposed

4. The Smart Physician Experience Model – Approach

2 Physician Experience Analysis (10/10)

Simplified illustration

Physician journey mapping – Brand experience (2/2)



Sources: Smart Pharma Consulting

¹ Such as the most serious and common side effects, the mode of administration (injectable), the frequency of administration

The way services are delivered is more important than the service itself,
knowing that emotions shape the attitudes which drive decisions

4. The Smart Physician Experience Model – Approach

3 Physician Experience Design (1/2)

Physician Experience design to leave an enjoyable footprint

- The design of Physician Experience refers to the creation of a sequence of touchpoints which are concrete and controllable elements that can be identified, crafted and integrated
- While designing or redesigning a Physician Experience journey, pharma companies should aim to deliver at each touchpoint:
 - Better interactions
 - Integrated and coherent experiences
- The level of customization and the breath of offering should be defined and adjusted by individual physician
- A Physician Experience plan should be elaborated and integrated to each brand plan, ensuring it supports the brand, efficiently
- The challenge is to create an emotional connection with physicians at touchpoints by:
 - Addressing pain points
 - Creating good content that will meet their needs and lead to positive feelings about the brand
 - Empowering physician-facing collaborators

Zappos story

A customer was late on returning a pair of shoes due to her mother passing away. When Zappos found out what happened, it took care of the return shipping and had a courier pick up the shoes without cost. The next day, the customer received at home a bouquet of flowers with a note from the Zappos customer service team who sent their condolences


The initiatives designed to enhance the experience of individual physician should remove hassles and offer delightful interactions

4. The Smart Physician Experience Model – Approach

3 Physician Experience Design (2/2)

Physician Experience Card

- The Physician Experience Card formalizes a specific action plan, for each individual physician, to enhance his experience with the company, its products and services
- To do so, the key learnings from individual Physician¹ and from the mapping of his journeys will be used
- To select the touchpoints of the journeys that should be redesigned, it is important to categorize each of them:
 - The “musts” are essential to meet physician basic expectations
 - The “pluses” lead to physician preference because there are particularly useful and well executed
 - The “minuses” lead to physician negative feelings and possibly behavior due to poor experience
- It is recommended to focus on touchpoints having the most important impact on the physician experience and that are the easiest to enhance



Physician Experience Card

Illustrative

- Name:-----
- Medical degree:-----
- Workplace:-----
- Medical position :-----

Physician journey mapping – Medical call experience²

Pre-call

Call

Post-Call

1. Define for each medical call a preset agenda likely to interest to physician and thus offering him a better experience
6. Train the med rep to probe the physician about his practice and to engage him in a more subtle manner to avoid to annoy him

Physician journey mapping – Invitation to Congress Experience³

Wish to attend a congress

Finding & selecting a sponsor

Trip organization

Trip execution

Invitation follow-up

6. 7. Agree with a travel agent to deliver “VIP-like” personalized services, while complying with regulations and internal rules
10. Propose the physician to participate to a unique event (e.g., meeting with the top international KOL) during the congress
12. The MSL will inform the physician that it takes, on average, two months to get his travel expenses reimbursed, but that he does not have to worry and that will do the follow up himself

Sources: Smart Pharma Consulting

¹ As gathered in the Physician ID Card – ² See illustration p.24 – ³ See illustration p.26

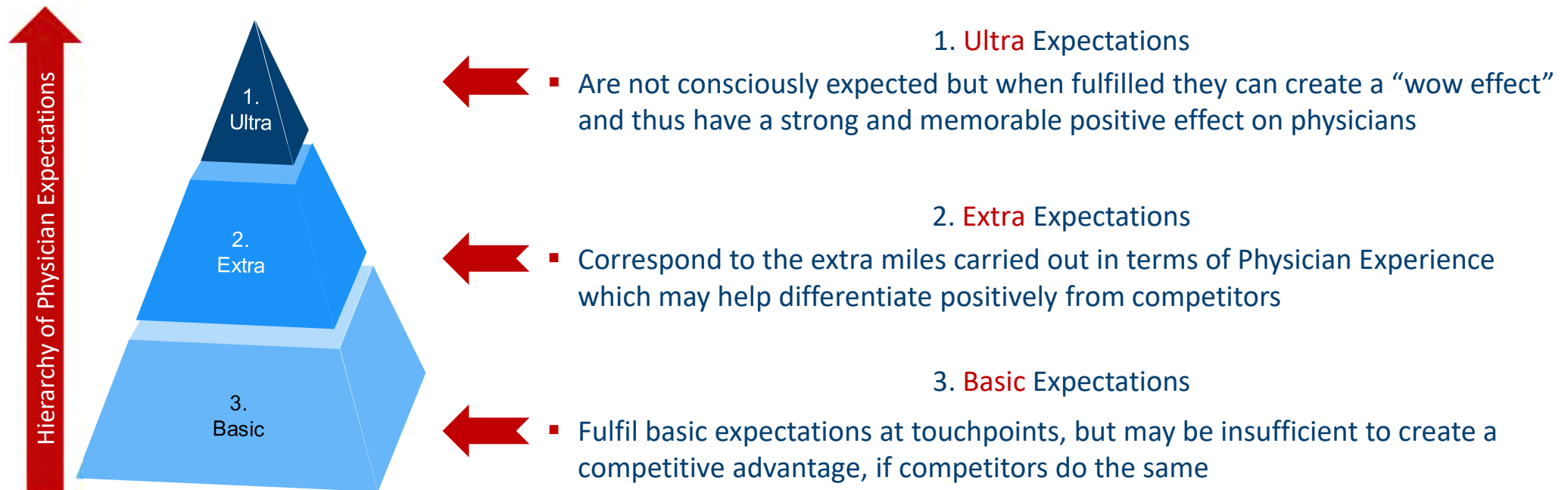
Physician Experience delivery must attempt to create delight by adding positive and memorable emotions at each touchpoint to strengthen physician preference

4. The Smart Physician Experience Model – Approach

④ Physician Experience Delivery (1/2)

Excellence in execution (1/2)

- Outstanding Physician Experience requires to define the best way to manage each touchpoint with the company, its brands and services to exceed physician expectations, and even to delight him



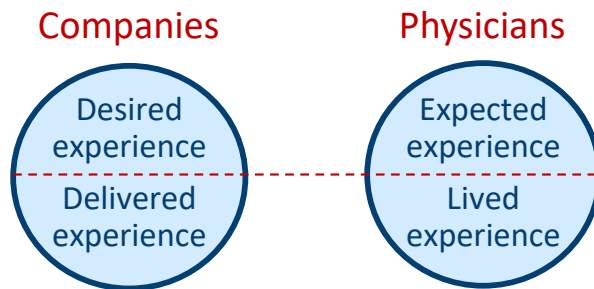
Delivering outstanding experience requires to meet or exceed physician expectation, the promised value proposition and a particularly positive emotion

4. The Smart Physician Experience Model – Approach

4 Physician Experience Delivery (2/2)

Excellence in execution (2/2)

- To deliver excellent Physician Experience, pharma companies must develop an intimate understanding of physician journeys and mindsets; and craft accordingly an adjusted value proposition
- The challenge is to deliver consistently a great experience, as Apple or Virgin companies do
- In a study carried out by Bain & Company, 80% of companies think they deliver a customer experience while 8% of customers feel they live a customer experience¹
- The experience designed and delivered by pharma companies should be as close as possible to the experience expected and lived by each physician
- To guarantee the excellence in the experience delivery², pharma companies should comply with the following key principles:
 - Offering unmatched Physician Experience should be a core value and ...
 - Integrated in the brand strategy and its corresponding tactics
 - The entire organization should be designed to ensure an optimal delivery of Physician Experience
 - All employees should be engaged and passionate to deliver superior Physician Experience



Sources: Smart Pharma Consulting

¹ "What it takes to win with customer experience" by T. Springer, Bain & Company (2011) – ² See our position paper "Excellence in Execution" published in 2019 and available on our website

Measuring Physician Experience is essential to evaluate the pharma company, its brands and related services; and fill potential gaps

4. The Smart Physician Experience Model – Approach

5 Physician Experience Measurement (1/4)

Key points

- Measuring Physician Experience is essential to evaluate the pharma company, its brands and related services proposed, compared to competitors
- Physicians' feedback should be captured in real time, or at least soon after the moment of truth
- These information being evolutive, it is essential to organize permanent data gathering...
- ... and to regularly control their quality (reliability and specificity)
- Surveys and focus groups can be carried out, but will give a surface view of the opinion, emotion and behavior of physicians
- To uncover deeper insights, ethnographic¹ methods will be more appropriate to identify the pain points of the key physician journeys that should be addressed
- One should focus on measuring data that will give insights on Physician Experience with metrics such as:
 - The Brand Preference Mix Index (BPMI)
 - The Net Promoter Score (NPS)
 - The Customer Satisfaction Score (CSAT)
 - The Customer Effort Score (CES)
- These different metrics can be combined to measure the quality of execution of the different interactions / experiences between the physician and the company

“If you cannot measure it, you cannot improve it”

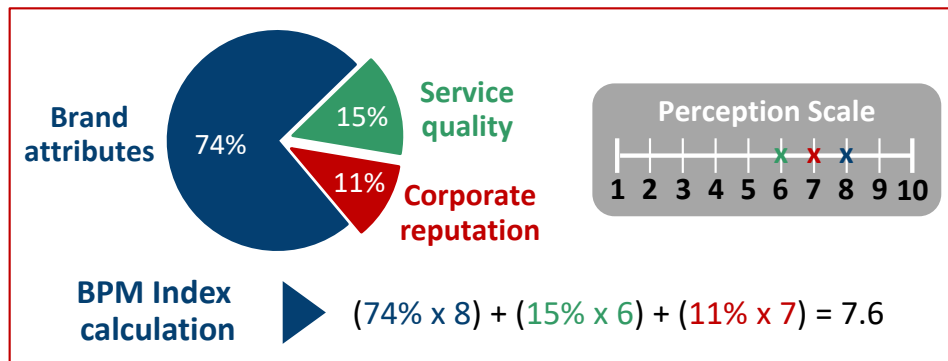
The Brand Preference Mix Index makes it possible to measure the evolution of individual Physician Experience compared to competitors at a given point of time and overtime

4. The Smart Physician Experience Model – Approach

5 Physician Experience Measurement (2/4)

Brand Preference Mix Index (BPMI)

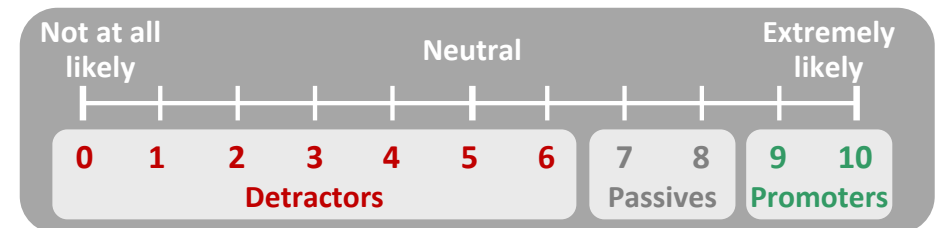
- The BPMI measures, physician by physician:
 - The importance of the 3 components of the BPM
 - His perception of each of them on a 10-point scale



- The BPMI enables to determine:
 - The root-causes underlying the commitment of physicians for a brand
 - Actions to strengthen his attachment to the brand

Net Promoter Score (NPS)

- The NPS measures the degree to which physicians 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 physician 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

Sources: Smart Pharma Consulting – “The One Number You Need to Grow”, F. F. Reichheld, HBR, December 2003

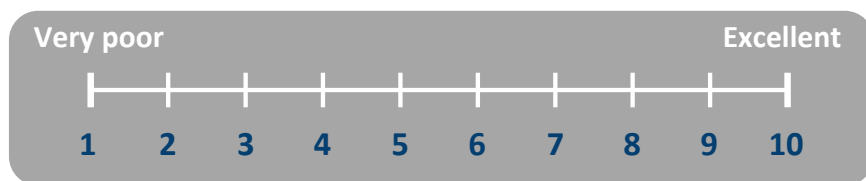
The main advantage of the CSAT is to be easy-to-implement and of the CES is to be predictive of the customer loyalty behavior

4. The Smart Physician Experience Model – Approach

5 Physician Experience Measurement (3/4)

Customer Satisfaction Score (CSAT)

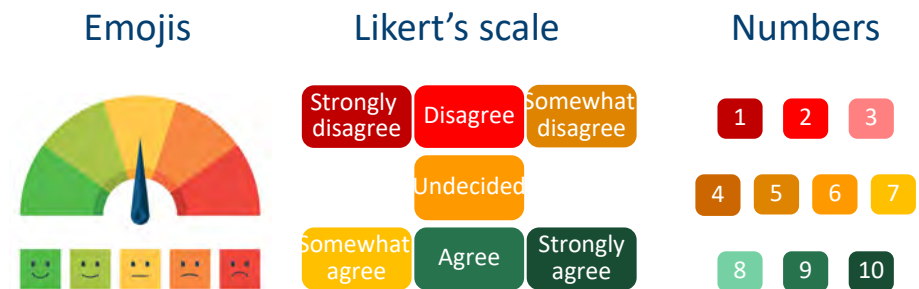
- The Customer Satisfaction Score measures how satisfied a physician is with a recent interaction on a rating scale
- This experience metric is used to measure directly the physician satisfaction level by asking him how was his experience on a 5-, 7- or 10-point scale



- CSAT surveys can be carried out to evaluate the perception of a physician regarding a global experience (e.g., attendance to a congress) or a specific touchpoint (e.g., invitation proposed by the MSL)

Customer Effort Score (CES)

- The Customer Effort Score (CES) measures the ease of interactions with a product, a service, a company
- It helps uncover and address concrete pain points
- The CES has shown to outperform CSAT and NPS in predicting loyalty behavior
- The CES is measured by asking questions like:
 - “How easy was it to handle your request?”
- It can be scored on a 5-, 7- or 10-point scale, using:



Sources: Smart Pharma Consulting – <https://www.retently.com/blog/customer-satisfaction-metrics/> – “Stop Trying to Delight your Customers” by Matthew Dixon et al., HBR (2010)

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

4. The Smart Physician Experience Model – Approach

5 Physician Experience Measurement (4/4)

BPMI

(Brand Preference Mix Index)

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

NPS

(Net Promoter Score)

- The NPS focuses on overall experiences
- It is a long-term satisfaction metric
- It measures how many physicians are likely to advocate the brand

CSAT

(Customer Satisfaction Score)

- The CSAT is adaptable² to the context of the survey
- It is easy to implement
- CSAT results can be compared to competitors ones

CES

(Customer Effort Score)

- The CES focuses on specific interactions
- It gives actionable data to reduce the efforts
- The “effort” is a strong predictor of future physician behavior

Pros

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, CSAT and CES

- 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

- It reflects short-term physician sentiment
- “Satisfaction” is a very subjective and evolving feeling
- Satisfaction does not correlate with loyalty

- CES does not give the reasons why efforts are either high or low
- It misses information about overall physician satisfaction re. the brand, the company and the services

Sources: Smart Pharma Consulting

¹ They do not necessarily reflect the really of the customers behavior. One customer can evaluate a brand with a “8” and talk positively about a product and another one with a “10” may not talk about the brand, either positively or negatively –² Type and number of questions, indicators like scales, stars or emojis

The organization should be designed based on an “outside-in” view of Physician Experience to ensure a consistency in the quality of interactions along the key journeys

4. The Smart Physician Experience Model – Approach

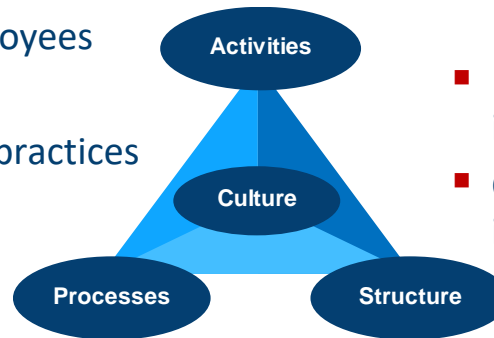
Physician Experience Organization Design

Culture

- Nurture a culture of superior Physician Experience
- Develop a powerful vision to connect¹ employees
- Install a participative culture²
- Encourage creativity, experiment and best practices sharing to enhance Physician Experience

Processes

- Put in place a continuous and cross-department feedback system to capture physician emotions at touchpoints during their key journeys
- Physician journeys being cross-functional, all functions need to work together³ to collect insights and redesign enhanced interactions to delight physicians
- Design simple and easy processes for physicians to benefit from services offered by the company



Activities

- Focus on activities that best support the Physician Experience strategy
- Develop the hard and soft skills of collaborators involved in delivering high quality experiences
- Carefully plan and monitor the execution of key interactions with Physicians

Structure

- Design an agile structure that can be adjusted to better fulfil or exceed physician expectations
- Set up flat and lean organizational chart, around physicians, to favor reactivity and pro-activity
- Having a shared platform with qualitative and quantitative insights, regarding physicians’ opinion, behavior and emotion is a must to deliver unique –second to none - experience

Sources: Smart Pharma Consulting

¹ Set clear performance expectations, hold them accountable, give them regular feedbacks, reward their performance, share outcomes, etc. –² Solicit ideas and inputs, listen to people, select and implement their most appropriate suggestions to improve Physician Experiences –³ Medical affairs, marketing, sales, market access, digital, compliance, etc.

A superior valued-added experience leads to physicians' preference over competitors offer but requires to recruit talented and passionate people to offer moments of exception

5. Conclusion

Key Success Factors to Deliver Awesome Physician Experience

Vision & Ambition

Vision and ambition regarding Physician Experience should be set by the CEO and shared with all collaborators

Strategy

- The strategy should be crafted to consistently meet or even exceed physicians' expectations across their journeys
- Greater Physician Experience creates stronger engagement, positive opinion and thus enhance brand preference
- To get preferred by physicians, compelling stories and experiences must be delivered with strong contents through conventional and digital channels, in a coordinated manner

Tactics

- Mapping journeys helps select the most important ones, i.e., those influencing the most physician's prescription
- Journey maps are essential to develop actions based on individual physician emotion, opinion and behavior
- Physician Experience is not limited to one-to-one interactions with in-field collaborators, it includes also office-based collaborators, and digital interactions

Organization

- Physician Experience is a holistic approach requiring the engagement of everyone from the company
- An integrated approach should be designed to ensure the congruence in the messages conveyed and the consistency in the quality of interactions, while making access to proposed services as easy as possible for physicians
- A continuous system should capture Physician Experiences and collaborators be empowered to improve these experiences

Engaging HCPs in Post-Covid-19 Era

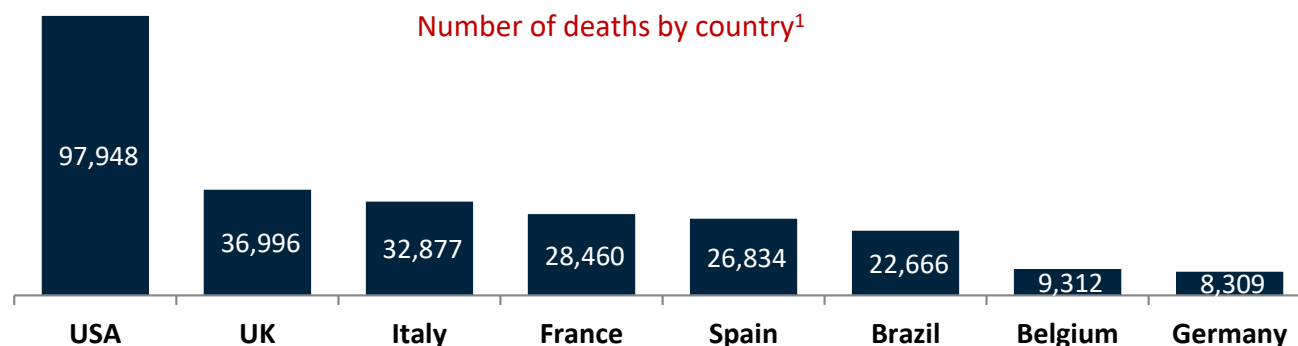
————— BEST-IN-CLASS SERIES —————

Priorities for Pharma Affiliates

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

Introduction

- 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”

Sources: Smart Pharma Consulting after Johns Hopkins University data

¹ As of May 25, 2020

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

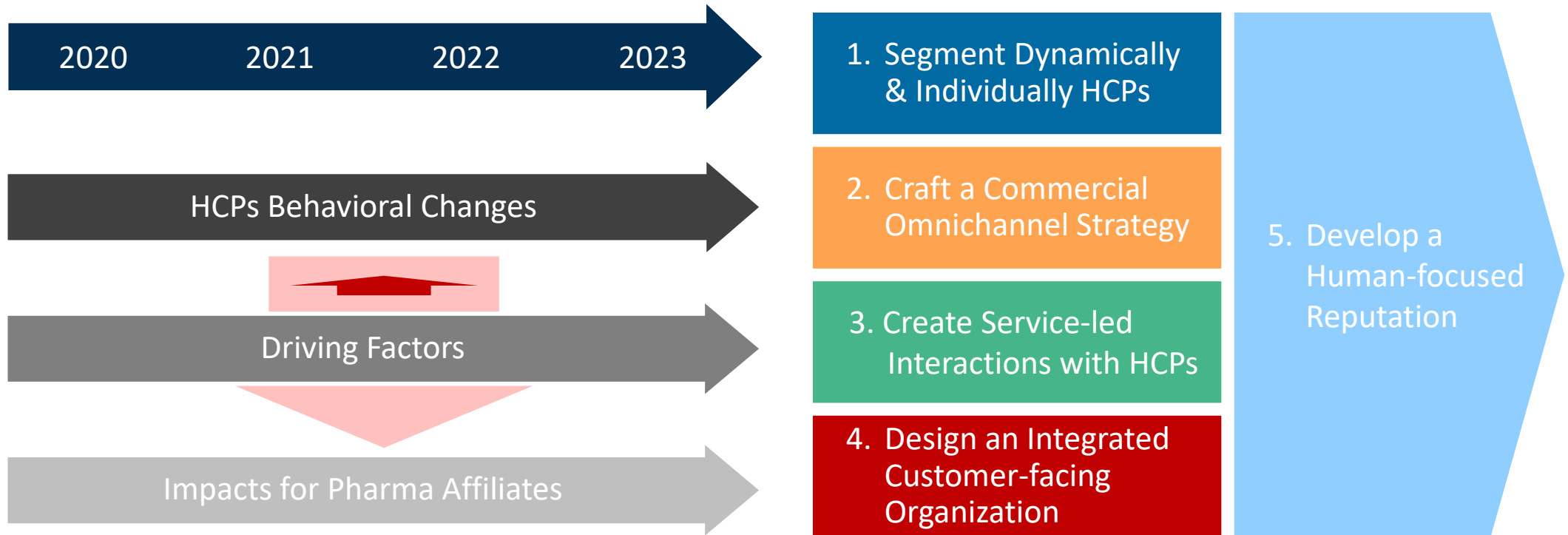
Introduction

– Part 1 –

HCPs Behavioral Changes & Impacts

– Part 2 –

Pre-defined Priorities

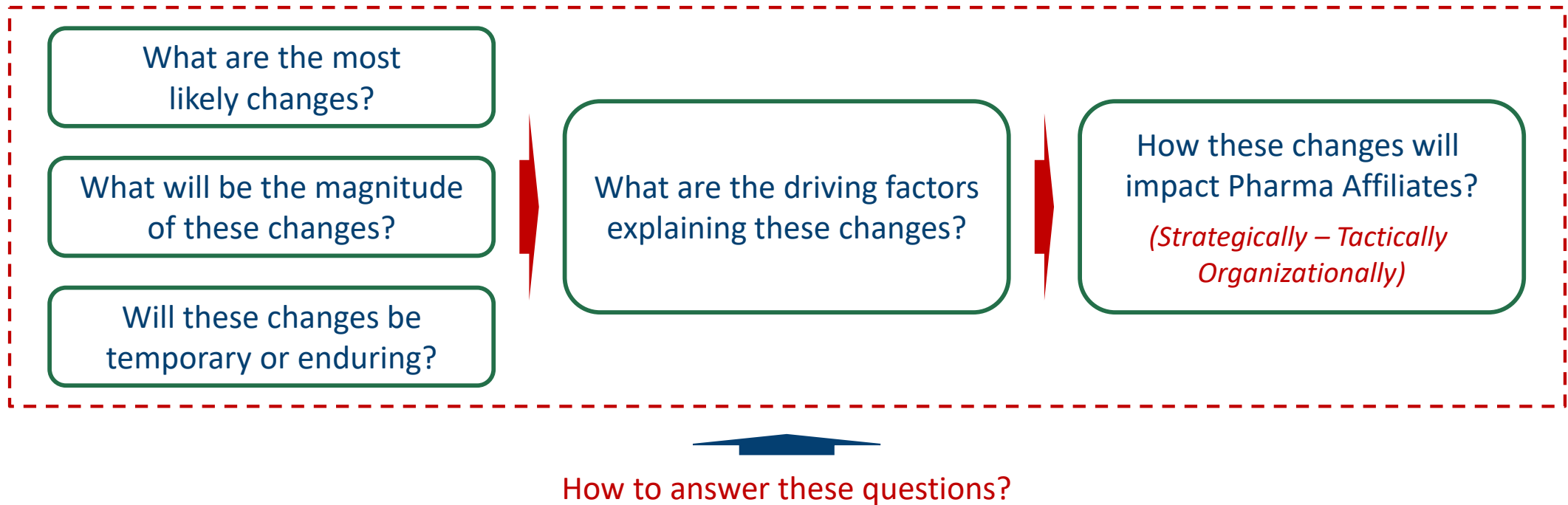


At this stage of the crisis, it is impossible to figure out to which extent HCPs behavior with Pharma Affiliates is going to change, but it is the right time to start investigating

Part 1 – HCPs Behavioral Changes & Implications

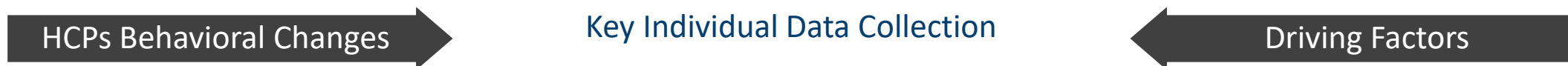
Issues to be addressed

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



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

Part 1 – HCPs Behavioral Changes & Implications



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

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

Part 1 – HCPs Behavioral Changes & Implications

Impacts for Pharma Affiliates

Data Analysis (1/2)

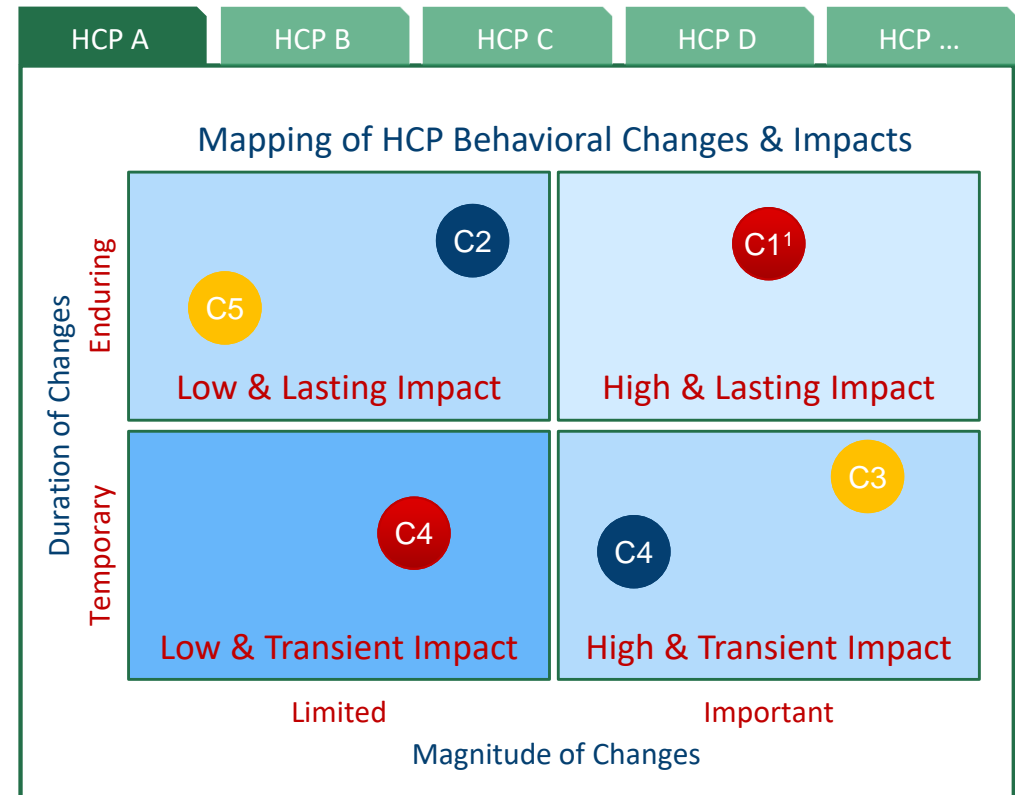
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Sources: Smart Pharma Consulting

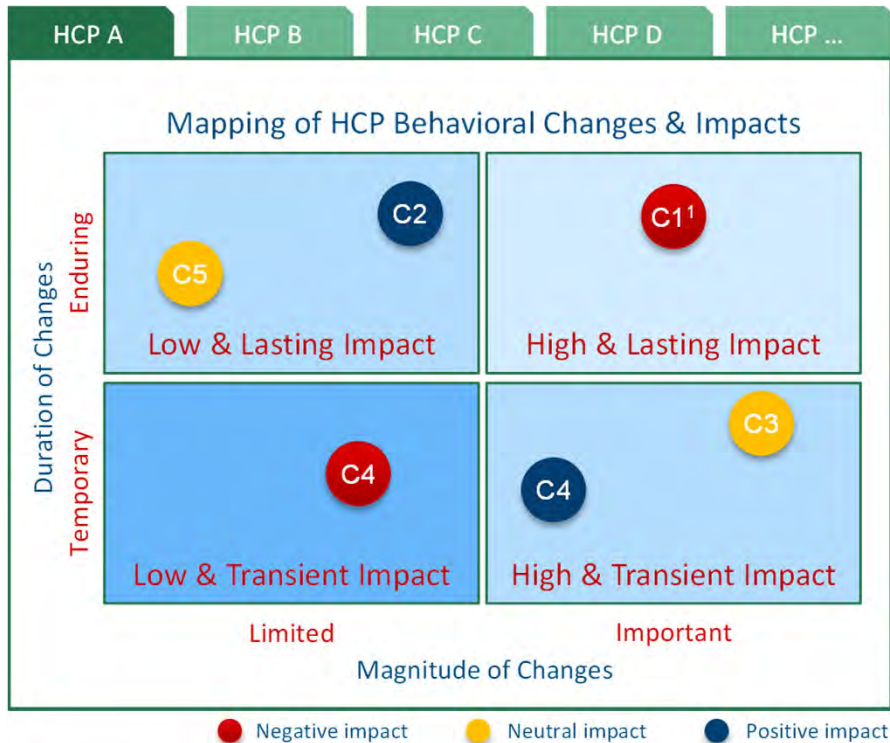
¹ C1: means behavioral change #1

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

Part 1 – HCPs Behavioral Changes & Implications

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

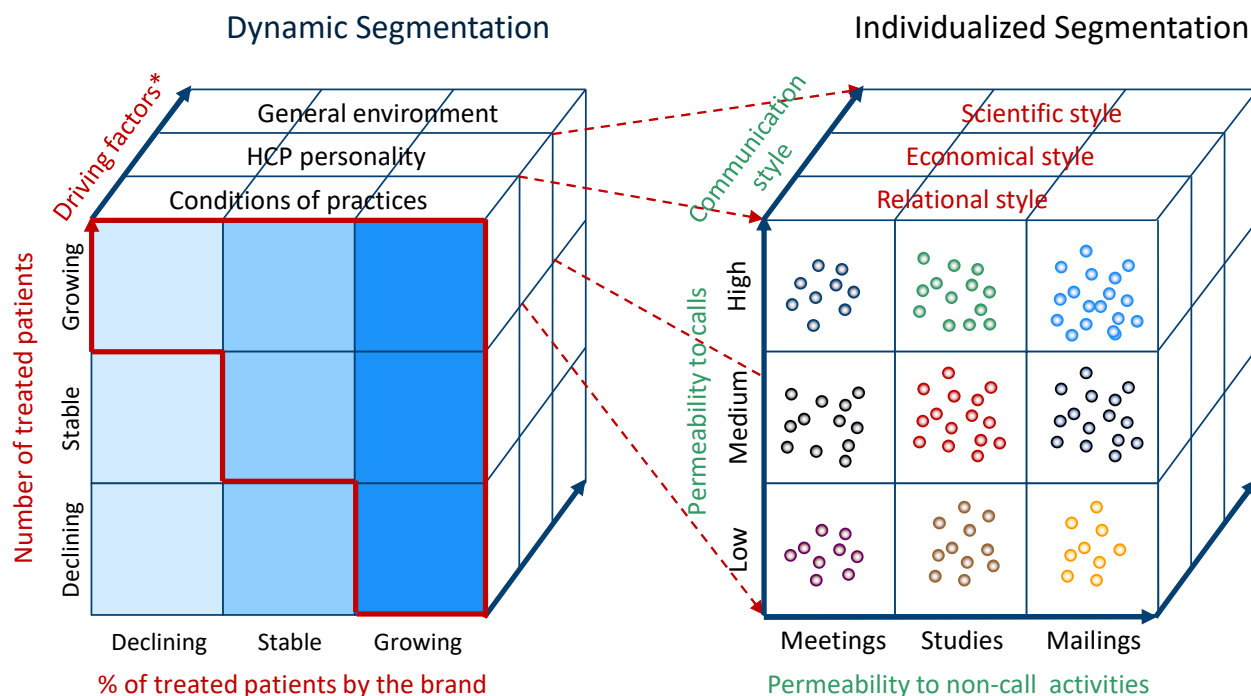
Sources: Smart Pharma Consulting

¹ C1: means behavioral change #1 – ² FTEs and organization chart

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

Part 2 – Pre-defined Priorities

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)

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

Part 2 – Pre-defined Priorities

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

Sources: Smart Pharma Consulting

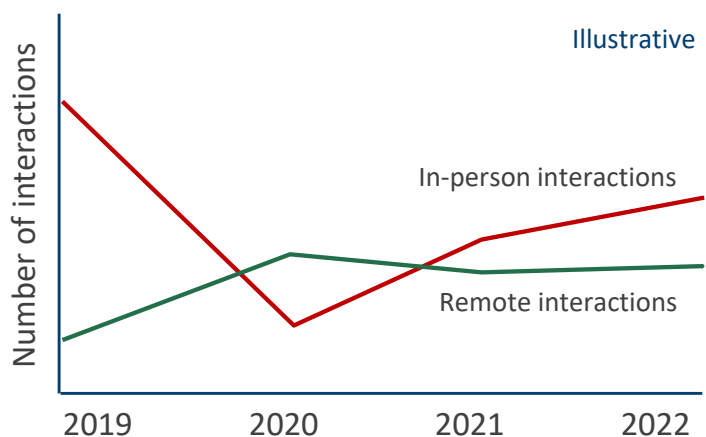
¹ Accessibility and sensitivity – ² MS stands for Market Share or if the HCP is a prescribing physician, it can be replaced by Prescription Share (PS)

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

Part 2 – Pre-defined Priorities

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

Sources: Smart Pharma Consulting

¹ Mainly due to the necessity to grant more time to treat patients and to the low value brought by most of in-field interactions –
² The number of HCPs becoming familiar with digital tools has strongly increased, especially by experiencing teleconsultations during the Covid-19 crisis

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

Part 2 – Pre-defined Priorities

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

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

Part 2 – Pre-defined Priorities

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

Sources: Smart Pharma Consulting

¹ After the Smart Pharma Consulting position paper “Service-led medical Calls to secure Access to Physicians & boost Brand Preference <https://smart-pharma.com/wp-content/uploads/2019/12/Service-led-Medical-Calls-VW.pdf>

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

Part 2 – Pre-defined Priorities

3. Create Service-led Interactions with HCPs¹

The image shows three overlapping survey forms from Smart Pharma Consulting. The top form is titled 'PROGRAMME D'AMELIORATION DE LA QUALITE' and 'QUALITE DU PRODUIT'. It contains questions 5, 6, and 7. Question 5 asks about the degree of importance of the product. Question 6 asks for an evaluation of the product in terms of efficacy, tolerance, and ease of use. Question 7 asks for an evaluation of each dimension. The middle form is titled 'PROGRAMME D'AMELIORATION DE LA QUALITE' and 'SERVICES ASSOCIES AU PRODUIT'. It contains questions 8 and 9. Question 8 asks for an evaluation of services for doctors and patients. Question 9 asks for an evaluation of services compared to competitors. The bottom form is titled 'PROGRAMME D'AMELIORATION DE LA QUALITE' and 'IMAGE LABORATOIRE'. It contains questions 10, 11, 12, and 13. Question 10 asks for recommendations on quality. Question 11 asks for an evaluation of the laboratory's image. Question 12 asks for the importance of the image. Question 13 asks for reasons and actions to improve the image. Each form includes a date field, checkboxes, and a 10-point scale.

- 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

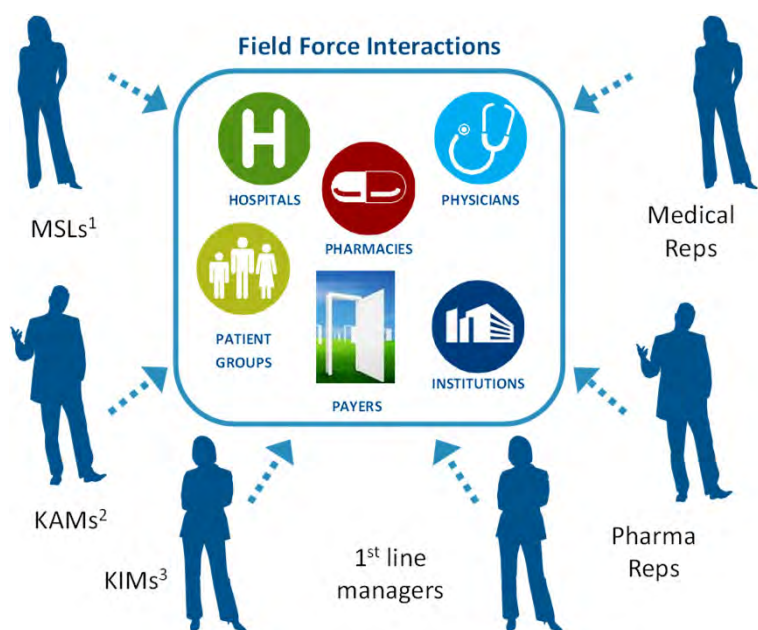
Sources: Smart Pharma Consulting

¹ After the Smart Pharma Consulting position paper "Service-led medical Calls to secure Access to Physicians & boost Brand Preference <https://smart-pharma.com/wp-content/uploads/2019/12/Service-led-Medical-Calls-VW.pdf>

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

Part 2 – Pre-defined Priorities

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

The 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

Part 2 – Pre-defined Priorities

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”

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

Part 2 – Pre-defined Priorities

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”

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

3. Key takeaways

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

Omnichannel Strategy in Pharma Marketing

————— BEST-IN-CLASS SERIES —————

in Pharma Marketing

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

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

Introduction

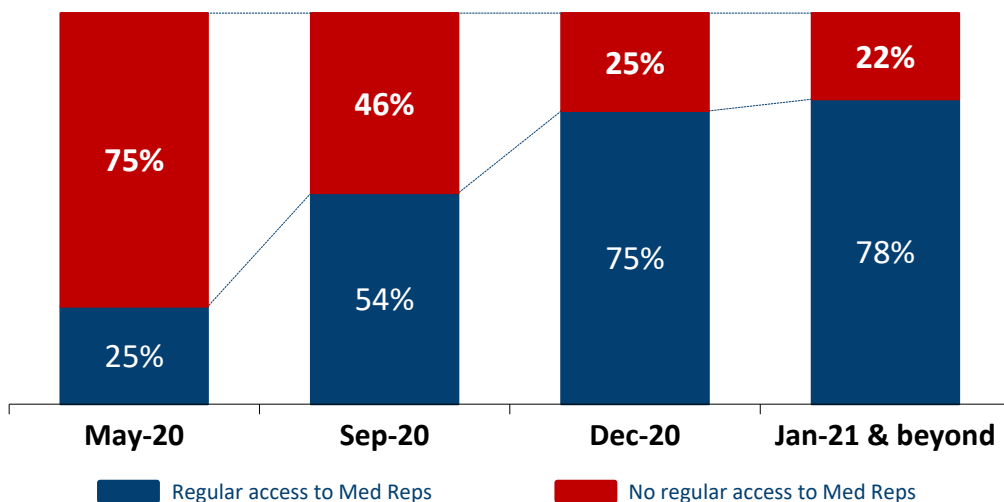
- While multichannel strategy consists in using multiple media (channels) to convey information and messages to customers, omnichannel strategy goes one step further by ensuring an integrated approach
- For so doing, the omnichannel approach inter-relates every channel (unlike multichannel) to provide 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

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.

Access to HCPs

One-year Perspective

% 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

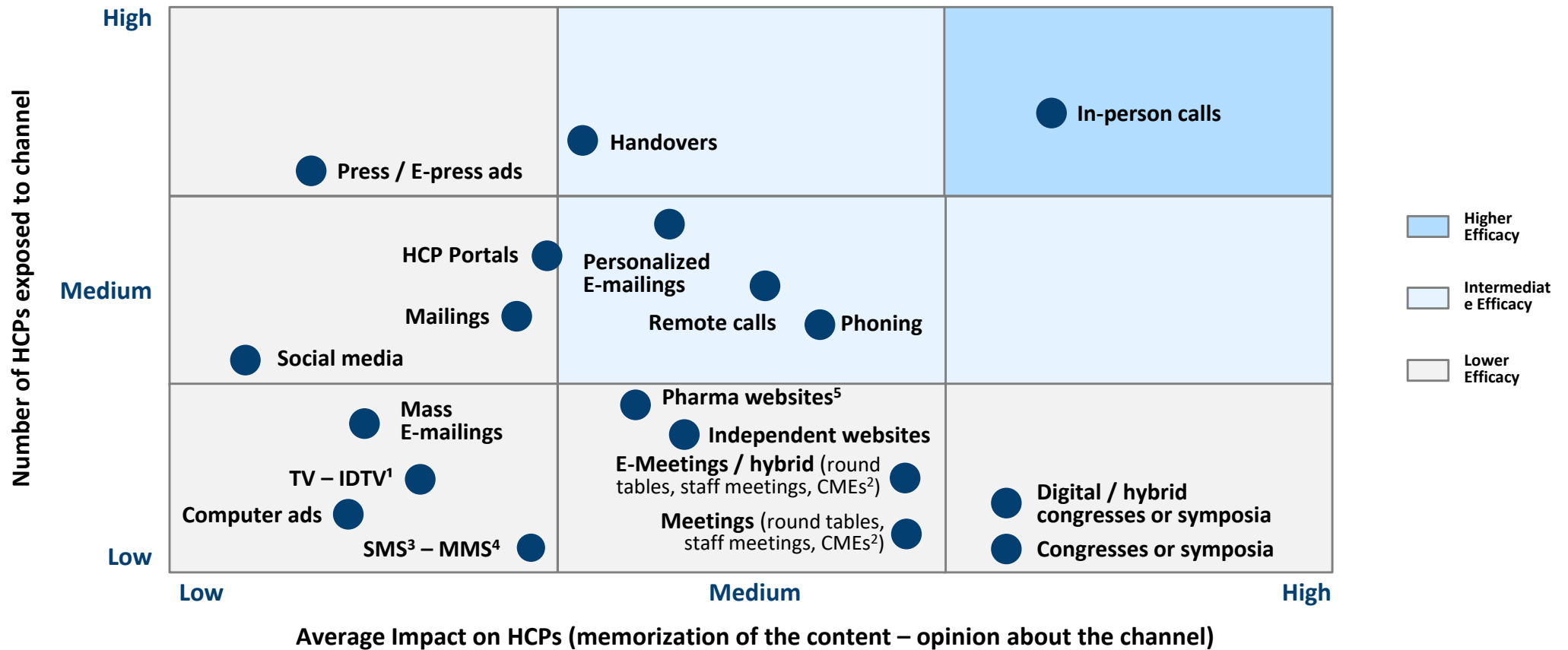
Sources: Survey by McKinsey – Benchmarking study (7 French Affiliates of Pharma companies) and analysis carried out by Smart Pharma Consulting in August and September 2020

¹ The lockdown was imposed in France from March 17 to May 11, 2020

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

Communication Channel Efficacy

Assessment Matrix



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

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

Communication Channel Efficacy

Assessment per Channel (1/2)

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

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

Communication Channel Efficacy

Assessment per Channel (2/2)

Channels	Reach	Impact	Efficacy	Feasibility	Comments
E-meetings / hybrid					<ul style="list-style-type: none"> Peer-to-peer meetings are particularly well appreciated
Meetings					<ul style="list-style-type: none"> Peer-to-peer meetings are particularly well appreciated
Press / E-press					<ul style="list-style-type: none"> Ads to maintain the presence of the brands
HCP Portals					<ul style="list-style-type: none"> Ads or content to maintain the presence of the brands
Mailings					<ul style="list-style-type: none"> More effective than mass e-mailings
Social media					<ul style="list-style-type: none"> Ads or content to maintain the presence of the brands
Mass E-mailings					<ul style="list-style-type: none"> Not attractive for HCPs
TV-IDTV					<ul style="list-style-type: none"> Very limited use
Computer ads					<ul style="list-style-type: none"> Ads to maintain the presence of the brands (banners)
SMS – MMS					<ul style="list-style-type: none"> 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

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

Communication Channel Efficacy

Focus on Remote Calls

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

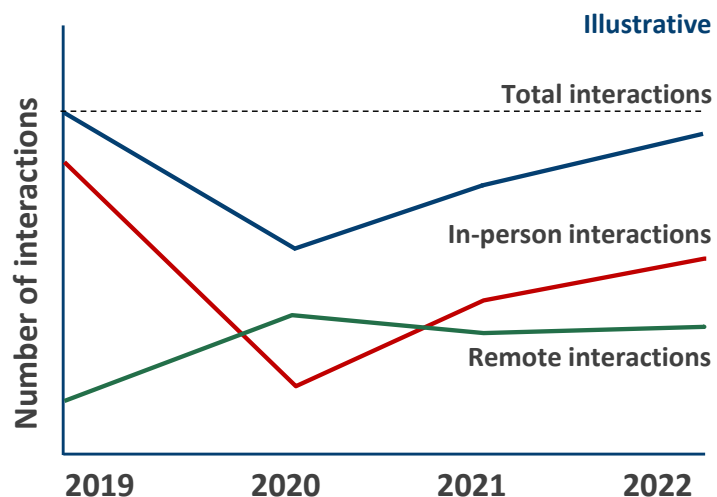
- Make sure the content is attractive enough
- Specifically train Med Reps
- Use remote calls as a complement of in-person calls
- Perform remote calls by internal Med Reps, only
- Keep the call short and crispy to maintain attention
- Include short videos and animations¹

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

Best Practices

Introduction (1/2)

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

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

¹ Mainly due to the necessity to grant more time to treat patients and to the low value brought by most of in-field interactions – ² The number of HCPs becoming familiar with digital tools has strongly increased, especially by experiencing teleconsultations during the Covid-19 crisis

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

Best Practices

Introduction (2/2)

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

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

¹ Key Execution Indicators – ² Key Performance Indicators. See the position paper: <https://smart-pharma.com/wp-content/uploads/2019/07/Smart-Management-Series-KPIs-KEIs-VW.pdf>

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

Best Practices

Channel Sequencing



- 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

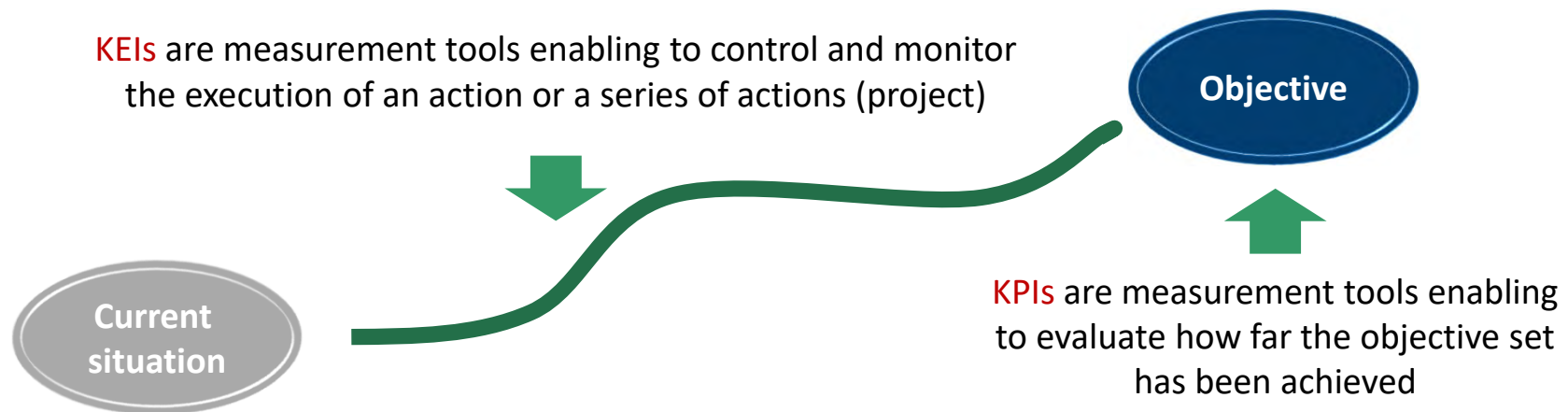
The right sequence across different channels, physical, digital or hybrid, will mainly depend on the content to communicate and the preference of HCPs

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

Best Practices

Execution & Performance Monitoring: Definition

- 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



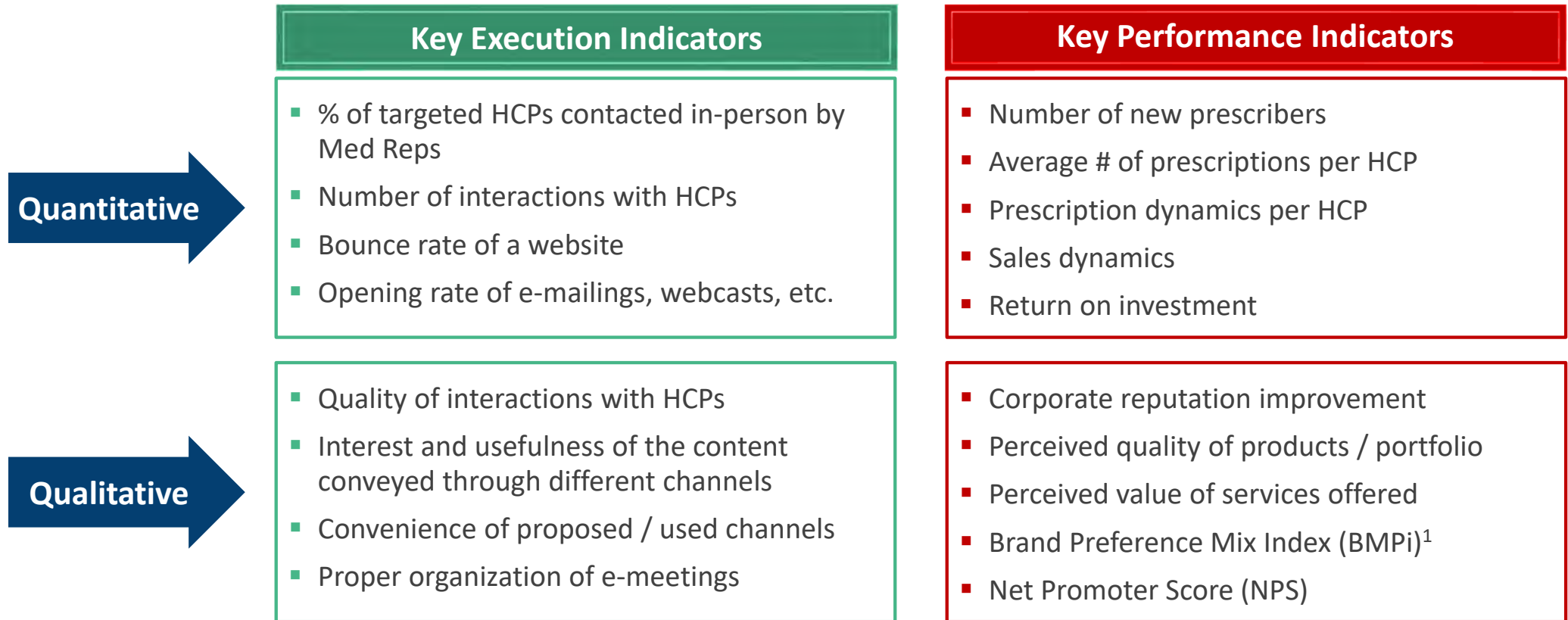
“If you cannot measure it, you cannot improve it”

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

Introduction

Execution & Performance Monitoring: Tools (1/3)

Illustrative



Sources: Smart Pharma Consulting

¹ Corporate reputation x products image x perceived service quality: see Smart Pharma Consulting website

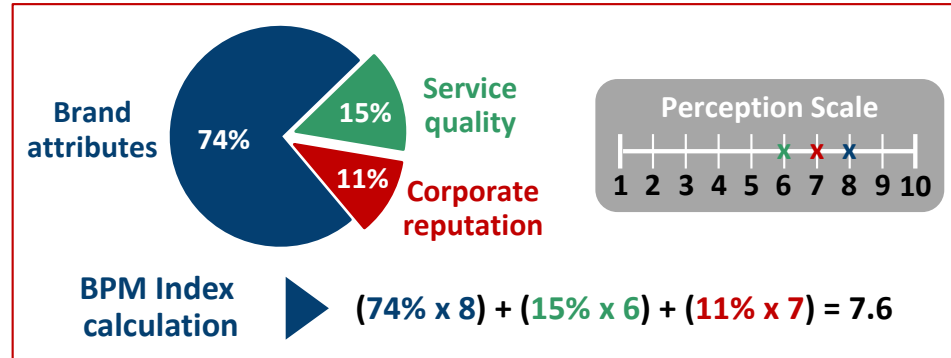
The Brand Preference Mix Index makes it possible to measure the evolution of individual HCPs Experience compared to competitors at a given point of time and overtime

Best Practices

Execution & Performance Monitoring: Tools (2/3)

Brand Preference Mix Index (BPMi)

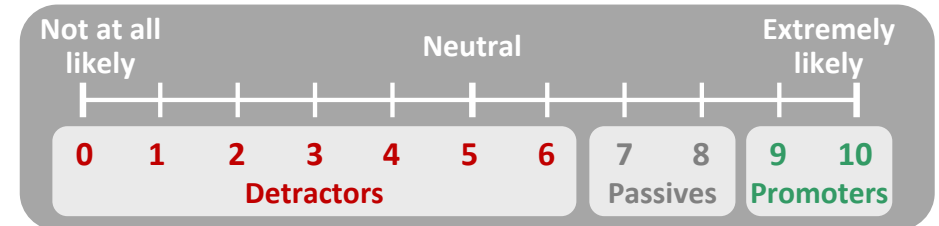
- The BPMi measures, HCP by HCP:
 - The importance of the 3 components of the BPM
 - His perception of each of them on a 10-point scale



- 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

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

Best Practices

Execution & Performance Monitoring: Tools (3/3)

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

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

Best Practices

Execution & Performance Monitoring: Application (1/2)

Illustrative

Channels	Key Execution Indicators		Key Performance Indicators
In-person calls	<ul style="list-style-type: none"> Call duration 		<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.
Phoning	<ul style="list-style-type: none"> # of calls p.a. 		
Remote calls	<ul style="list-style-type: none"> Memorization rate 		
TV-IDTV	<ul style="list-style-type: none"> Satisfaction score 		
Personalized E-mails	<ul style="list-style-type: none"> Opening rate 	<ul style="list-style-type: none"> Churn rate 	
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 	<ul style="list-style-type: none"> # of connected invitees 	
E-meetings / hybrid	<ul style="list-style-type: none"> # of registered invitees 	<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

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

Best Practices

Execution & Performance Monitoring: Application (2/2)

Illustrative

Channels	Key Execution Indicators		Key Performance Indicators
Pharma websites	<ul style="list-style-type: none"> # of visits 		<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
Independent websites	<ul style="list-style-type: none"> Frequency of visits 		
Social media	<ul style="list-style-type: none"> Duration of visits 		
HCP Portals	<ul style="list-style-type: none"> Click rate 		
Computer ads	<ul style="list-style-type: none"> Click rate 		
E-press	<ul style="list-style-type: none"> Reach (# of HCPs exposed to the ad) Frequency (# of times each HCP is exposed) 		<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.
Press	<ul style="list-style-type: none"> Gross Rating Points (GRP) = Reach x Frequency 		
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

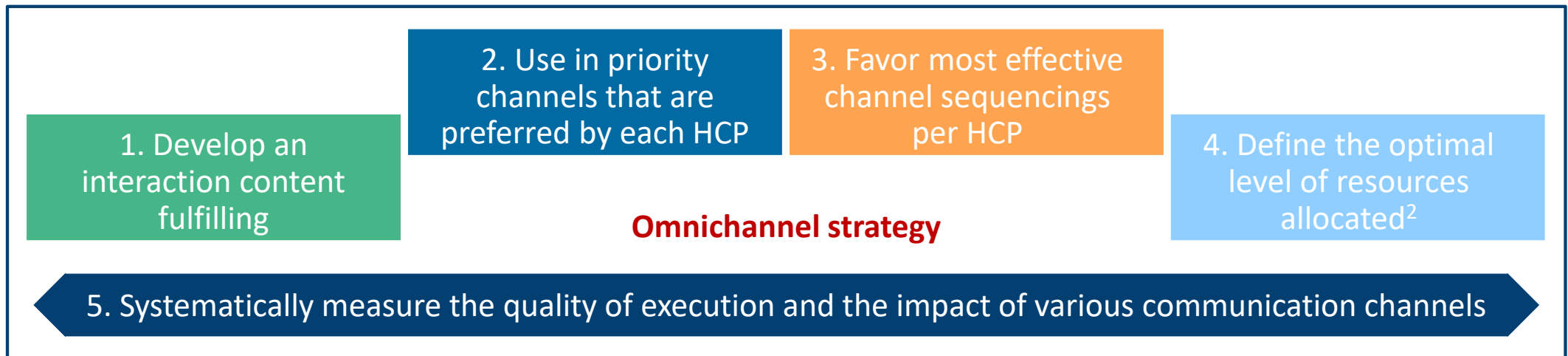
In the Covid-19 context, the omnichannel strategy should be designed to secure an effective level of interactions with HCPs to keep on strengthening their preference for the promoted brands

Best Practices

Recommendations

Long-Term Objective
Strengthen HCPs Preference for brands¹

Short-Term Objective
Maintain an effective level of interactions with HCPs



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

Mature Brands Management

————— BEST-IN-CLASS SERIES —————

Guidelines
to optimize Performance

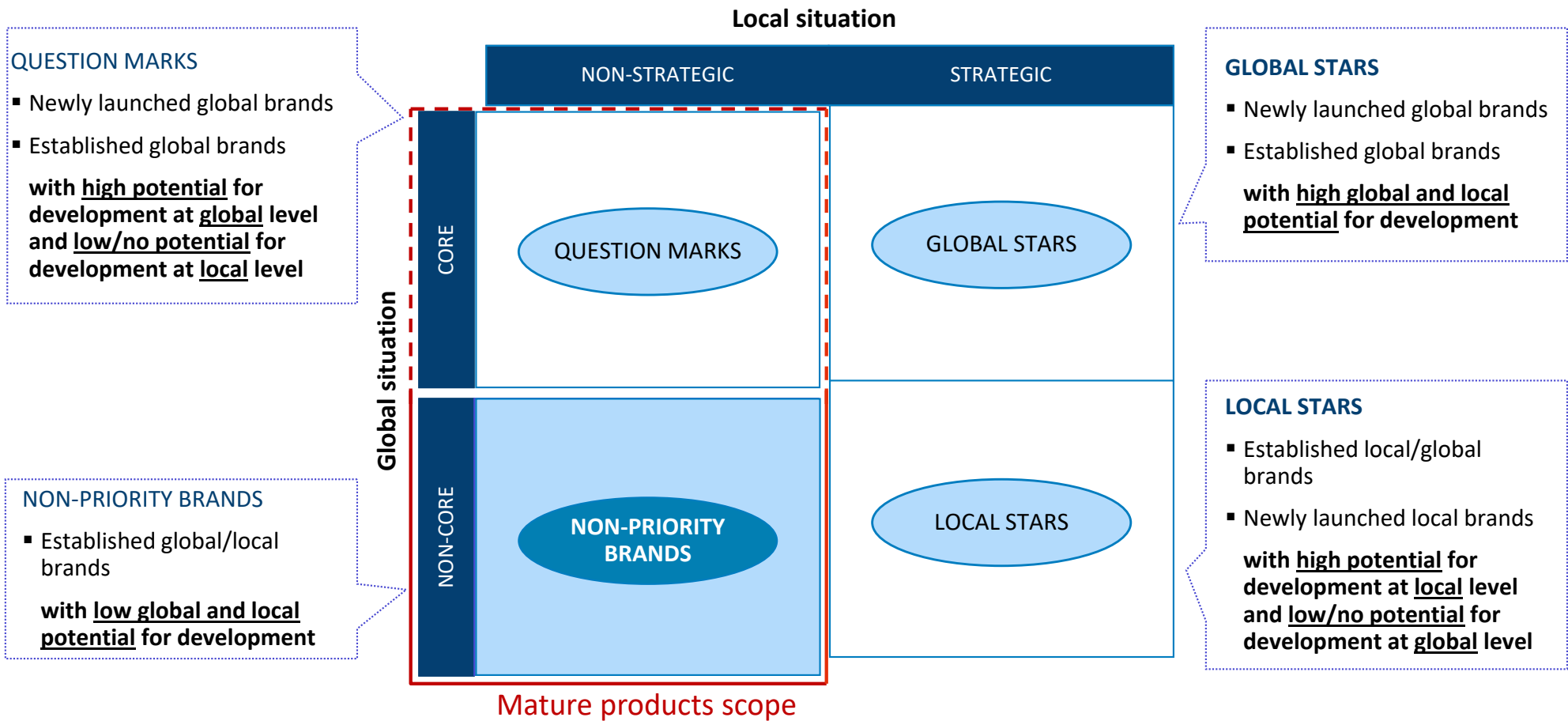
Smart Pharma Consulting has developed its methodology based on desk research, benchmarking studies and own experience to optimize mature brands management

Objective & Approach

- **Mature brands** play an ambiguous role within the portfolio of pharma companies:
 - They show in general **low or negative growths** while...
 - ... providing **high profit contribution**
- **Performance optimization** of mature brands requires to answer the two following questions:
 - What is the **sensitivity** of the brands **to promotional investments**?
 - If sensitive, what are the **optimal investment level** and **mix**?
- To help pharma companies optimize the performance of their mature brands, Smart Pharma Consulting has formalized a **methodology** based on:
 1. Review of **expert reports, articles, position papers** on mature brands management
 2. **Benchmarking** studies
 3. Its own consulting **expertise** and **experience**

Most companies currently limit strategic thinking on mature products to brands with limited local potential, with a special focus on corporate non-core brands

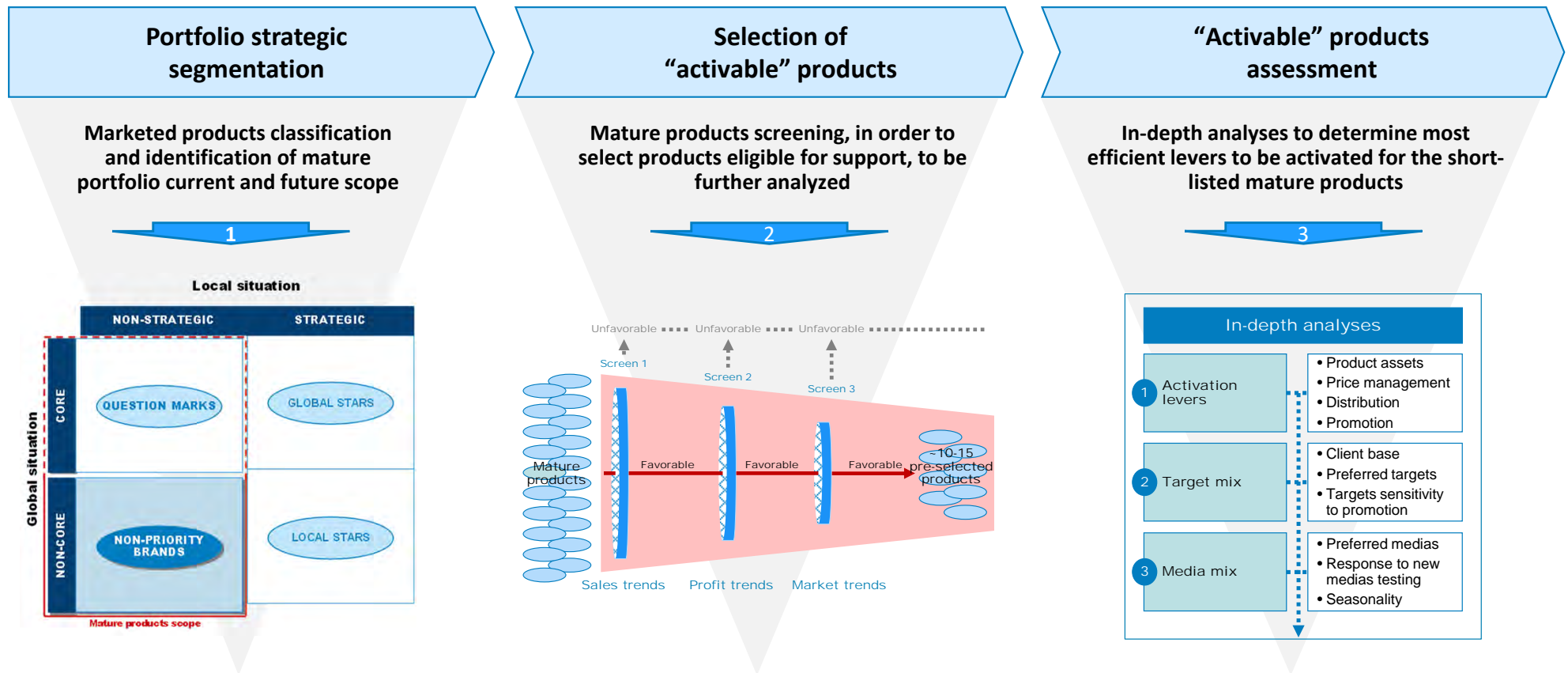
Portfolio strategic matrix



Sources: Smart Pharma Consulting

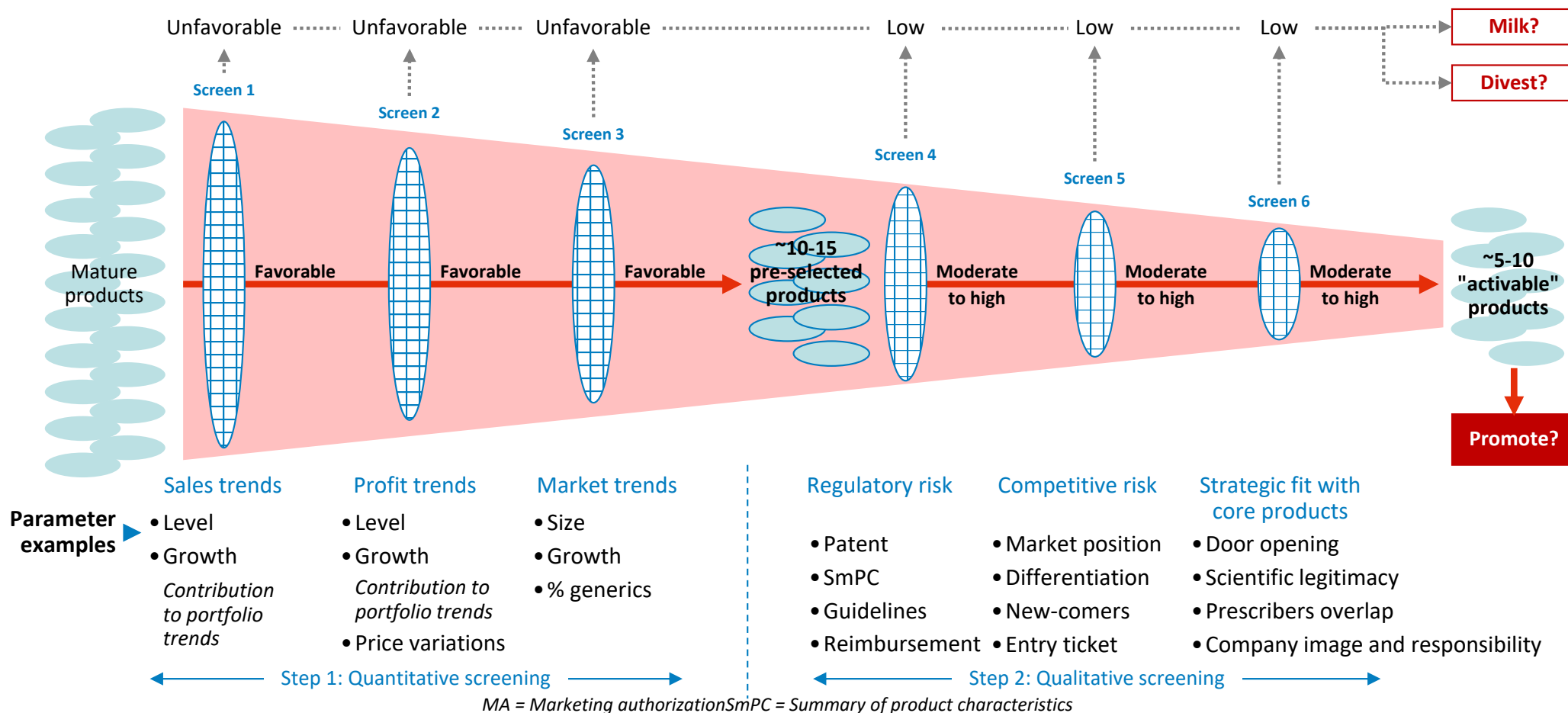
Before selecting “activable” products within mature products portfolio, the screening scope needs to be clearly defined through portfolio segmentation

Portfolio analysis & mature brands optimization process



The selection of "activable" mature products within marketed marketing authorizations (MAs) and "sleeping" MAs of interest can be made through a 2-step screening process

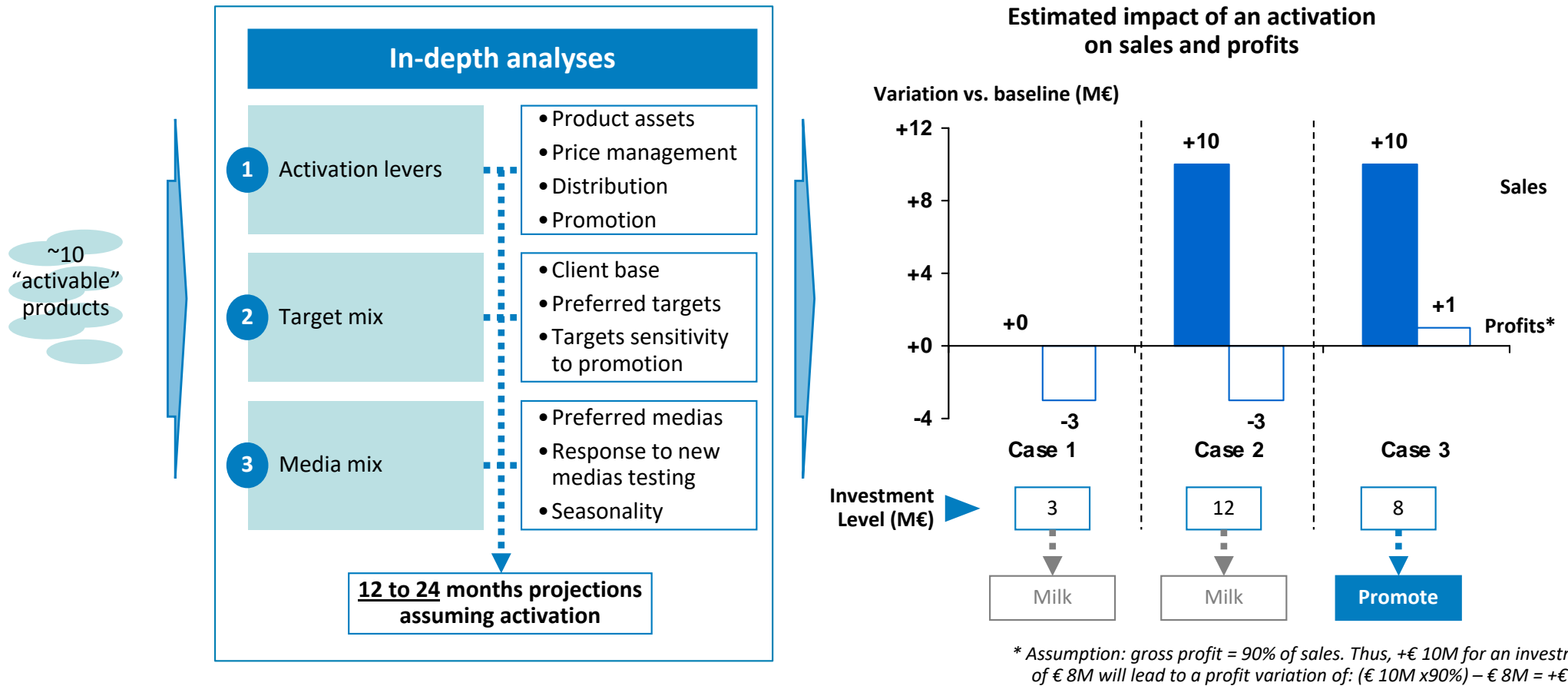
Selection of "activable" mature products



An in-depth analysis of "activable" mature products is then required to determine most efficient levers to activate selected products

"Activable" products assessment

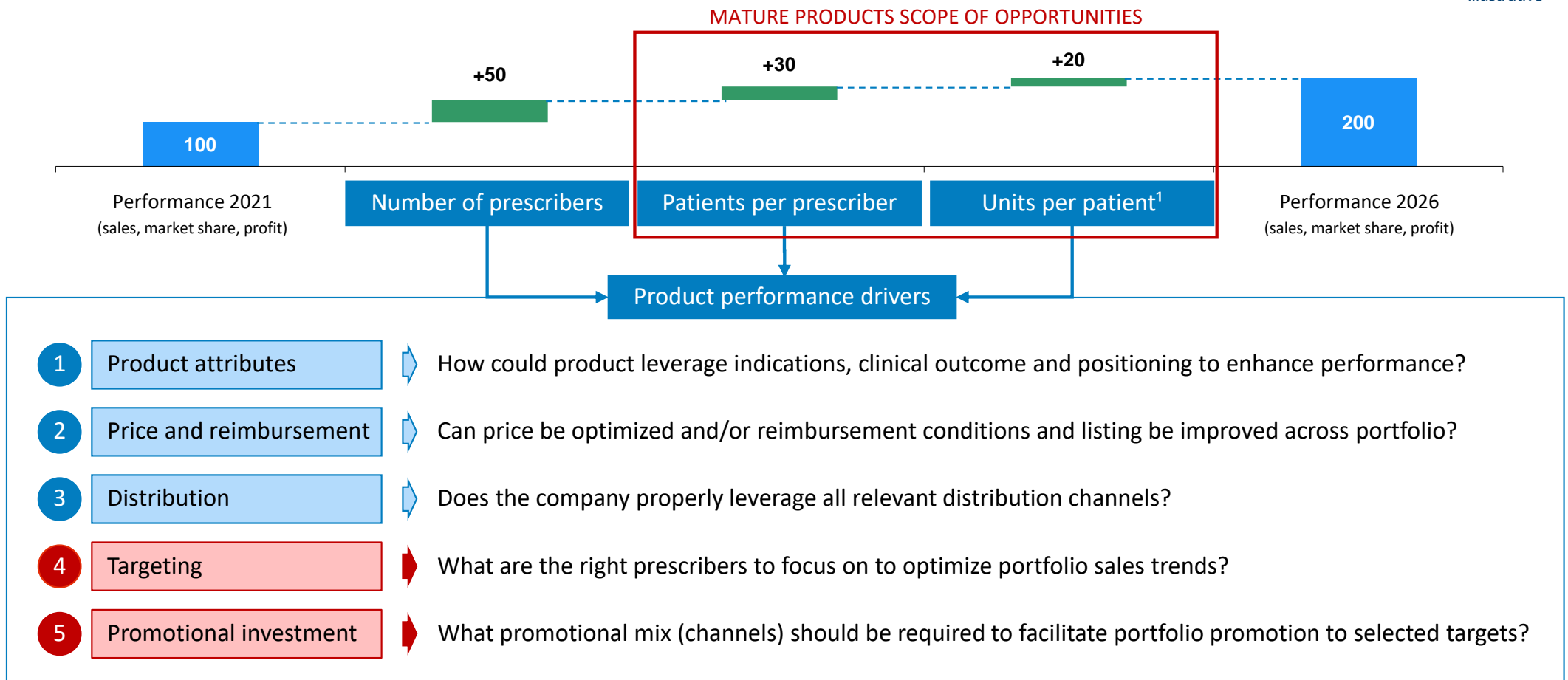
Illustrative



Opportunities usually considered to enhance sales trends at mature products level merely consist in maximizing the prescriptions per prescriber ratio

Product growth levers

Illustrative



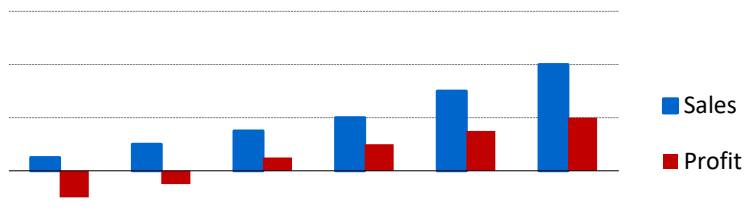
Sources: Smart Pharma Consulting

¹ Inclusive of the dosage, forms, persistency and waste issues

The primary goal of mature products management is to maximize profits, while sales optimization may come as an immediate second-line objective

Portfolio management objectives

Growing products



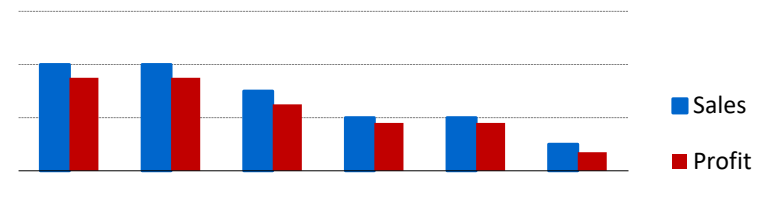
Objectives

- 1 Maximize sales
- 2 Develop profits

Maximizing investment may be the obvious response
 However, some products sales may not soar with an excessive promotional support thus, inducing a rapid drop in profits

Investment should be regarded first in the light of **sales enhancement magnitude**

Mature products



Objectives

- 1 Maximize profits¹
- 2 Optimize sales

Milking may be the obvious response
 However, some products sales may slump dramatically in the absence of promotional support thus, inducing a rapid drop in profits

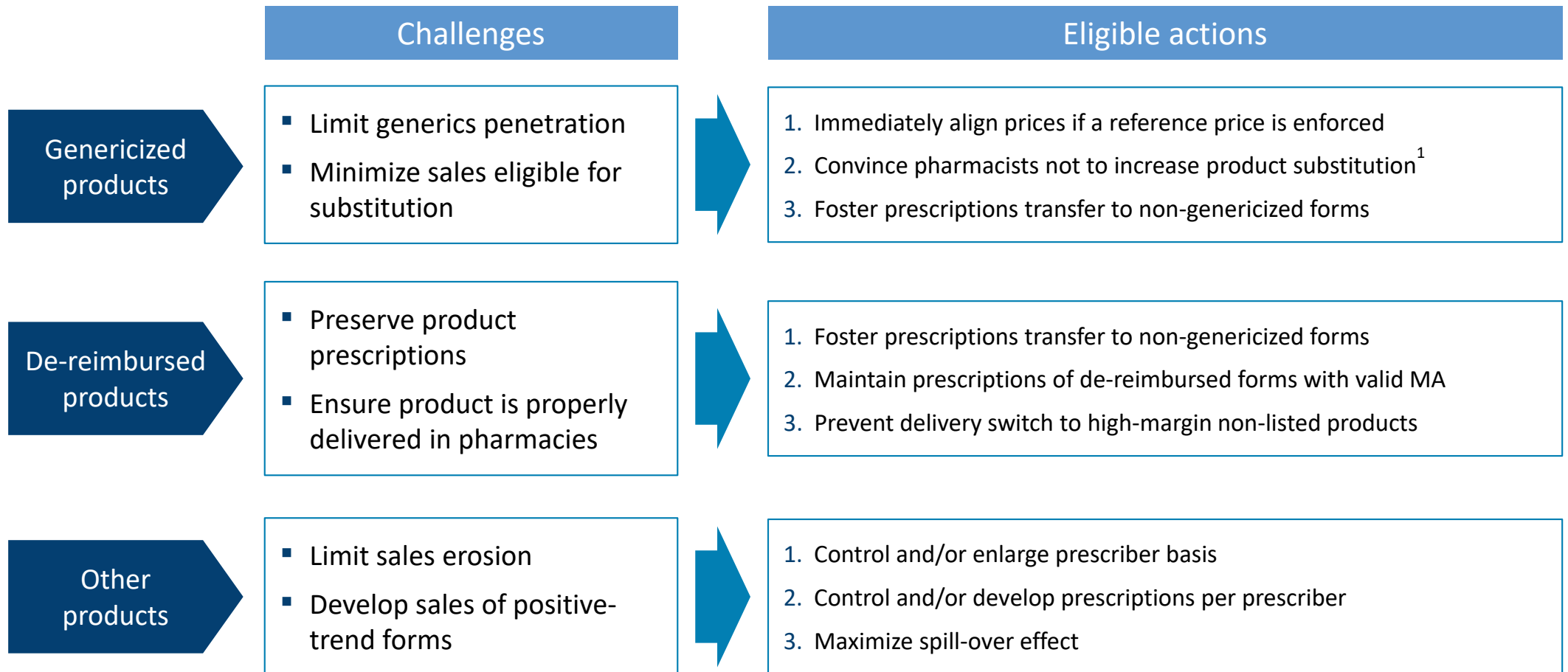
Investment should be regarded first in the light of **profit erosion magnitude**

Sources: Smart Pharma Consulting

¹ Maximizing profit does not necessarily mean maximizing profitability

Preferred product strategies currently range from limiting generics competition to developing product prescriptions

Mature portfolio strategies

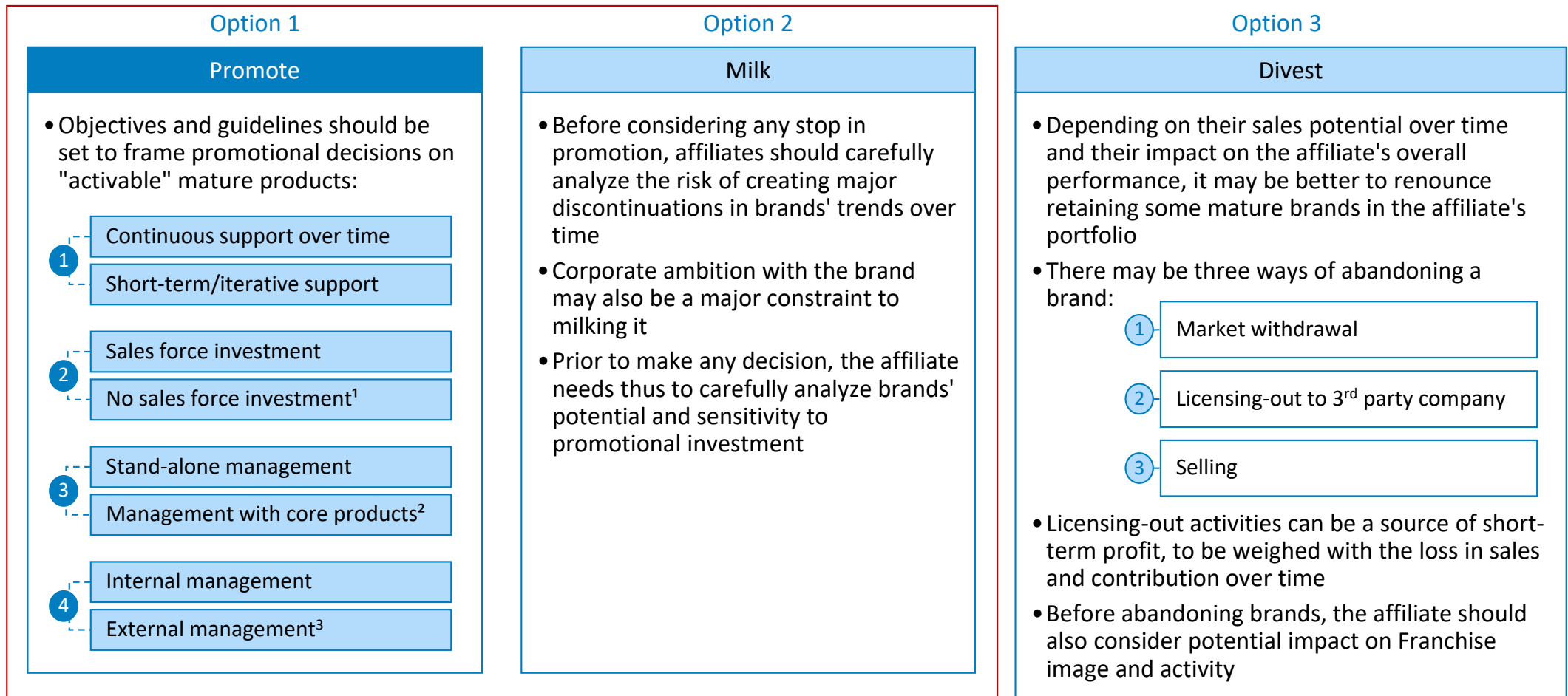


Sources: Smart Pharma Consulting

¹ In certain countries such a practice may be considered as illegal

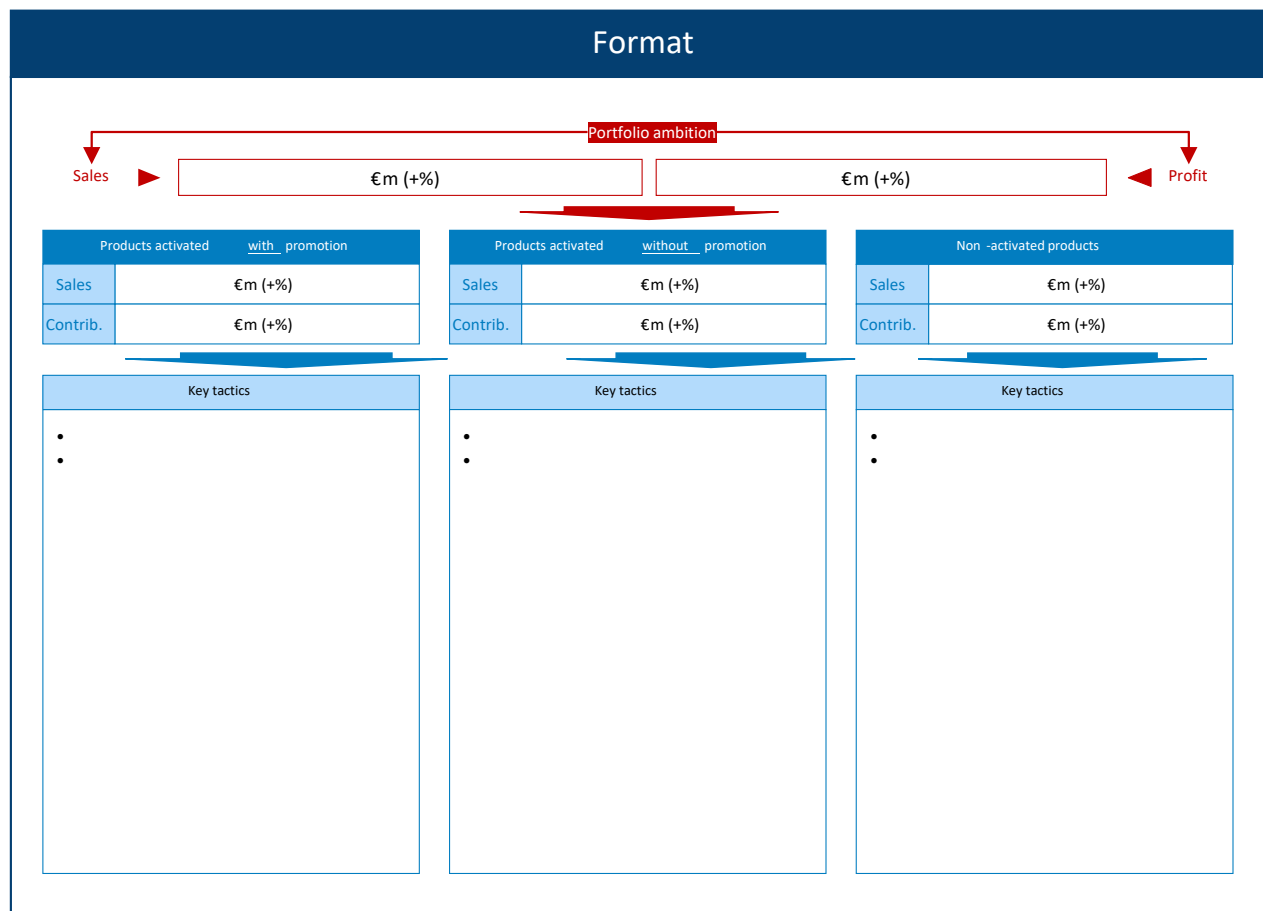
Promotional decisions on selected "activable" mature products should be made in compliance with precise objectives and management guidelines

Mature products' management – Investment decisions



The Portfolio Strategy Card has been designed to summarize investment decisions for the different mature product segments, in one page

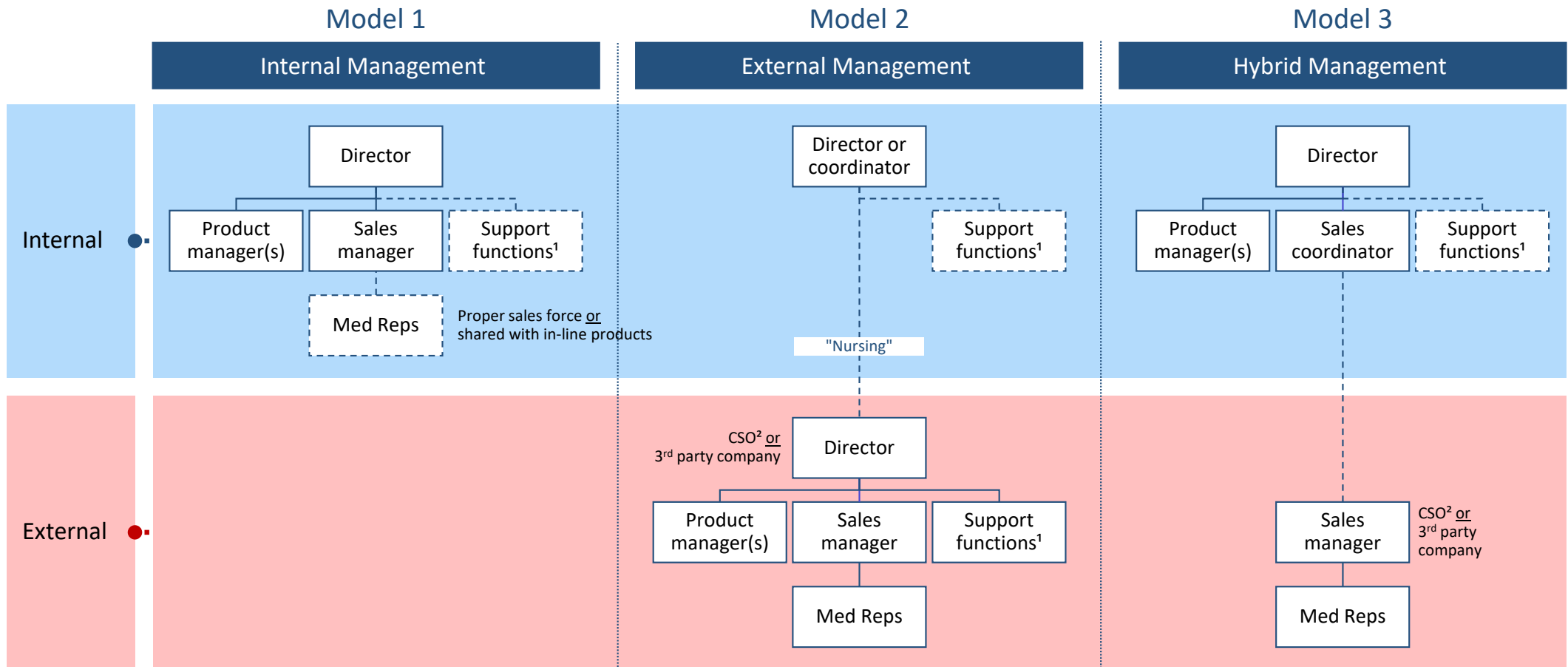
“Portfolio Strategy Card”



- Comments**
- Products can be classified into three categories:
 - Products activated with promotion
 - Products activated without promotion
 - Non-activated products
 - Sales and profit objectives are set for the entire portfolio and for each category
 - Decisions re. activation levers are summarized per product or product group (incl. packs, if any)
 - Targeting and multi-channel approaches are considered transversally (sales force support can also be split between external and internal, if relevant)
 - Non-activated products are split into three subgroups:
 - Milked products
 - Products not launched but for which MA is maintained
 - Pruned products (licensing-out, cession)

Three different organizations are usually considered to manage mature products at country level

Organizational models to manage mature products



Sources: Smart Pharma Consulting

¹ Medical, Regulatory, Human Resources, Administrative and Financial support – ² Contract sales organization

Physicians' saturation vis-à-vis face-to-face calls and the emergence of “new players” pushed companies to investigate alternative promotional channels

Multi-channel approach – Changes in the environment

- Strengthening of CRM¹ tools allowing for a more precise profiling of customers

- Strong detailing pressure of companies on the same targets of high potential physicians
- Evolution of product portfolios (increasing weight of specialist-oriented products requiring less reps)
- Increasing role of other market players (patient advocacy groups, regional sickness funds, etc.) influencing physician prescriptions

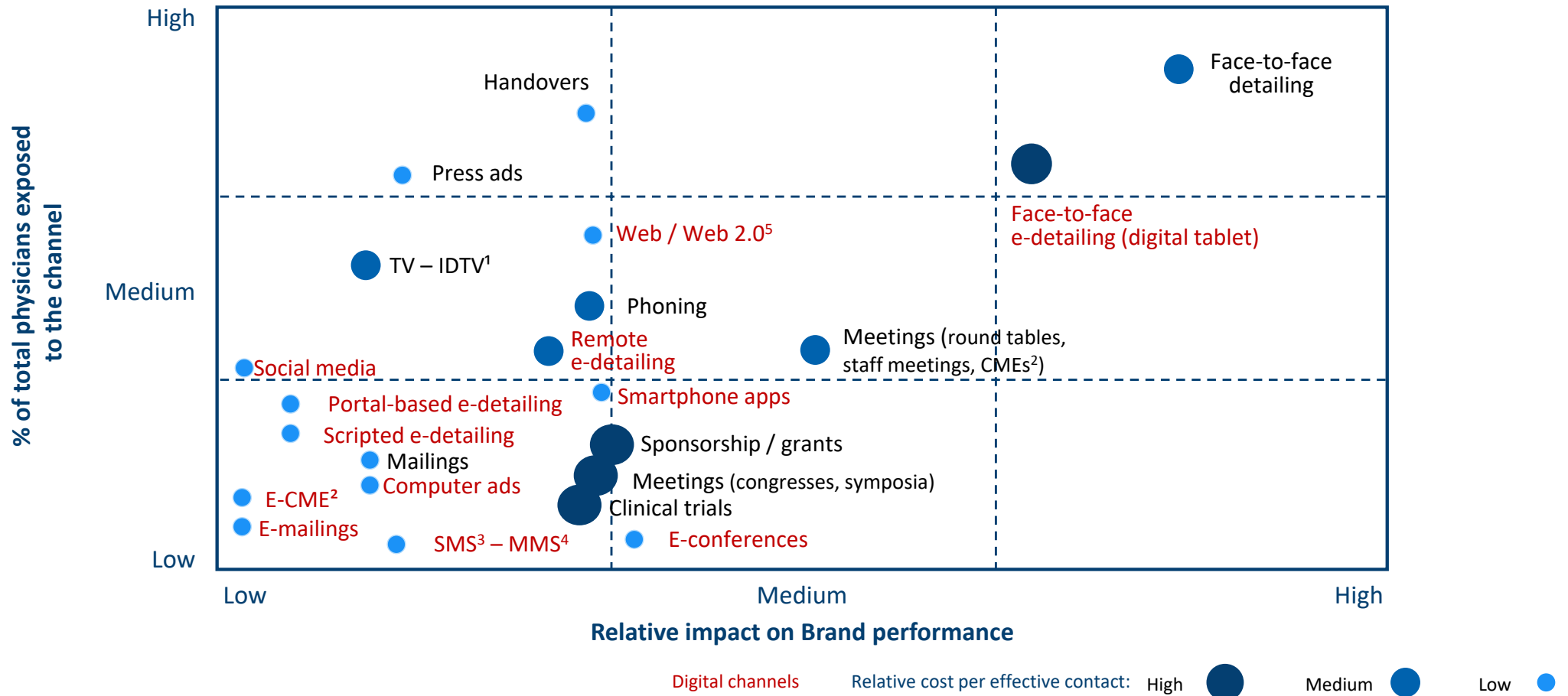


- Higher proportion of physicians refusing face-to-face calls from sales reps
- Tighter control of medical calls by health authorities which aims at:
 - Reinforcing detailing of products' good usage as set in SmPCs²
 - Limiting the number of calls to contain the number of physicians' prescriptions
- Need to adapt communication (contents and channels) to multiple targets (prescribers, influencers, payers)
- Reduced marketing and sales force budgets

- Reduction in the number of new active substances with high sales potential, leads companies to try to:
 - Improve the level of return on investment of each promotional activity
 - Maximize the profits of mature products by using more efficient promotional channels
- Less favorable economical context

If the impact of an action may be high on an individual basis, the global result may be limited, as the number of clients exposed to the promotional initiative may be too low

Multi-channel approach – Evaluation mix



Sources: Smart Pharma Consulting

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

Two different approaches can be considered to measure out the benefit/risk of an investment variation on “activable” products...

Assessment of product sensitivity to promotion

Approach n°1

Anticipate expected impact in view of:

Past experience

Benchmarking

Ambitions

Propose best guess evaluation
(e.g., expected sales and/or market
share variations)
+/- pilot test / monitoring method

Approach n°2

Evaluation of required impact to:

Cover investment

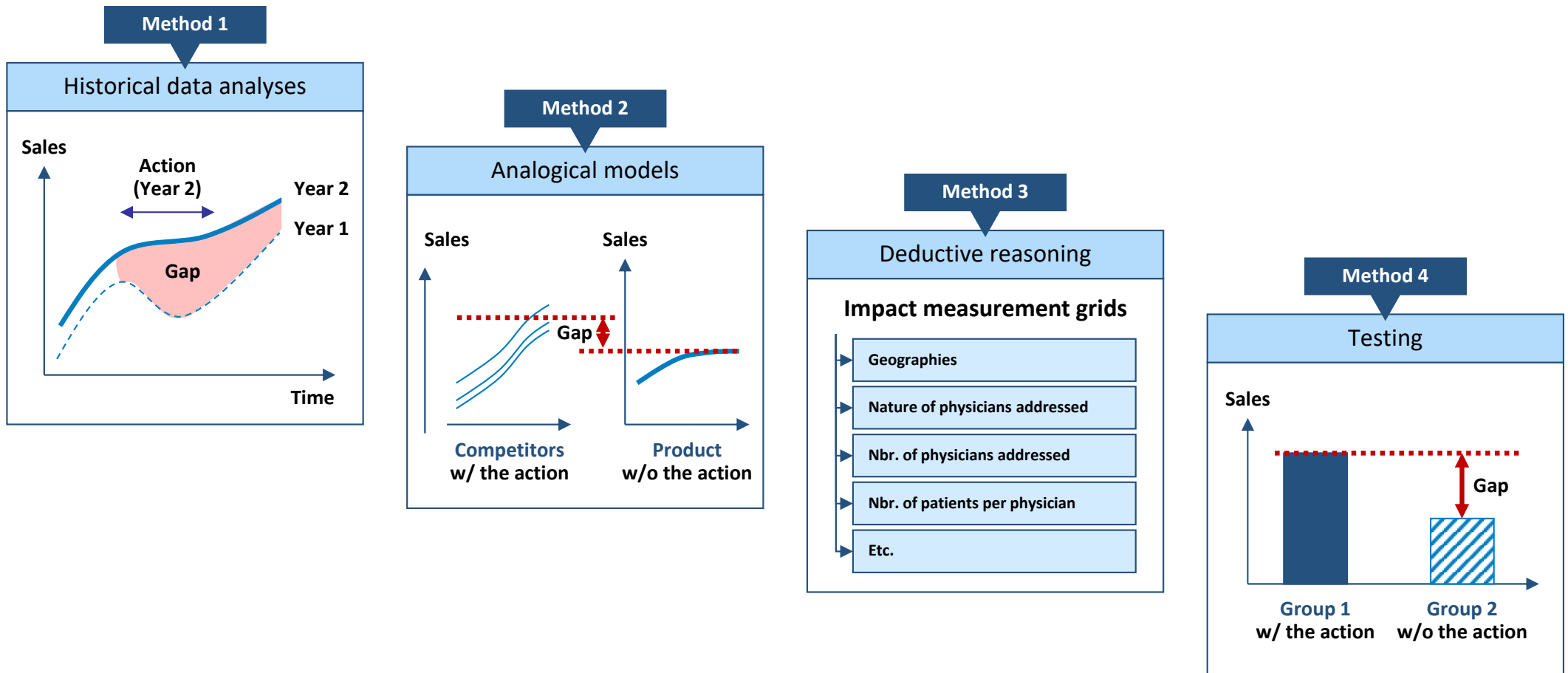
Maintain sales levels

Maintain profit levels / ratio

Determine minimal impact
(e.g., required sales and/or market share
variations)
to break even

... and up to 4 different methods can be used to quantify the impact of promotional investment decisions on products sales and profit trends

Methods to evaluate the impact of promotional investment decisions



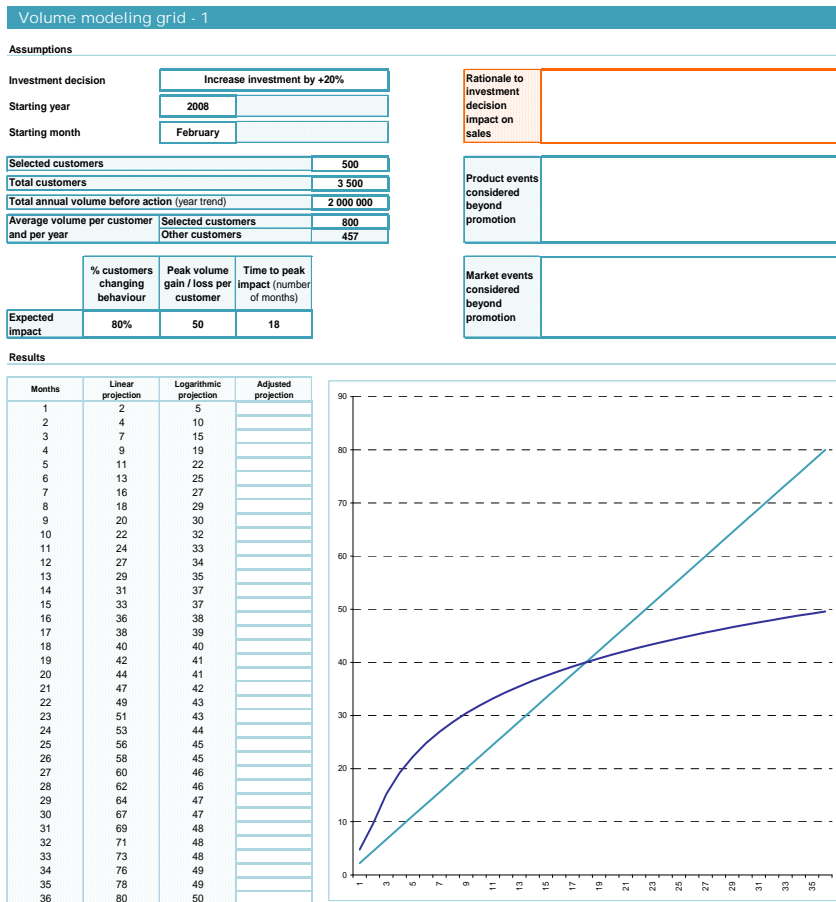
Statistical methods should be considered in view of data availability and the capacity to isolate a specific action from the overall investment

Statistical methods to measure investment impact

	Vs. control group (geography)	Vs. baseline (time)	Vs. benchmark (experience)
Description	<ul style="list-style-type: none"> Analyses comparing product performance in a group / area with the action and a group / area without the action Product usually compares to itself in both groups / areas, simultaneously 	<ul style="list-style-type: none"> Analyses comparing product overall performance with and without the action (no control group), in a sequential way (Y Vs. Y-1, Q Vs. Q-1) Product usually compares to itself (intrinsic approach) or to competitors (extrinsic approach) 	<ul style="list-style-type: none"> Analyses comparing a product performance with a specific action to another product performance in the absence of this action (investment levels and marketing mixes need to be quite homogeneous, exclusive of this specific action)
Methods	<ul style="list-style-type: none"> Ad hoc surveys monitoring Rx changes in pre-determined sub-populations Panel-based/P&L analyses comparing areas with and without selected action with standard parameters (e.g., sales, sales growth, market share, etc.) 	<ul style="list-style-type: none"> Ad-hoc surveys monitoring Rx before and after the action Panel-based/P&L analyses measuring variations Vs. baseline trends with standard parameters (e.g., sales, sales growth, market share, etc.) 	<ul style="list-style-type: none"> Ad hoc surveys monitoring Rx changes of both products Panel-based analyses measuring performance trends of both products with standard parameters (e.g., sales, sales growth, market share, etc.)
Examples	Measuring the impact of a congress on invitees' prescription behaviors	Measuring product sensitivity to sales force variations	Comparing the performance of products with two different promotional mixes
Applications	<ul style="list-style-type: none"> Analyses usually enable to identify an impact (either neutral or positive)... ... though without allowing any direct mathematical transposition to product overall sales 	<ul style="list-style-type: none"> Analyses enable to identify an impact (either neutral or positive), on a marginal or general basis (entire investment considered) Direct mathematical transposition to product overall sales usually possible 	<ul style="list-style-type: none"> Analyses enable to say that the performance could have been equal or better with the action The direct mathematical transposition to product overall sales may be possible, though with much caution

Logical grids' objective is to anticipate the likelihood of a breakeven / significant positive impact of an action, through a step-by-step approach

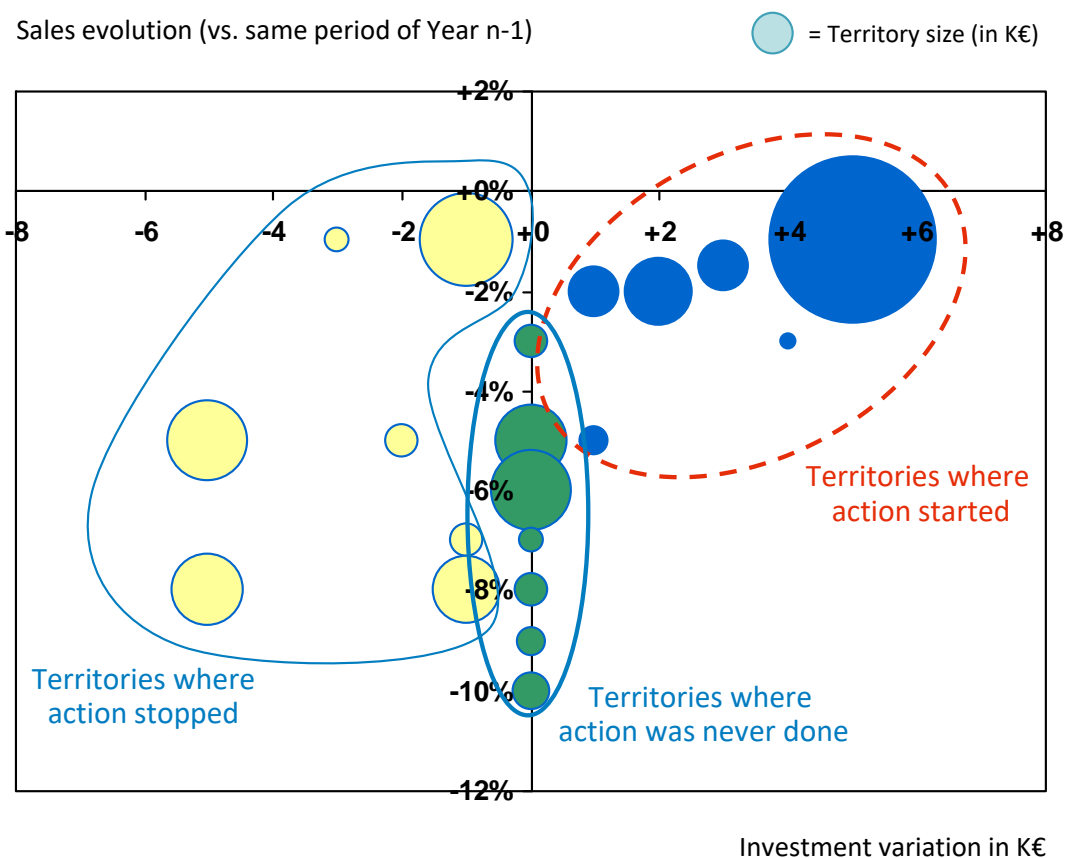
Impact evaluation grids



- Impact evaluation grids aim at measuring the impact of an action, while going through **logical steps**, e.g.:
 - % of physicians to be accessed with the action
 - % of physicians accepting to participate into the action
 - % of physicians convinced by the action
 - Physicians weight in total product sales before action
 - Performance trends change among physicians changing their behavior (gain either in terms of market share or sales growth)
 - Related sales gain after action at local / national level
 - Action cost
 - Net result
- Most parameters would need to be populated via ad hoc surveys, however, the **beforehand evaluation** of expected impact without those ad hoc surveys can also be an excellent means to properly calibrate an action
- Impact evaluation grids should be used **for major actions only**

Logical reasoning should ideally be complemented with testing, when *a priori* evaluation seems to be favorable, to verify action efficiency

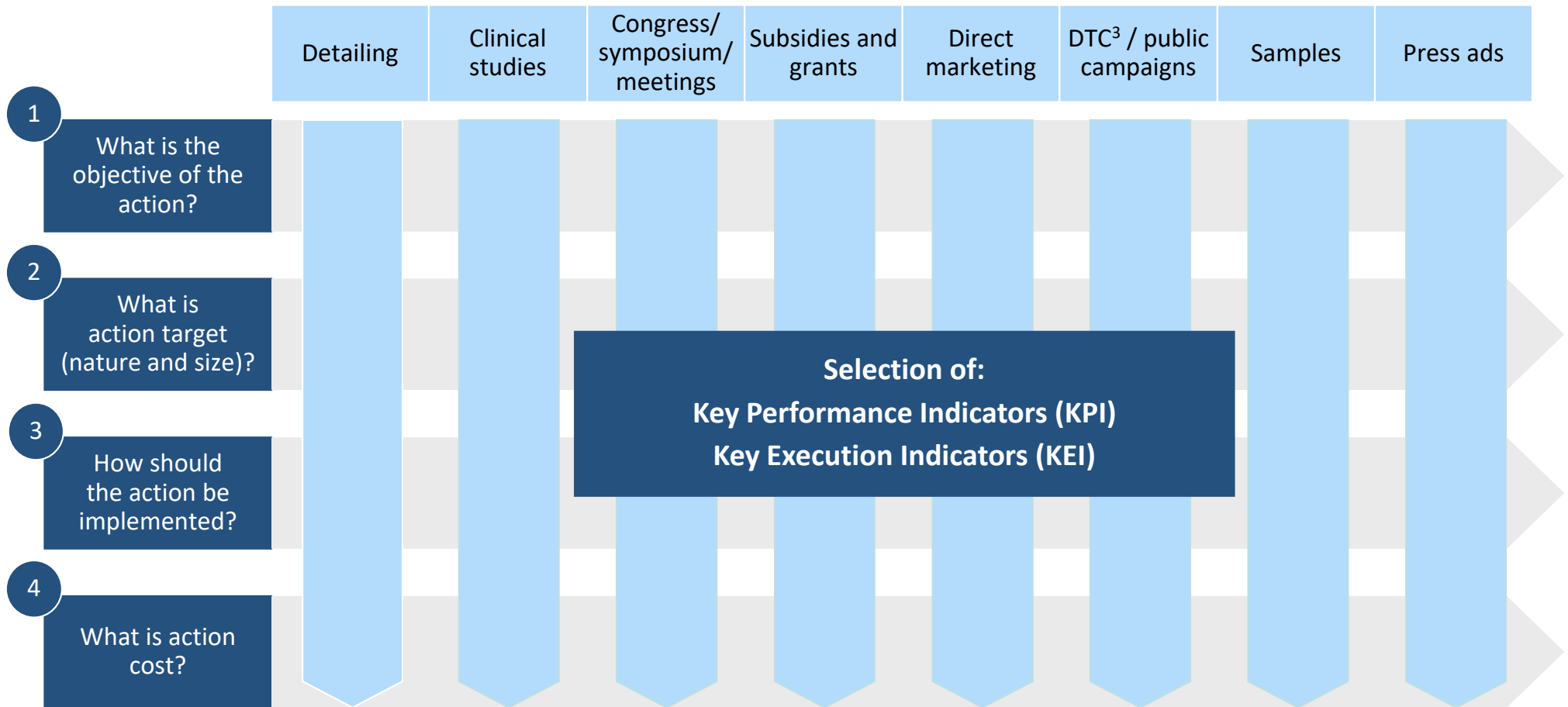
Testing of the impact of invitations to congresses in selected territories



- Sales evolution should be measured for a specific period
- Period calibration is the most difficult part of the exercise, and should consider:
 - Action pre-launch (e.g., formal invitation by Reps for a congress)
 - Action own time (e.g., congress date)
 - Action monitoring (e.g., Reps visit to get physicians feedback)
- Action impact is usually measured either instantly or up to 3 months after action initiation, for mature products
- There is no need to measure out systematically the impact of stopping the action; however, if territories are vacant or action did stop for any reason, it might also be interesting to consider them into the analysis

Four questions would need to be answered before implementing any action and monitoring it with KPI¹ and KEI²

Investment implementation – Key questions to be answered before acting



Sources: Smart Pharma Consulting

¹ Key performance indicators – ² Key execution indicators – ³ Direct to consumer

General recommendations

- **Mature brands** representing as much as 30% to 50% of certain big pharma total sales and 60% to 70% of their profits, performance optimization should be one of their **strategic priorities**
- The opportunity of **optimization** should **be assessed** brand **by brand** and country **by country** (*e.g., Branded generics competition like in Eastern European countries have a totally different impact on original brands compared with the one observed with unbranded generics like in Western European countries*)
- **Decision to invest** in promotion should be supported by **cost-efficient** market studies and **analyses**, rather than intuitive considerations, as it is often the case
- **When** mature brands have shown to be **sensitive** to **promotion**, the level of effort should demonstrate an **impact** on performance, **at national level**
- **Targeted physicians** should include **only moderate** and **high prescribers** of the mature brand (*The primary objective being to remind them about the brand and not to convince them. After 15 to 20 years in the market, it is too late to convince non- and low-prescribers*)
- If HCPs are increasingly embracing **digital technology**, it is **far to be a panacea**

Four Key Success Factors

1. **Mature products** should be **recognized** by the corporate management committee as a **key strategic lever**
2. Mature products **franchises** or **BUs** should **be set-up at national level** (to better address local specificities), while remaining **lean** and **agile, capitalizing** as much as possible **on shared support functions** (i.e., finance, manufacturing, supply, regulatory, legal, BD, medical, commercial, etc.)
3. **Collaborators in charge** of managing mature products should: be **experienced**, have **no preconceived ideas**, have an **entrepreneurial mindset** and be able to **mobilize support functions throughout the company**
4. Decision-making **processes** should be **fact-based** with a **permanent double valuation** at **global** and **local levels** so that trade-off analysis can be carried-out

Value of Established Pharma Brands

————— BEST-IN-CLASS SERIES —————

How to get the Best of it?

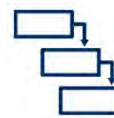
Smart Pharma Consulting has recently conducted a study re. best management practices of established brands, based on desk research, its own expertise and senior executive interviews

Context, objectives & approach



Context and objectives

- Established brands play different roles, depending on the structure of pharma companies' portfolio
- For **big pharma companies** having a dynamic pipeline of innovative products, they represent an essential **source of cash**
- For **less innovative companies**, established brands are **vital** since they constitute their core business
- In this context, Smart Pharma Consulting proposes to review the best practices to **optimize the value** of the **established brands**



Approach

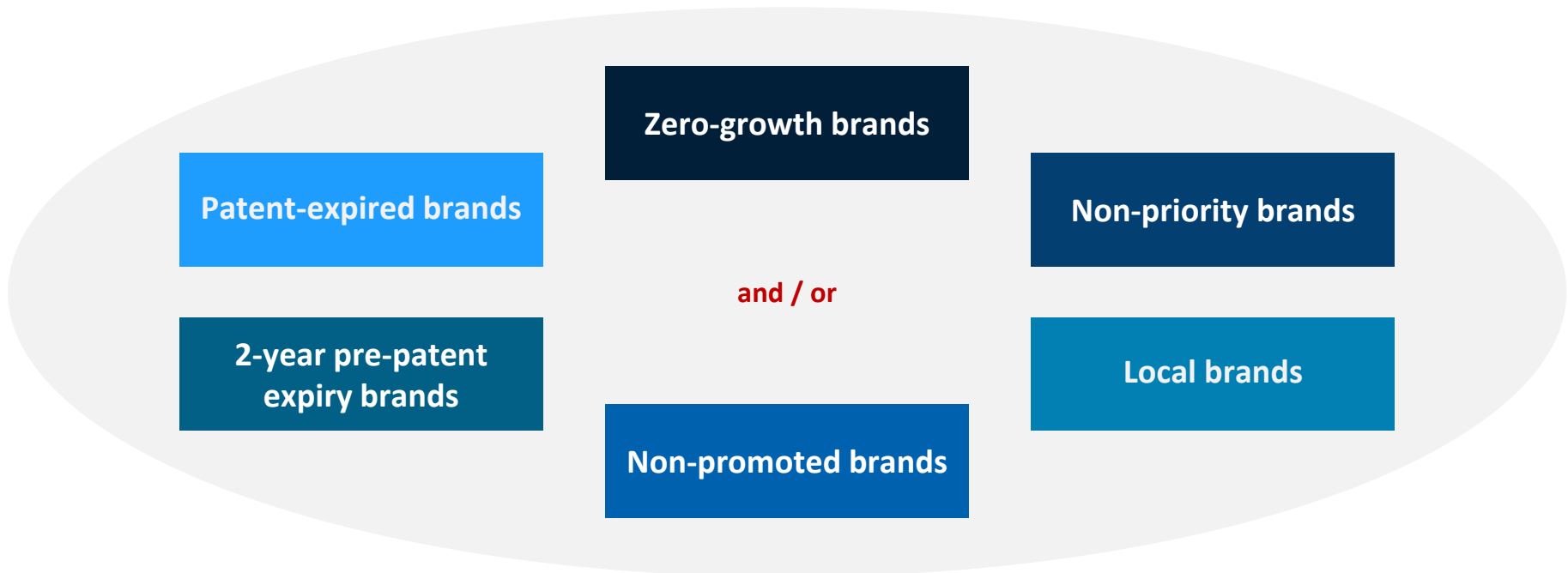
- To do so, Smart Pharma Consulting has:
 - Reviewed the **literature** re. **established brands** with a special focus on drugs¹ and...
 - ... its **previous publication** released on Mature Brand Management (2016)
 - Capitalized on **insights** shared, and **recommendations** made during its consulting **missions**
 - **Interviewed 16 senior executives** from **six pharma companies** with various profiles and strategies re. the management of established brands
 - **Analyzed** the collected information
 - Formulated **recommendations**

Established brands are more often mature, having lost their marketing exclusivity, requiring or not investment, and contributing significantly to the profits of pharma companies

Definition

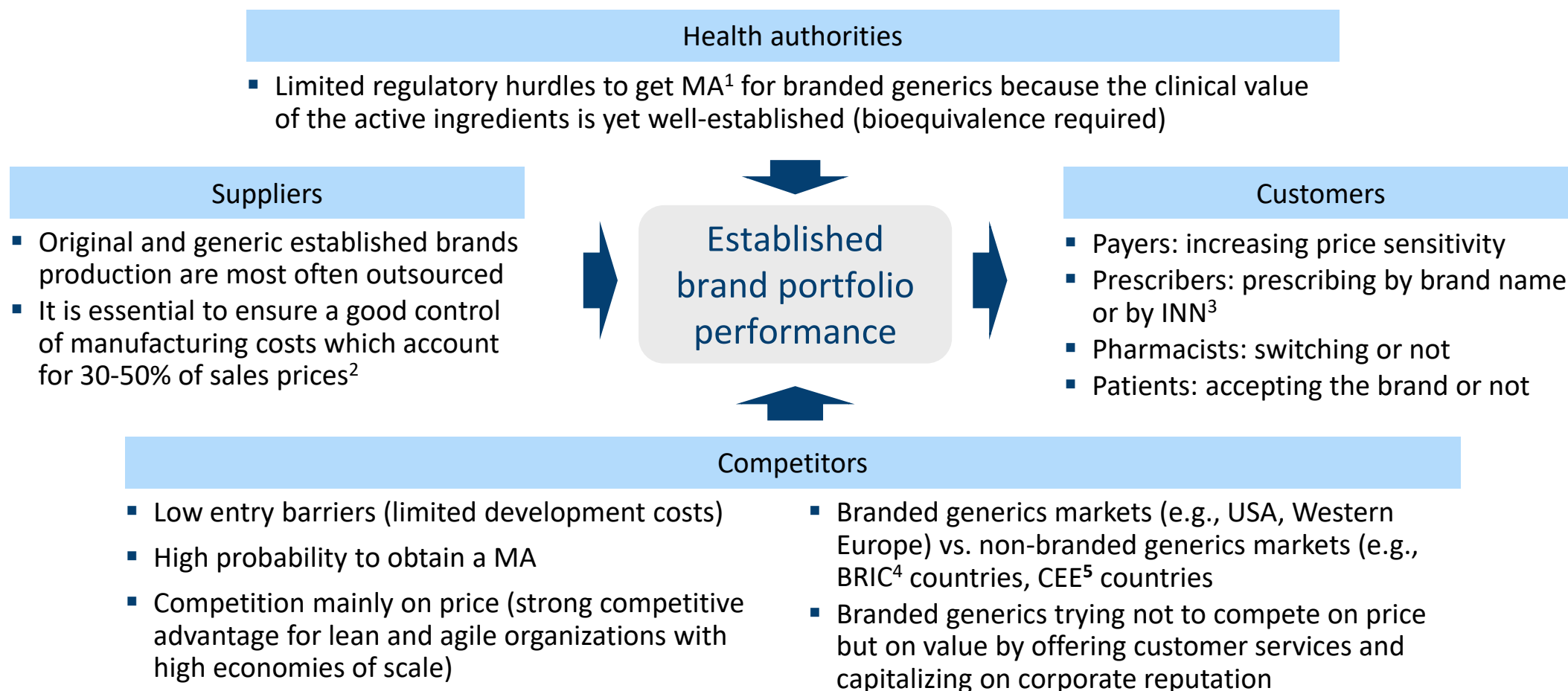


- Different names and definitions are used by different pharma companies to describe late-stage brands
- Whatever the name used (e.g., established, legacy, mature brands), it is important to agree on a common and clear definition throughout the company to avoid misunderstanding



Amongst the external factors influencing the performance of established brands, pricing is the most important one to drive customers behavior and preference

Market attractiveness determinants

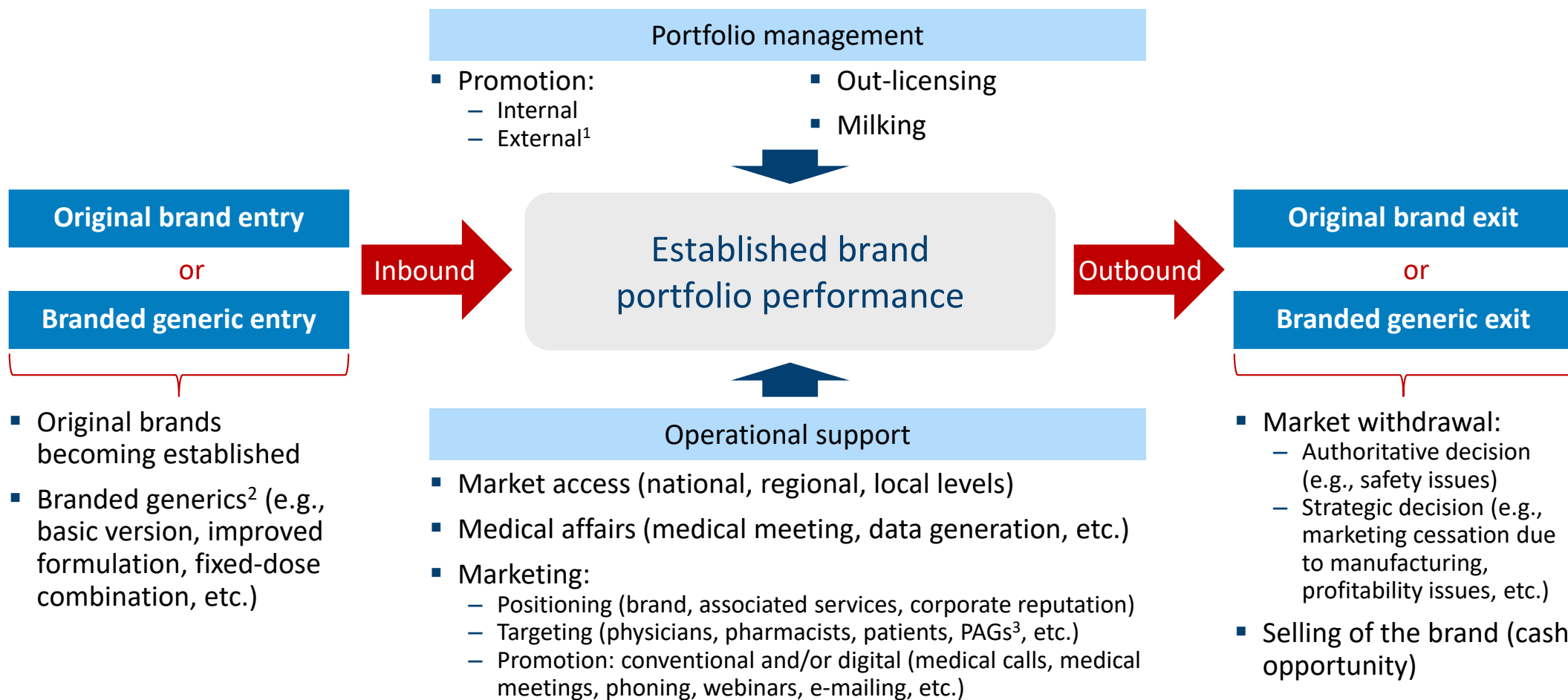


Sources: Interviews and analyses by Smart Pharma Consulting

¹ Marketing Authorization – ² Before discounts – ³ International non-proprietary name – ⁴ Brazil, Russia, India, China – ⁵ Central Eastern European

The performance of established brands, in terms of sales and profits, strongly depends on the dynamism of the portfolio management and on the relevance and level of allocated resources

Brand performance determinants




Sources: Interviews and analyses by Smart Pharma Consulting

¹ Through a distributor, a pharma company, a CSO, etc. – ² Developed in-house, subcontracted or in-licensed – ³ Patient advocacy groups

Depending on each company history and vision, three primary objectives have been identified regarding the management of established brands

Objectives and Strategic options

Primary objectives / Strategic options



Generate cash
to fund innovation

- Established brands being often milked or supported by limited investments, they generate high profitability levels and...
- ... contribute significantly to the company profits

“At Sanofi, our established brands represent a significant part of our business operating income”



Generate cash
to survive

- For certain companies (e.g., Recordati, Menarini, Organon), established brands are their core business
- In this case, the sustainability of their business depends on their established brand portfolio

“Organon primary objective is to create as much value as possible from its established brands”



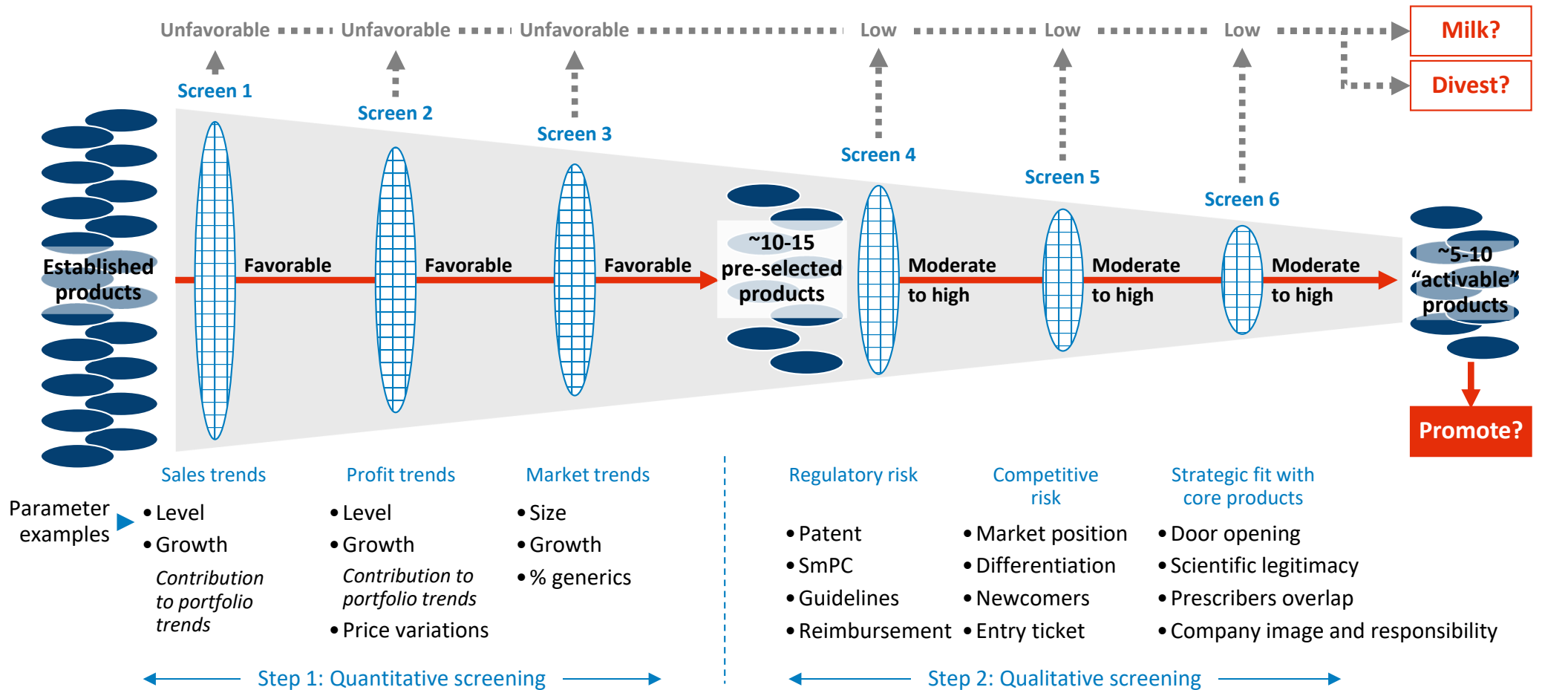
Contribute
to sales

- Some other companies do not actively manage their established brands...
- ... which are mainly kept in the market for their contribution to their sales

“Companies like AstraZeneca, GSK or Roche allocate a minimum level of resources – if any – once generics / biosimilars enter the market”

The selection of "activable" established brands should be based on tangible regulatory and business criteria

Selection of established brands to promote (1/2)



SmPC = Summary of product characteristics

Decisions to support an established brand with promotional investments are often based on intuitive feeling of managers and rarely on the results of rigorous analyses

Selection of established brands to promote (2/2)



- The level of the brand sales should be high enough to expect a significant impact at local level

“If the brand sales are too low, the expected promotional impact will not be meaningful – GSK”

- In-person or remote interactions with physicians should be possible to promote the brand

“At Recordati, decisions are made at local level considering the competitive environment and the brand potential”
“Due to budget constraints, we do not carry out in-depth sensitivity studies – Pfizer / Upjohn”

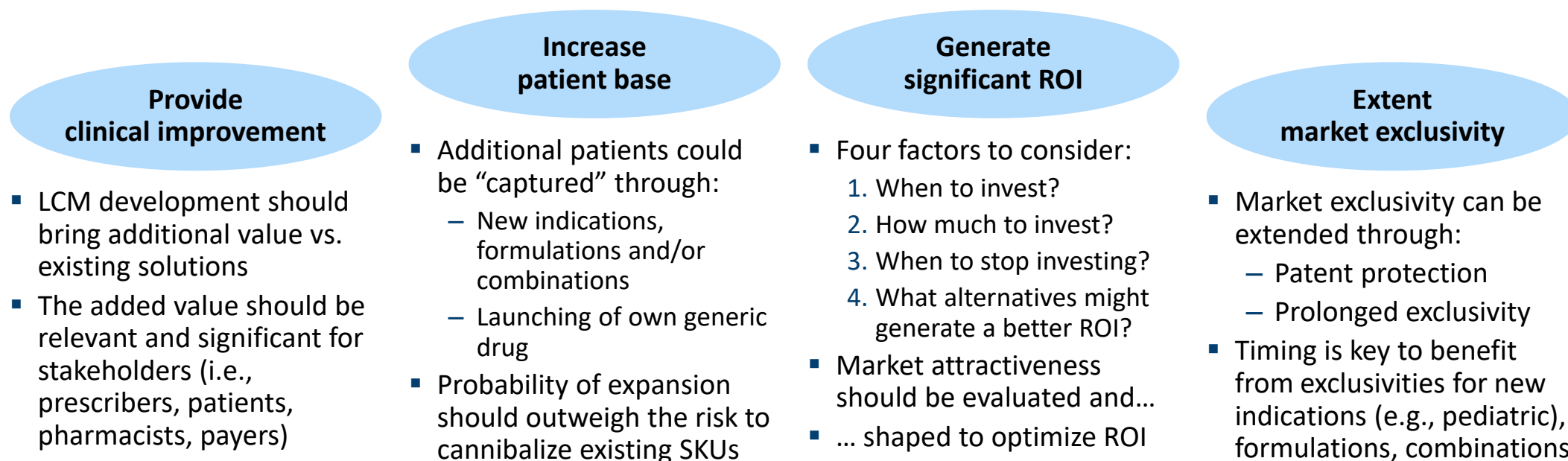
- The profit impact should be positive in the short term...
- ... and significant enough

“With established brands, all promotional investments should deliver results within a year – Pfizer / Upjohn”

“More than for innovative brands, return on promotional investments for established brands should be objectified”

For successful brand value optimization, developments must comply with four principles and decisions must be made long enough before patent expiry

Life-cycle management: Prerequisite



“LCM initiatives such as new dosages, formulations, FDCs, etc. should be implemented 24 months prior to LOE”

- Successful launch by Merck & Co of Fosamax 70, once-weekly to replace Fosamax 10, once-daily, increasing the franchise sales by 80% within 2 years in the USA and Europe as a result of a significantly improved convenience for patients¹
- Lilly launched a once-weekly version of Prozac – completing its once-daily formulation – which failed because it was not fulfilling a real need and it was significantly more expensive than the once-daily generics, launched one year later

Sources: Adapted from T. Ellerly et al. – Interviews and analyses by Smart Pharma Consulting

¹ Fosamax must be taken in the morning, standing up for between 30 minutes and 1 hour before food. Switching from once-daily to once-weekly was perceived by patients as a very important improvement in terms of convenience, which resulted in a strong acceleration of the product sales. At that time, Fosamax 10 was not yet genericized but considered as obsolete vs. once-a-week formulations proposed by competitors

Launching new indications can be an effective life cycle management initiative, provided they are medical relevant, offer a significant business potential and appropriate resources will be available

New indications: Decision-making factors

What is the medical benefit?

- Strength of rationale and/or track record of the mechanism of action
- Existing proof-of-concept (POC)
- Robustness of dose selection
- Safety signals in pre-clinical studies
- Position in the treatment strategy
- Etc.

What is the commercial potential?

- Importance of unmet needs
- Patent expiry date of the original brand, or of the combined product, in case of FDC
- Potential exclusivity related to the new indication
- Competitive intensity
- Likely acceptability of target pricing
- Likely reimbursement
- Depth of knowledge re. the targeted market
- Etc.

What are the available resources?

- Internal competition for resources vs. other products in development
- Company priority for the targeted indication
- Willingness and ability to co-develop a new indication with partners
- Etc.

A new indication is not very effective to defend a brand franchise after patent expiry because one cannot prevent physicians prescribing and pharmacists dispensing generic versions, even if the indication is protected

Combining a new dosage strength or a new dosage regimen with a new indication can be an effective life-cycle management strategy

New dosage strengths and regimens

New dosage strengths

- Adding dosage strengths can be a useful strategy at different phases of the brand life cycle
- This can enable physicians to customize dosage according to the needs of individual patients and...
- ... may help to gain market share from alternative original brands or generics that do not offer the same flexibility
- The benefit of providing a wide range of dosage strengths must be weighed against the extra cost of multiple SKUs, by quantifying the upside provided by each dosage strength
- Example: Lovenox (enoxaparin) is marketed in 8 different SKUs in the USA and 11 in France

New dosage regimens

- New dosage regimens are usually the result of reformulations, as when a twice-daily form is replaced by a once-daily form, in a controlled release formulation
- The objective of a new dosage regimen can be to:
 - Differentiate from competition:
Schering-Plough launched Intron-A¹ (interferon alfa-2b) for hepatitis B followed by PEGIntron² (peginterferon alfa-2b)
 - Close a gap:
Actonel 75 mg, taken once-monthly, was developed to replace Actonel 35 mg once-weekly to compete with Bonviva 150 mg from Roche/GSK which was used on a monthly basis
 - Increase cost-effectiveness:
By spacing drugs injections from weekly to bi-monthly, one can reduce the cost of treatment, especially if done by a nurse
 - Get a patented SKU:
Genentech obtained a patent in Europe on a new dosage regimen for an IGF-1³ injected discontinuously in a cyclic “on/off” fashion

Drug reformulations, which mostly aim at reducing the dosage frequency or changing the route of administration, have become rarely recognized as a valuable differentiating factor

New formulations

- Improving efficacy, safety and/or convenience through reformulation can lead to a significant uptake amongst stakeholders¹

Key Success Factors

- Launch early, prior to patent expiry to switch patients before generic entry
- Lower investment required compared to new product development and launch
- Maintain sales of brand franchise when patients switched to the reformulated version, ahead of patent expiry
- Capitalize on the brand equity established for the original product

Key Barriers

- Increasing use of tiered and/or restrictive drug plan formularies may limit uptake
- Withdraw and switch strategies blocked by EU regulations
- Reformulated products risk of being included in jumbo reference pricing system like in Germany
- Increasing bad perception of physicians and payers viewing reformulations as a generic defense strategy
- No additional data exclusivity periods under EU regulations, even for patented reformulations

Drug delivery devices

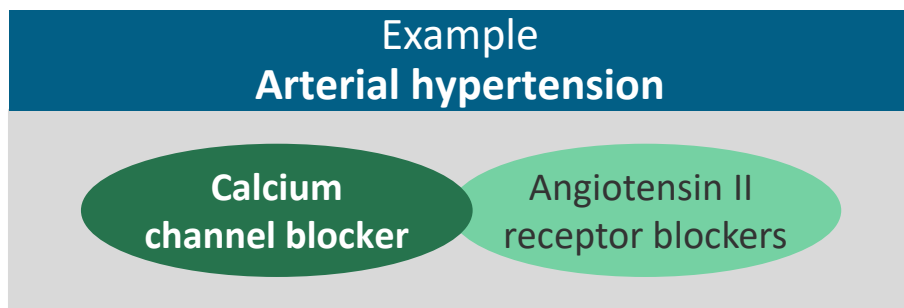
- In certain TAs like respiratory diseases², inhalers (i.e., vaporizer, dry powder, nebulizer) or in diabetes (insulin syringe and vial, prefilled syringe, pen, connected pen, “artificial pancreas”³) have participated to drive competitive differentiation and to raise a certain level of protection against generic and biosimilar competition

Sources: Adapted from T. Ellerly et al. – Interviews and analyses by Smart Pharma Consulting

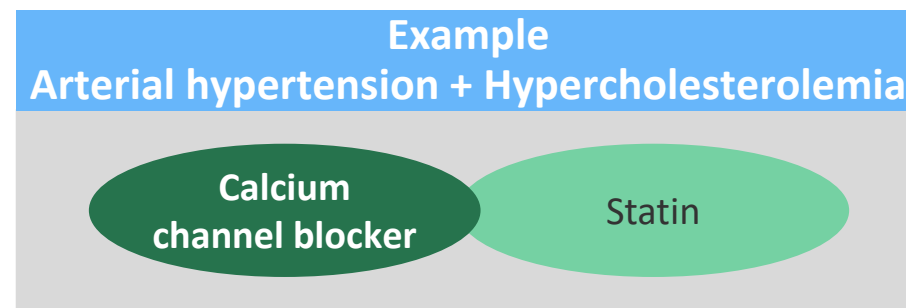
¹ Physicians, patients, pharmacists and payers – ² Asthma and chronic obstructive pulmonary disease (COPD) – ³ Combination of a blood glucose meter and a drug delivery system that are interconnected

Before developing and launching FDCs, clinical relevance and business opportunities should be carefully assessed because the cases of success have significantly decreased over the recent years

Fixed-Dose Combinations: Single & multiple indications



Exforge (amlodipine + valsartan)



Caduet (amlodipine + atorvastatin)

Key points to be assessed

- **Medical value of the combination:**
 - What is the clinical outcome (efficacy and safety)?
 - What is the convenience level of the FDC from physicians' (position in the therapeutic armamentarium, titration) and patients' perspectives (drug intake and regimen)?
 - Does it require a change in treatment practice, and what are, in this case, the requirements to do so?
- **Commercial value of the combination:**
 - What is the importance of the comorbidity in terms of treated patients (if multiple indications like for Caduet)?
 - What is the reservoir of growth for the FDC (i.e., main competitors, either original brands or generics)?
 - Is there a risk of cannibalization and how important is it?
 - What is the price level that can be expected from the FDC?

“In the USA and Europe, the benefits of FDCs in terms of adherence to treatment is under-valued by payers”

The marketing of own generics or of competitors' ones may contribute to extent the established brand portfolio offering and to improve the generated profits

Generic strategy

Own generics strategy

- Developing and marketing its own generics makes sense in price-sensitive markets like the USA, Germany, the UK, France, etc., in which established brands cannot compete head-to-head and remain profitable¹
- This strategy has not shown to be very effective when calls for tenders are the dominant process of purchase
- The risk of cannibalization should be evaluated
- Once the decision has been made, the pharma company can market its own generics:
 - In-house, in a dedicated business unit (e.g., Pfizer with Greenstone² in the USA, Sanofi with Zentiva³ in France)
 - Through a third-party, specialized in the generic business (e.g., Pfizer has signed a deal with the generic company Zentiva to market its own generic of Lipitor in France)
- This strategy requires to contain manufacturing costs at a level comparable to generic companies to offer competitive prices to be listed by retail pharmacists

Competitors generics strategy

- Pharma companies can develop or in-license and market generics from other pharma companies as:
 - Non-branded generics (e.g., Novartis markets the established brand Diovan (valsartan), its own generic through its subsidiary Sandoz, which markets also a generic of Cozaar (losartan) of Merck & Co)
 - Branded generics (e.g., Liporosa, FDC of rosuvastatin and ezetimibe, marketed by Servier)
- The choice between non-branded and branded generics will depend on the market considered
- Non-branded generics should preferably be included in a dedicated generic business unit with the right expertise
- Branded generics, promoted in priority to physicians can advantageously help to manage dynamically and in a more profitable way a portfolio of established brands

Sources: Adapted from T. Ellerly et al. – Interviews and analyses by Smart Pharma Consulting ¹In these markets, generics can take 80% to 90% of the original brand in few weeks with price cuts by 50% to 80% – ²Before the spin-off of Greenstone, part of Upjohn, in 2021, which is now part of Viartis – ³Before it was sold to the private equity firm Advent in 2018

The optimization of manufacturing processes and costs are particularly important for established products which must compete on price

Manufacturing strategies

Enhanced protection

- Development of new, patent-protected manufacturing processes eliminating impurities, using different excipients and adjuvants...
- ... can provide secondary protection and...
- ... raise the technical hurdles to competition, and especially generics manufacturers

Improved differentiation

- It is possible, in certain cases, to delay generic entry by tightening the specifications on the original brands, late in their life cycle
- The objective is to prevent generics companies to meet the more stringent quality or the bioequivalence standards...
- ... or at least, to delay their entry if they were developing their generics in comparison with earlier and looser specifications

Enhanced profitability

- Established brands are particularly subject to price competition from competitors and price pressure from payers
- Minimization of manufacturing costs by improving processes is a priority to maximize the profitability of established brands
- To do so, relocation of production to lower cost countries or outsourcing can be considered

Optimizing the cost of goods sold is a key driver of successful management of established brands

In general, pharma companies expect from commercial activities dedicated to established brands quick, cheap and high return on medical-marketing and sales investment

Commercial strategies

Drive global access to patients

- The larger the number of countries where the brand is available, the higher the probability of sales
- Thus, it is important to get and/or maintain the drug approved by national health authorities for its different indications
- The pricing policy should be adapted to the competitive environment to be:
 - Reimbursed by public / private payers
 - Listed on formularies
 - Prescribed by physicians
 - Dispensed by pharmacists
 - Bought by patients (if out-of-pocket)

Optimize profitability

- The lifetime profitability is a critical performance indicator throughout the brand life cycle
- The commercial tactics play a great role to optimize profitability
- The following key questions should be addressed:
 - Where and when to invest?
 - Where and when to cut investment?
 - Where and when to drop or raise prices?
 - How to invest in an efficient manner?
 - Can digital channels replace in-person interactions?
 - Etc.
- In non-branded generic markets, the most profitable strategy is, in general, to harvest the brand, by cutting medico-marketing and sales expenses

The diversity of competitive environments from one country to another requires to adopt flexible strategies to optimize the performance of established brands

An active support of established brands in branded generic markets may pay off, depending on each specific situation

Geographical optimization

Non-branded generic markets

(USA, Germany, France, UK, northern European countries, etc.)

- The established brands, once genericized, or even once their close competitors are genericized, see their sales drop in volume and furthermore in value due to authoritative price cut and/or price discounts
- In these markets, in general, substitution right³ is granted to retail pharmacists who have more financial interest to deliver generics than the original brands
- Few weeks or months after their market entry, generics capture up to 70% to 80% of the original brand sales



- The best strategy is, most often, not to do anything since the prescription of physicians is substituted by retail pharmacists in favor of generics, while it is rare that patients ask to be delivered the original brand

Branded generic markets

(Italy, Spain, China, India, Russia, CEE¹ countries, CIS², Latin America, etc.)

- In countries where the generic market is dominated by branded generics, the latter are viewed by stakeholder and promoted by pharma companies as me-too products
- Physicians, influenced by pharma companies, develop a certain degree of brand loyalty
- Substitution is either not widely applied or permitted
- It is not rare for generics to have a penetration rate limited to 40% or 50% on these markets



- Depending on branded generic market specificities, the optimization of established brand performance may require an active support in terms of market access, medical affairs, marketing and sales activities

Pricing strategies should be adapted to competitive position of each brand at the level of each local market, so that to optimize the brand value

Pricing strategies

Price alignment

- The decision to align the price of established brands at the level of or close to the cheapest competitors depends on:
 - Local regulations (e.g., price cuts imposed by health authorities / public health insurers in countries like France, after LOE; reference pricing system like in France, Italy, Germany, Spain)
 - Existence of national (e.g., Nordic countries) or regional (Germany) tenders
 - The opinion and behavior of:
 - Payers who set a maximum reimbursed price
 - Retail pharmacists who can substitute
 - Physicians who can “impose” a brand
 - Patients who may not accept to pay out of their pocket

Premium price

- The premium price strategy can be the preferred choice if the established brand is perceived as superior to generics and/or other me-too products in terms of:
 - Product features (e.g., number of dosages, device for injection, packaging, narrow therapeutic range)
 - Services (e.g., patient support programs, CME¹ programs, medical information)
 - Corporate reputation (e.g., in terms of innovation, quality of execution, Corporate Social Responsibility)
- Thus, in these conditions, a higher price can be offset by the value of the established brand for a proportion of stakeholders

Exit strategies are part of a dynamic management of an established brand portfolio and contribute to optimize its profitability

Exit strategies

Patient safety

- The exit of established brands for safety reasons is either permanent or temporary (e.g., withdrawal of Zantac from USA and Canada in 2019 contaminated by impurities, potentially carcinogens)
- Withdrawals can be either imposed by healthcare authorities or decided by the manufacturer if the cases of pharmacovigilance are judged as too frequent

Failing profitability

- The less profitable formulations and dosage forms can be removed from all or certain markets, according to local competitive situations
- The decrease of profitability can result from price cuts, volume drops, increase of manufacturing costs, investments required to maintain registration dossiers up-to-date, or higher medico-marketing expenses

Change in strategy

- Pharma companies can decide that a brand or a complete TA is not anymore strategic and decide to exit the market to refocus its efforts (e.g., Novo Nordisk withdrawn its older porcine insulin range from the UK market, to bolster the transition onto its recombinant insulins – decision of Sanofi to sell its USA dermatology business in 2011, considered as too small)

Opportunity cash

- The selling of an established brand will generate one-off cash injection vs. long-term declining revenues
- The selling of established brands is mainly driven by the wish to streamline a portfolio of too many SKUs (e.g., in 2020, AstraZeneca sold the commercial rights of established hypertension drugs¹ for an upfront payment of \$350M to Atnahs Pharma to reinvest in main therapeutic areas)

Pharma companies for which established brands are their core business tend to adopt a locally-driven organization which provides more flexibility and better adaptation to the environment

Organization

Global vs. Local management



Model A: Globally-driven management

- Regulatory, Life-cycle management, and medico-marketing support concentrated at global level
- Acquisitions and divestments decisions driven by global department in charge of established brands
- Regular interactions between global and national teams, fostering best practice sharing

(e.g., Sanofi for global brands with potential)

Model B: Locally-driven management

- Broad autonomy given to affiliates which decide to support or not established brands with promotion...
- ... and to carry out BD&L initiatives to develop the local business
- Investment decisions are submitted to the company HQ

(e.g., Recordati, Sanofi non-core assets with various potential at local levels)

“General Medicines division includes core assets brands(e.g., Toujeo, Lovenox, Plavix) and non-core assets brands (e.g., Lantus, Aprovel), on which investments are more limited but adapted to local market attractiveness – Sanofi”

“The management of established brands requires a lean and agile structure with highly skilled collaborators”

Established brands are mainly promoted in branded generic markets where exist opportunities to grow, maintain or slow down the decrease of revenues and attached profits

Established brand value optimization: Recommendations (1/3)

Market / Established Brand Matrix

<p>Branded generic markets (e.g., Italy, Spain, China, Russia, CEE, CIS, Latin America, etc.)</p>	<p>When the sales and profit contributions of established brands are too low, they are milked</p>	<p>Brand heritage being highly valued, established brands are often promoted after LOE</p>
	<p>Non-branded generic markets (e.g., USA, Germany, France, UK, northern European countries)</p>	<p>The great majority of established brands are not promoted</p>
	<p>Non promoted brands</p>	<p>Promoted brands</p>

- Depending on companies' profile, the priority of established brands can be to:
 - Generate **cash to fund innovation**
 - Generate **cash to survive**
 - Contribute **to sales**
- **Pricing** is the most important factor driving customers behavior and preference
- The performance of established brands requires:
 - A **dynamic management** of the portfolio¹
 - An **efficient** level of allocated **resources** (market access, medico-marketing)
 - A good **control of manufacturing costs**
- Decision to **maintain** and **promote** established brands will strongly depends on:
 - **Market attractiveness**²
 - **Intrinsic value of brand attributes**³

Sources: Smart Pharma Consulting

¹ New indications, new dosage strengths and regimens, new formulations, fixed-dose combinations, generic strategy, exit strategies – ² Level of price capping, reference price, substitution right, level of substitution by pharmacists, competitive intensity, sensitivity of physicians to promotion, price sensitivity of patients if co-payment – ³ Efficacy, safety, convenience vs. competition, value of the brand heritage

To get the best of their established brands, pharma companies should determine why and where to play, and how to win, considering their corporate vision and their own capabilities and assets

Established brand value optimization: Recommendations (3/3)

Why to Play?

1. Craft clear objectives:

- Priority given to revenue vs. profit optimization
- Priority given to short vs. mid vs. long term performance

Where to Play?

2. Define the scope of the established brand portfolio:

- In-house original brands only with or without FDCs¹
- Branded and/or non-branded generics of own original brands and/or of competitors brands
- Established brands of competitors (in-licensing and/or acquisition)

3. Select the most attractive markets (i.e., offering the best match with the brand values)

How to win?

1. Set rules and methods to select “activable” established brands by markets

2. Implement a dynamic brand and portfolio management:

- Regular entries of new established brands (e.g., own or competitors’, incl. generic versions) or extensions (e.g., FDCs, new dosages or formulations) of existing brands to boost the portfolio value
- Exit of less profitable or at-risk² brands

3. Define a clear governance (global – local – glocal) re. BD&L initiatives (in-licensing, acquisition, out-licensing)

4. Allocate carefully operational resources – looking for short term efficiency – and with a special attention to manufacturing costs and the quality of the supply chain

5. Evaluate the quality of execution and impact of decisions made with relevant Key Execution Indicators (KEIs)

High-Performance Pharma Brand Plans

————— BEST-IN-CLASS SERIES —————

The 5 Pitfalls to avoid

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

1. Introduction

- 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”

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

1. Introduction

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”

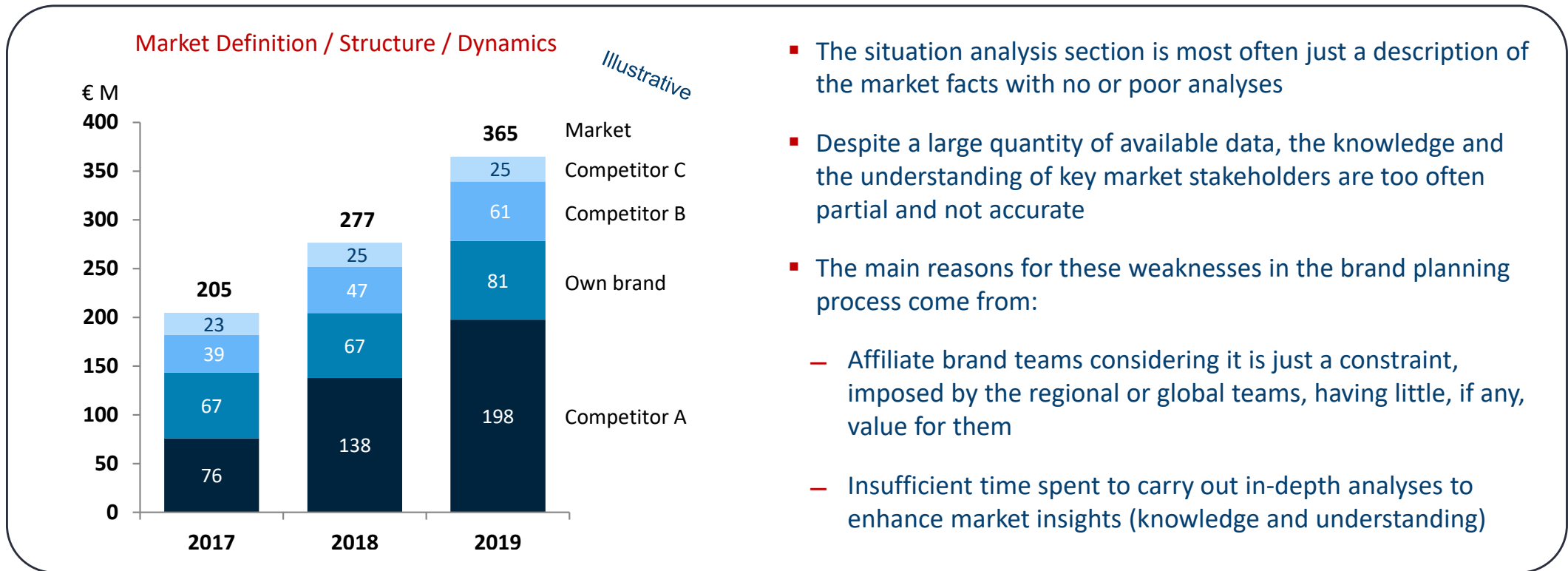
Market situation is too often superficially analyzed and therefore poorly understood, preventing a proper identification of market opportunities and threats

2. Pitfalls to avoid

Pitfall #1

Describing and not analyzing the market situation

What do we observe?



Sources: Smart Pharma Consulting

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

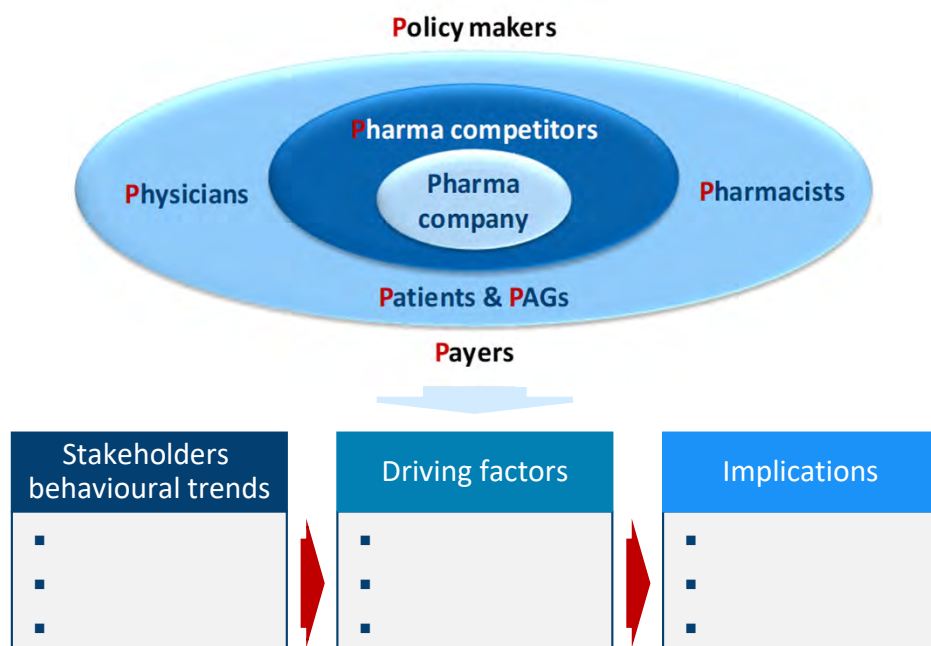
2. Pitfalls to avoid

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

Sources: Smart Pharma Consulting

¹ Retail and hospital pharmacists – ² In certain therapeutic areas, other stakeholders such as nurses may be considered

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

2. Pitfalls to avoid

Pitfall #2

Carrying out a sub-optimal SWOT analysis

What do we observe?

Conventional SWOT analytical tool



- 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”

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

2. Pitfalls to avoid

Pitfall #2

Carrying out a sub-optimal SWOT analysis

What do we recommend?

Advanced SWOT analytical tool

Market Opportunities	RI ¹
<ul style="list-style-type: none"> ▪ Authorities² ▪ Customers³ ▪ Competitors 	

Market Threats	RI
<ul style="list-style-type: none"> ▪ Authorities ▪ Customers ▪ Competitors 	

Brand Strengths	RI
<ul style="list-style-type: none"> ▪ Product (4 Ps⁴) ▪ Services ▪ Corporate reputation 	

Brand Weaknesses	RI
<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

Sources: Smart Pharma Consulting

¹ Relative Importance of each item, rated from 5, high importance to 1, low importance – ² Policy makers – ³ Payers, physicians, pharmacists, patients, patient advocacy groups – ⁴ Product features, price, distribution, promotion

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

2. Pitfalls to avoid

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

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

2. Pitfalls to avoid

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

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

2. Pitfalls to avoid

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

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

2. Pitfalls to avoid

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

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

2. Pitfalls to avoid

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

Sources: Smart Pharma Consulting

¹ Key Execution Indicators – ² Key Performance Indicators

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

2. Pitfalls to avoid

Pitfall #5

Not integrating monitoring indicators

What do we recommend?

Monitoring indicators	
KEIs	KPIs
Quantitative	
<ul style="list-style-type: none"> % of customer target covered Number of interactions with customers Number of projects carried out Level of resources allocated to customers 	<ul style="list-style-type: none"> Number of new customers Average # of prescriptions per customer Sales dynamics Return on investment
Qualitative	
<ul style="list-style-type: none"> Quality of interactions with customers Level of market insights Proper management of projects, from the customer perspective 	<ul style="list-style-type: none"> 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”

Sources: Smart Pharma Consulting

¹ Key Execution Indicators – ² Key Performance Indicators

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

3. Key takeaways

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 4 Ws¹ (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

6. Sales Force Effectiveness



Boosting Med Reps Effectiveness

BEST-IN-CLASS SERIES

Implementation of the ELITE Program

"Best-in-class med reps make each physician feel unique"

POSITION PAPER April 2017



Med Reps Survival Post-Covid-19

BEST-IN-CLASS SERIES

Vision & Recommendations

"Give people what they need and not what you want"

POSITION PAPER August 2020



Service-led Medical Calls

BEST-IN-CLASS SERIES

Securing Access to Physicians & Boosting Brand Preference

POSITION PAPER December 2019



Best-in-class Hospital KAM

BEST-IN-CLASS SERIES

Implementing the KAM EXPERT Program

POSITION PAPER October 2017



Hospital & Institution Relationships in Regions

BEST-IN-CLASS SERIES

Recommendations for Pharma Companies

POSITION PAPER January 2018



Best-in-class Field Force Organization

BEST-IN-CLASS SERIES

The Smart Field Force Framework

POSITION PAPER April 2018

Boosting Med Reps Effectiveness

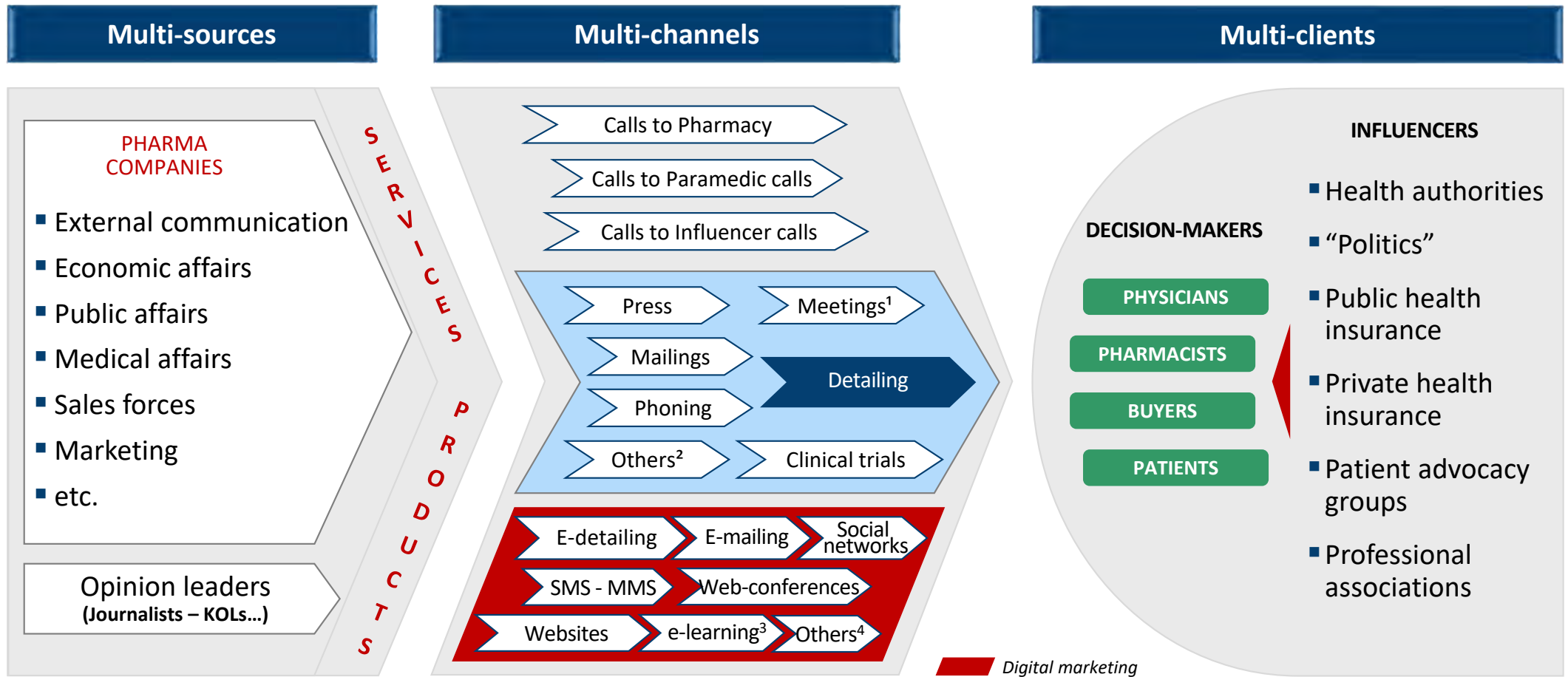
————— BEST-IN-CLASS SERIES —————

Implementation of
the ELITE Program

*“Best-in-class med reps make
each physician feel unique”*

As prescription decisions increasingly depend upon multiple clients, pharma companies need to adopt a more complex and coordinated promotional approach

New pharma marketing & sales model (1/2)



Sources: Smart Pharma Consulting

¹ Round tables, symposiums, congresses, etc. – ² Sampling, gimmicks, grants, prescription pads... – ³ Continuous medical education through a digital interface – ⁴ Screen savers, popup windows...

Prescribers should be offered exceptional experiences during interactions with med reps to ease access and increase the preference to the brands they promote

New pharma marketing & sales model (2/2)

- **Lower** number of breakthrough **innovative products** with **high sales potential**
- **Increasing price pressure** and **narrowing** of the **target patient** population **by payers**

- **Tighter control** of marketing activities (incl. medical calls) by authorities
- Higher proportion of **physicians refusing to be called upon**
- Portfolio evolution from **primary to secondary care** products
- Increasing **role** of **other stakeholders¹** influencing physician prescriptions



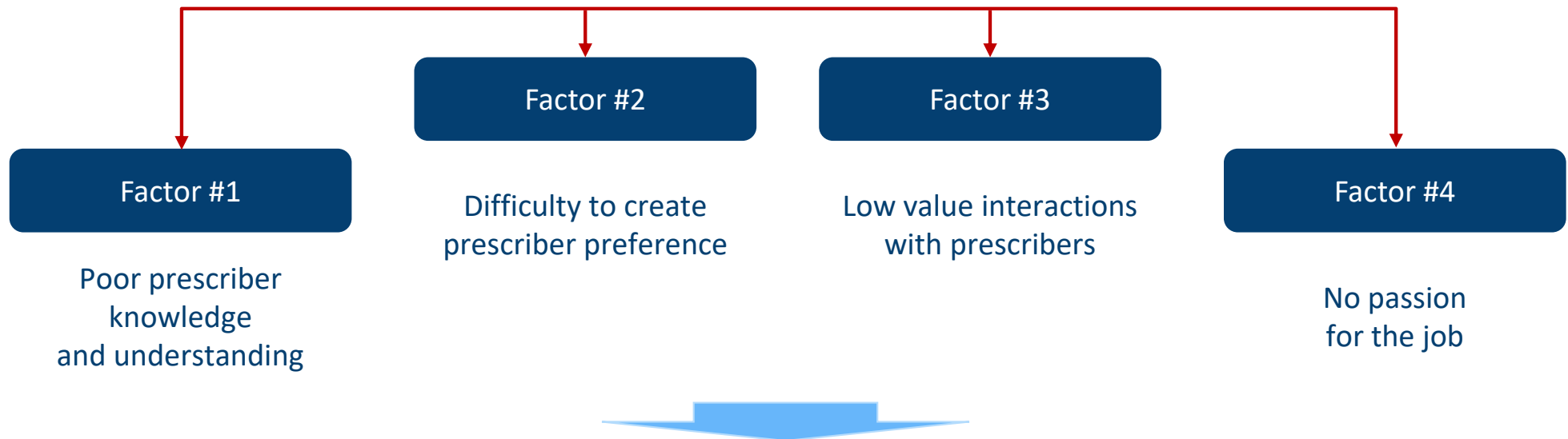
- **Redefine** the level of marketing and sales **investments**
- Switch **priority** from efficacy to **efficiency** (better return on investment)
- **Adapt communication...**
 - ... content to **regulatory constraints**
 - ... channels to **other stakeholders¹**

- Development of **CRM²** and **CLM³ tools** enabling a more precise profiling of physicians

Smart Pharma Consulting has identified four main reasons explaining the limited impact of med reps on the opinion and behavior of the prescribers they interact with

Med reps' performance limiters

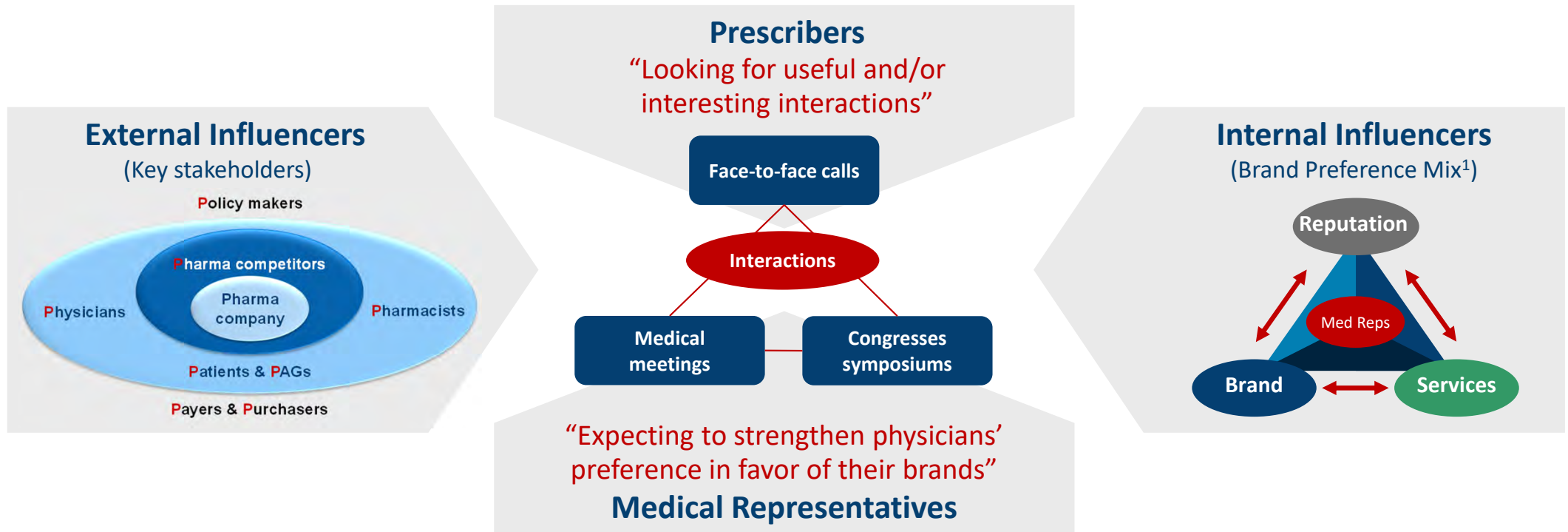
- Smart Pharma Consulting has identified four main factors responsible for med reps' underperformance:



- To remove these limiting factors, we have recently developed the **ELITE Program** which helps med reps reinforce the preference of prescribers for the brands they promote

The ELITE Program can help med reps create interactions that are better valued by their customers and thus contribute to strengthen the preference for their promoted brands

Objective of the ELITE Program



The ELITE Program assumes that prescribers’ opinion and corresponding prescribing behavior depend on:

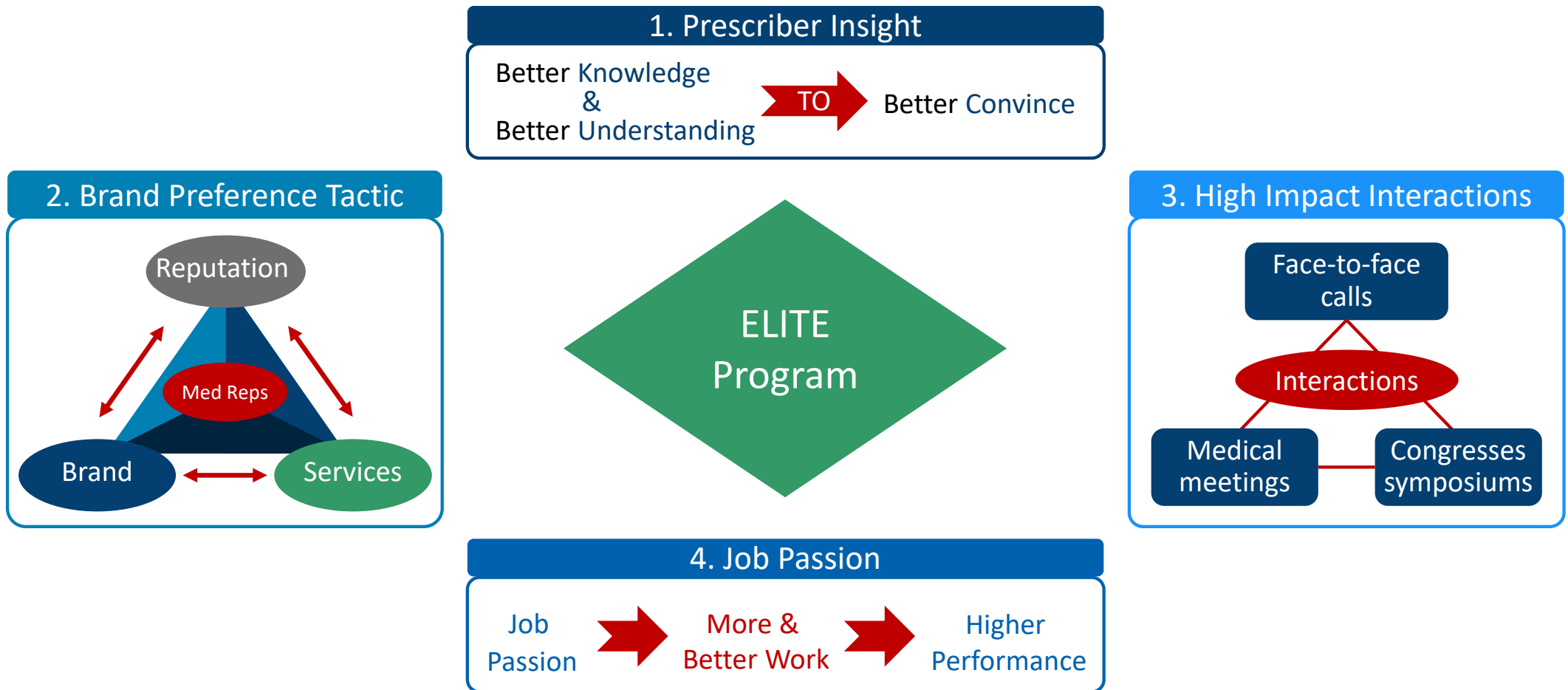
- **External influencers** (key stakeholders)
- **Internal influencers** (Brand Preference Mix)
- **Their willingness to interact with med reps**
- **Med reps’ ability to create highly valued interactions**

Sources: Smart Pharma Consulting

¹ Corresponds to the three levers (i.e., product attributes, corporate reputation and quality of services) that can be activated by med reps to influence the prescribers

The ELITE Program is based on 4 pillars enabling med reps to interact more efficiently with prescribers and to optimize the prescription share of the brands they promote

The Four Pillars of the ELITE Program



The in-depth knowledge and understanding of individual customer opinion and behavior are essential to set the optimal mix and level of activities to be devoted to each of them

How to build In-depth Prescriber Insight?

Insight = Knowing + Understanding

Decision-making

Better Knowledge

- Med reps must regularly **collect key facts and figures** related to each individual prescriber:
 - What are the profile of his patients?
 - What is the evolution of the number of his patients?
 - What are his prescribing habits?
 - What does influence him (externally and internally)?
 - What does he expect from interactions with med reps?
 - Which communication channels does he prefer?
 - What are his personality traits?
 - Etc.

Better Understanding

- For each of these collected facts and figures, med reps must systematically **probe** their prescribers to **discover the underlying reasons**
- Thus, they must identify – **prescriber by prescriber** – and better than their competitors – **what drives their opinion and behavior**
- The **accuracy of insight** will help med reps **determine the actions** which will **raise the prescriber preference** to their brands

TO

Better Convince

- Based on their prescribers' insight, med reps will be able to **define**, prescriber by prescriber:
 - The **most convincing messages** regarding their brands, the associated services and their company
 - The **preferred** and most effective communication **channels** to convey these messages
 - The **right behavior** to have while interacting with them
 - The **optimal level of effort** (investment) to make

While interacting with med reps, physicians look for: information, services, and/or emotion, knowing that one of these expectations is generally predominant

The “Seeker Portrait” Model – Principle

- Physicians’ expectations vis-a-vis med reps depend on:
 - External influencers¹
 - Internal influencers (i.e., the history of their interactions with med reps and other collaborators² of their company)
 - Their personality
- The “Seeker Portrait” model can help med reps characterize what physicians will predominantly expect while interacting with them: Information – Services – Emotion
- If physicians’ expectations are in fact a mix of these three types, one will be dominant, reflecting their personality, their influences and their specific needs at a point of time
- Physician dominant expectations may vary:
 - Over time
 - With the brand status (innovative or me-too, new or established)
 - With med reps (according to their past interactions)



To increase the probability of influencing favorably the opinion and behavior of each physician, med reps must define their dominant type of expectations

The “Seeker Portrait” Model – Features



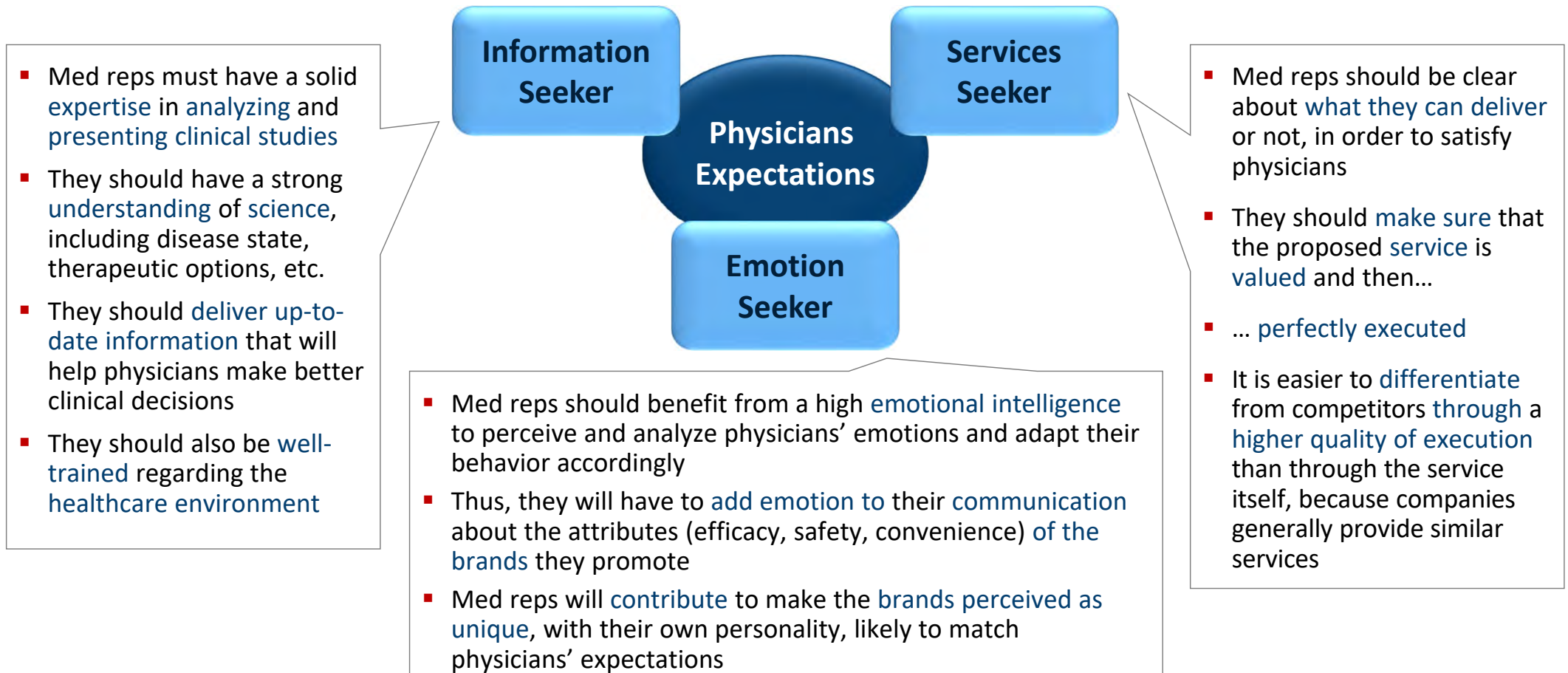
- **“Information-Seekers”** expect from med reps information based on clinical studies and evidence-based medicines (EBM)
- They want to be kept informed about the latest disease-related news (*i.e., new clinical studies about the promoted product and its competitors, new medical guidelines, scientific events, new regulations from health authorities, or new conditions of co-payment by payers, etc.*)

- **“Emotion-Seekers”** expect to have a good time, a pleasant exchange while interacting with med reps (*e.g., about its medical practice, its hobbies, the Med Reps experience, the company he works for, etc.*)
- They expect med reps to be trusted advisors, delivering unbiased information, demonstrating empathy, respect, etc.

- **“Service-Seekers”** expect from med reps service delivery such as:
 - Invitation to enroll their patients in adherence programs
 - Completion of patient registries
 - Compilation of scientific information
 - Invitations to CME¹ programs
 - Invitations to congresses / symposiums

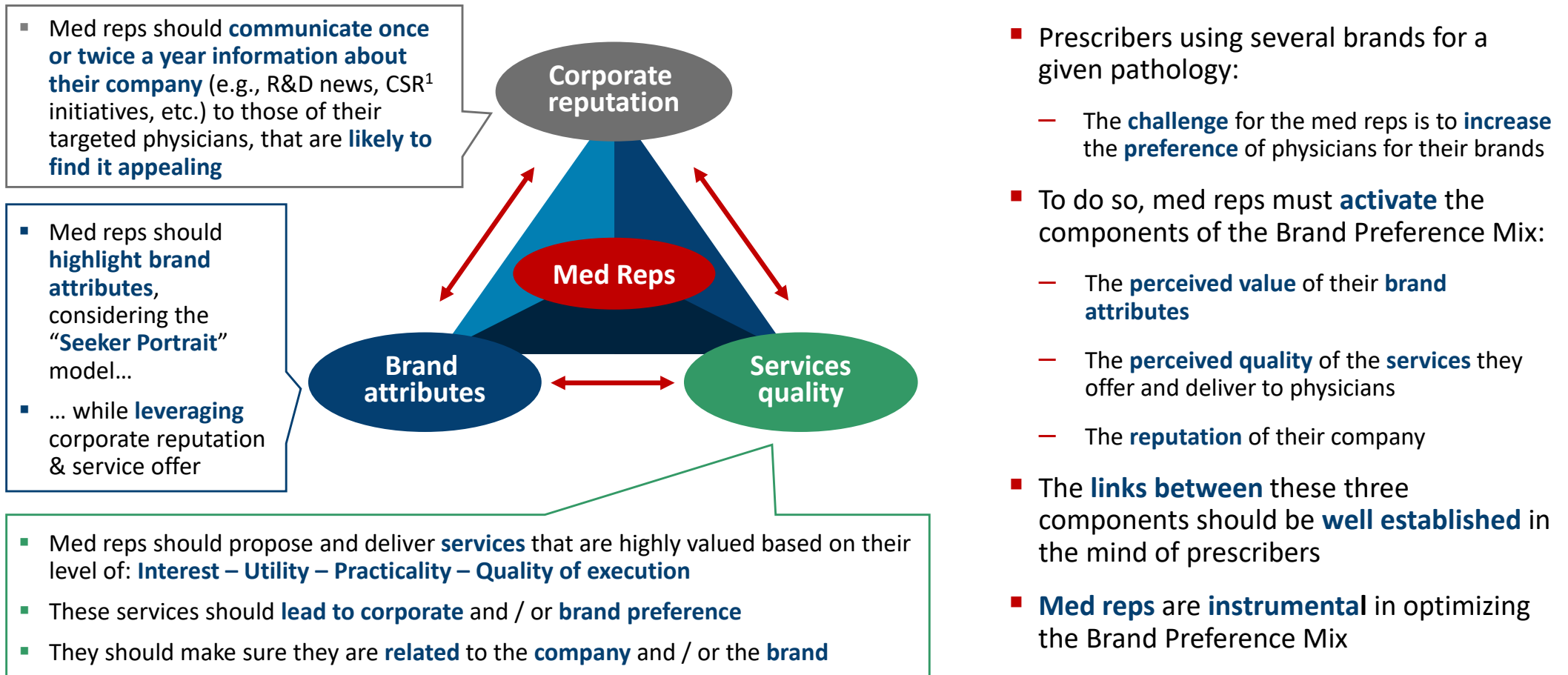
The different types of dominant expectations require from med reps’ different sets of skills and an adjustment of their behavior while interacting with physicians

The “Seeker Portrait” Model – Implications for med reps



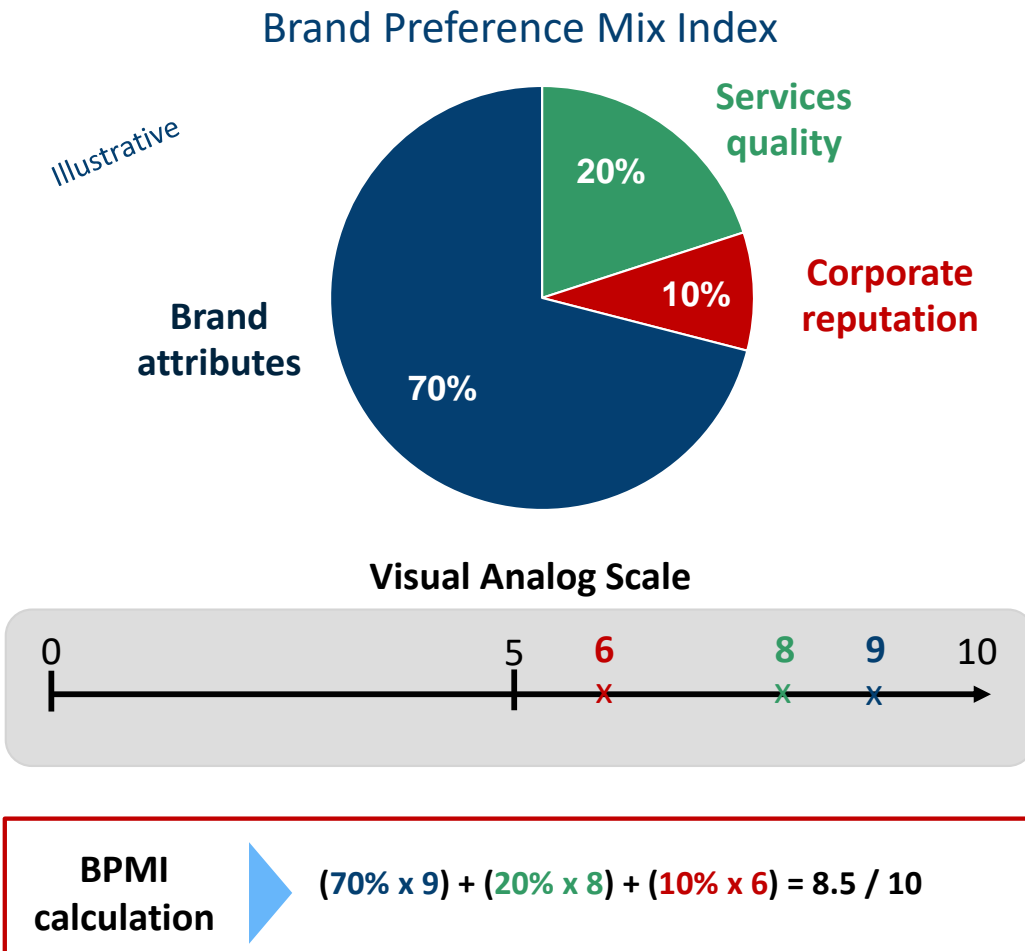
The Brand Preference Mix determines the key drivers that can be activated by the med reps to enhance the preference of their targeted physicians

The Brand Preference Mix (BPM) – Principle



The Brand Preference Mix Index (BPMI) enables to evaluate the brand performance on each of its preference components, over time and compared to its competitors

The Brand Preference Mix (BPM) – Tool #1



- The Brand Preference Mix Index (BPMI) is a measurement **tool** that **considers**:
 - The **relative importance of each BPM component** (i.e., corporate reputation, brand attributes and associated service quality) per brand
 - The **score of the brand**, on a 10-point scale, for each of its preference components
- The BPMI can be defined per customer¹, per indication, per form, etc.
- The BPMI **scores the customer perception** at a given point in time, making **possible to track the evolution** of this perception over time and to **compare it to competitors**, considering:
 - **External events** (i.e., related to health authorities, competitors and customers' behaviors)
 - **Internal events** (i.e., related to operational activities², quality of services offered, communication strategy)

Sources: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

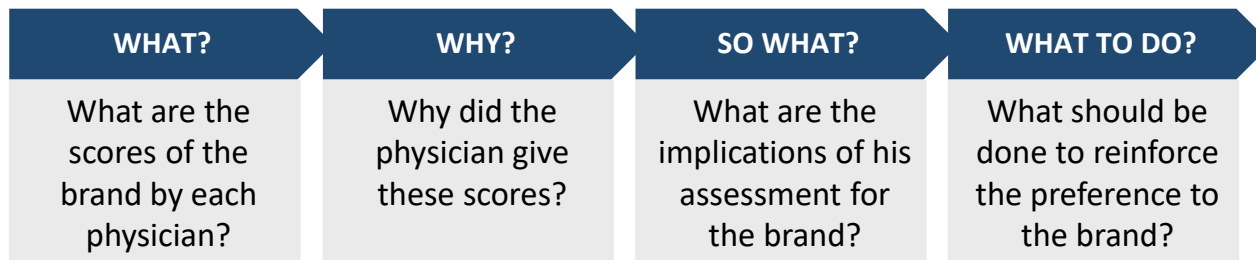
¹ Physicians, patients, pharmacists, nurses, payers, health authorities, etc. – ² Medico-marketing-sales

Med reps can monitor the brand performance with the “Brand Preference Mix Index” while calling upon their targeted physicians and thus, fine-tune their activities

The Brand Preference Mix (BPM) – Tool #2

Assessment guide for medical reps

From observation to decision: The 4 Ws approach

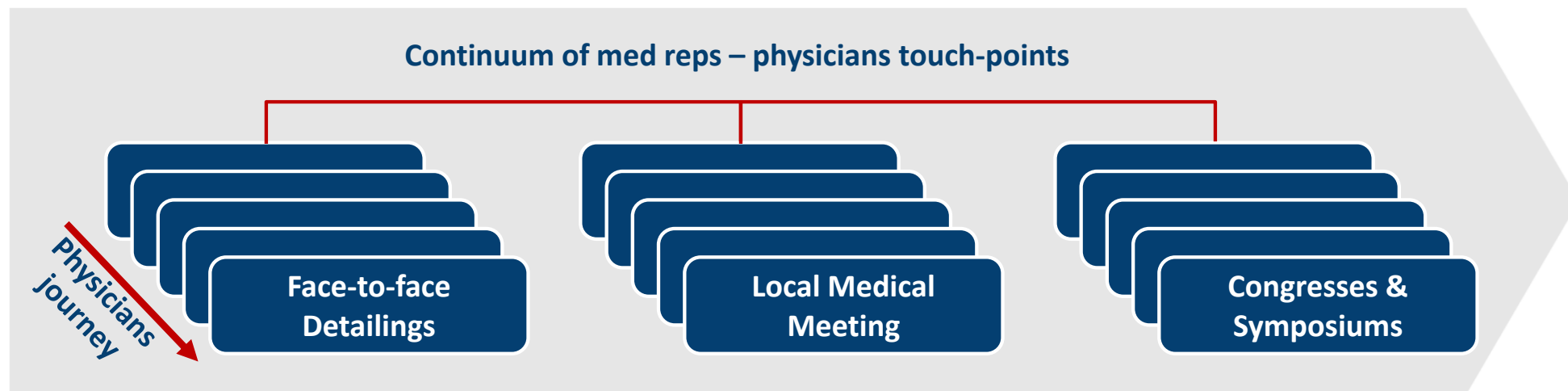


- Recent experiences have shown that:
 - >95% of physicians **accept to be questioned** on the three components of the BPM
 - >80% of physicians consider that the **BPM approach conveys a positive image**
 - >85% of medical reps say that the **BPM helps improve their insight** into physicians
- Once physicians have evaluated the brand with the BPM, they are asked:
 - What is the **rationale** supporting these **scores**?
 - What **should be done to raise their preference** to the brand?
- Then, **med reps** can **fine-tune** their **messages**, their **activities**, **physician by physician**, based on the feedback
- The collected **information** should be **shared** with **marketers** who will define specific initiatives to reinforce prescribers’ preference to the brand

By offering physicians exceptional experiences while interacting with them, med reps' access will be eased and the preference to the brands they promote increased

Why to create High Impact Interactions?

- Smart Pharma Consulting has developed the “**H2I Program**” (High Impact Interactions Program) to help med reps¹ create a **continuum** of **exceptional interactions** with physicians so that they:
 - **Accept** (or even ask for) **more regular contacts** with med reps
 - **Increase** their **preference** for the brands promoted by the med reps



Sources: Smart Pharma Consulting

¹ Other collaborators from pharmaceutical companies, like MSLS (Medical Science Liaisons), KIMs (Key Institution Managers), KAMs (Key Account Managers) may also have a direct or indirect impact on physicians' opinion and behavior

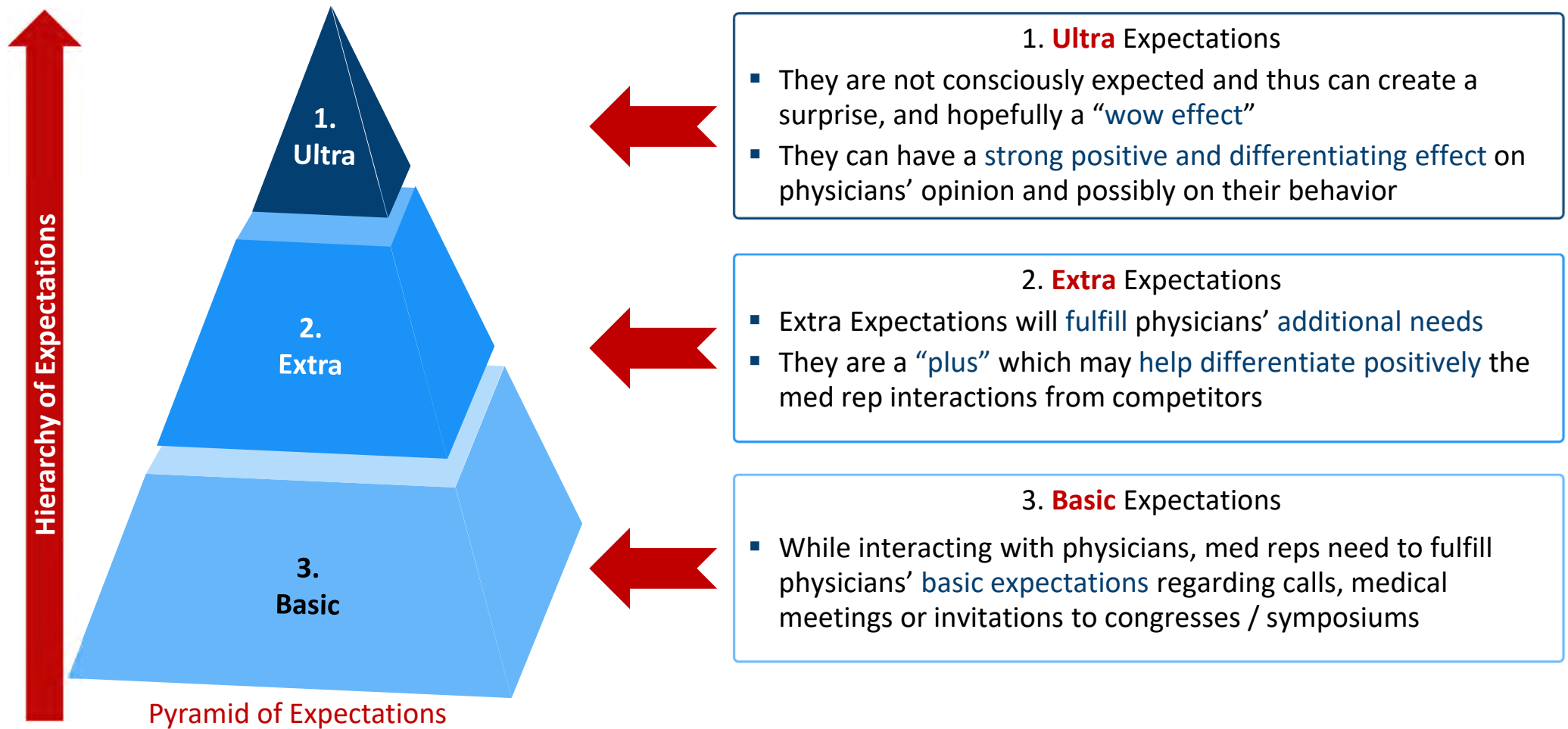
Physicians experience while interacting with med reps will depend on their assessment of the four determinants of the three following types of interactions

High Impact Factors Identification



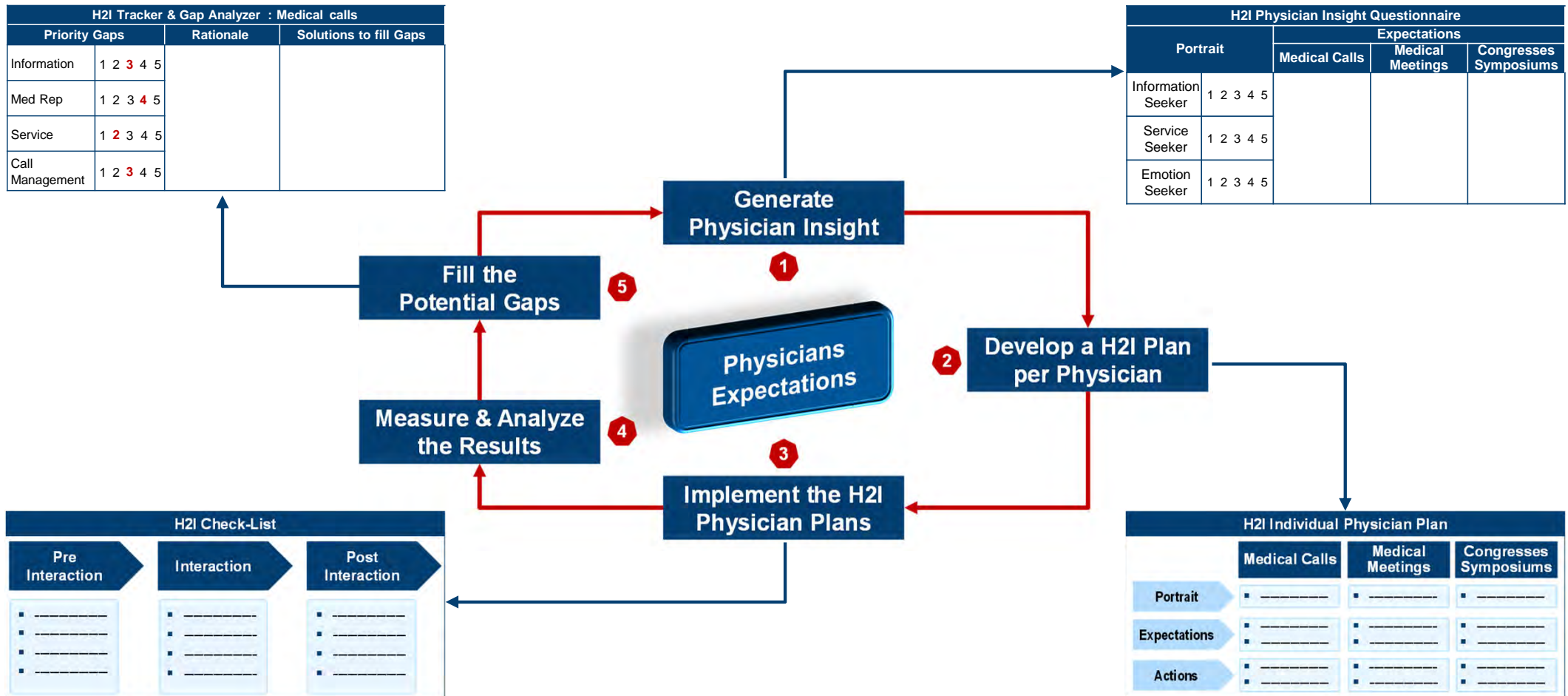
To create High Impact Interactions (H2I), med reps need to move up the pyramid of expectations to offer physicians a continuum of unique experiences

High Impact Interactions (H2I) Program – Principles



For each of the five steps of the H2I Program, enabling tools will be designed to facilitate their proper execution by med reps

High Impact Interactions (H2I) Program – Framework & Tools



Sources: Smart Pharma Consulting

Job passion lies on six key drivers that pharma companies may manage carefully if they want their med reps to give their best to achieve their objectives

What is Job Passion?

- Job passion is influenced by **six key drivers**:

- Passion for a job is a **strong inner emotion** which is expressed by:

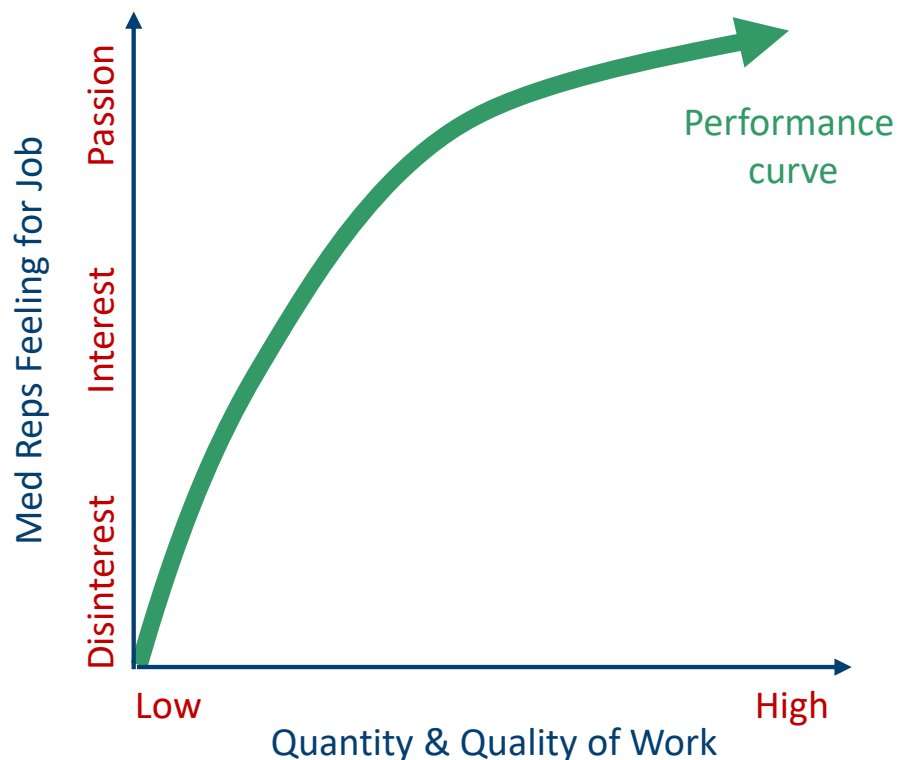


“Passion is the difference between having a job or having a career”

As passionate med reps deliver better results than those who are not, pharma companies must recruit them, sustain their feeling and secure their loyalty

Why to stimulate Job Passion?

Impact of Passion on Performance



- Passionate employees¹ being **more satisfied** with their job and **more motivated**, they will tend to **work longer hours** and to work **better**
- Therefore, it is of the **utmost importance** for pharma companies to:
 - **Recruit** med reps that are passionate for their job
 - **Create** the working **conditions** to keep their passion up
 - Put in place a plan to **retain** them

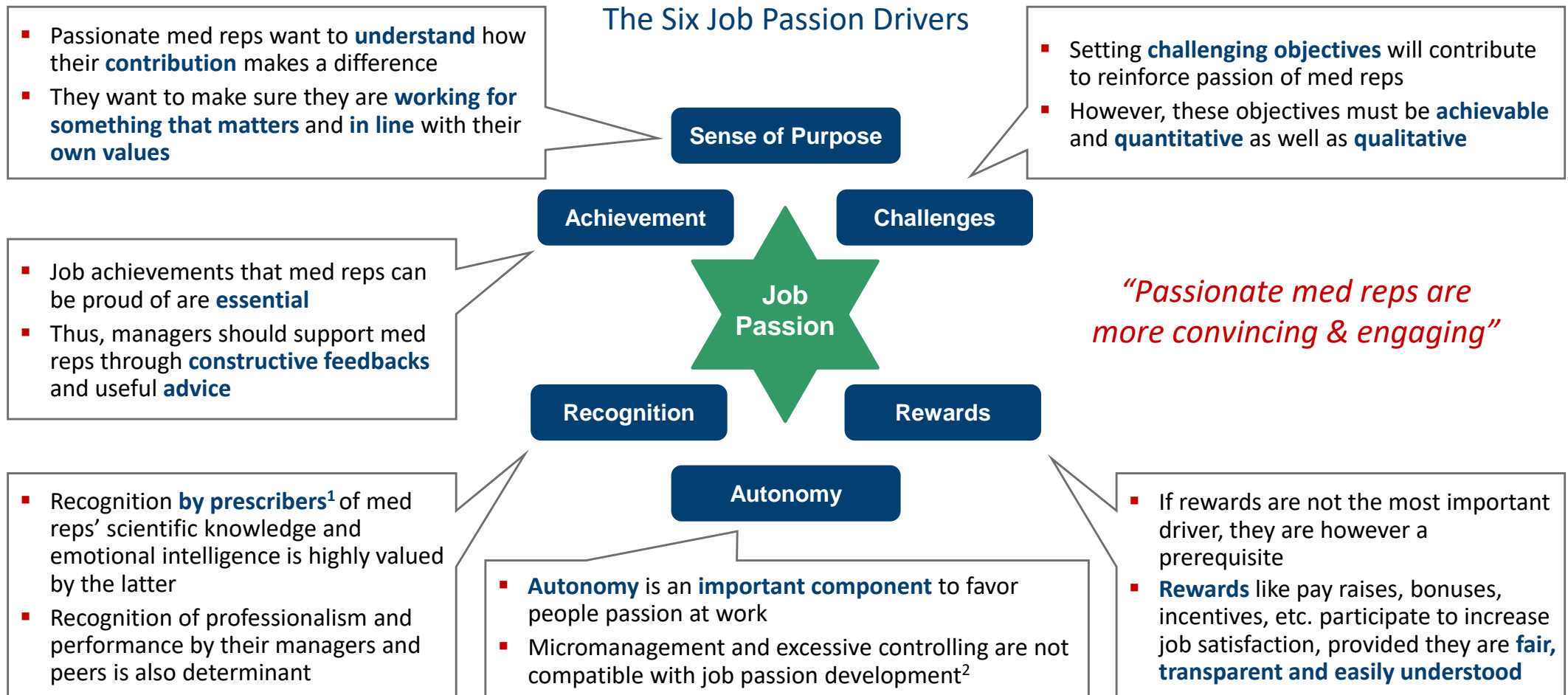
“Pleasure in the job puts perfection in the work” – Aristotle

Sources: Smart Pharma Consulting

¹ In a study carried out by Deloitte in 2014, 88% of interviewed people said they are not passionate at work

Pharma companies and especially area managers should keep up or even stimulate the passion of their med reps at work with the help of the six following drivers

How to stimulate Job Passion?



Sources: Smart Pharma Consulting

¹ The ELITE Program, if correctly designed and implemented, will boost the perception of med reps by the prescribers they interact with –² However, med reps and their managers should keep in mind that autonomy is earned and not a right

The best performing companies can develop deeper physicians' insight and to create sustainable physicians' experiences that stimulate their desire and preference

Key Success Factors (1/2)

Develop
Insight

- **Interactions** should be used to **better know and understand** physicians needs...
- ... and to identify what is likely to please, impress, delight, or positively surprise them

Instill a
Culture

- The ELITE Program should **come from the top management** and **disseminate** throughout the company **to reach med reps** who need to **understand the benefits** they will draw from such a program

Define a
Strategy

- The ELITE Program should be **part of a broader strategy** aiming at strengthening **physicians' preference** to the promoted brands
- Thus, it should be **integrated into the brand marketing** and **sales strategy**

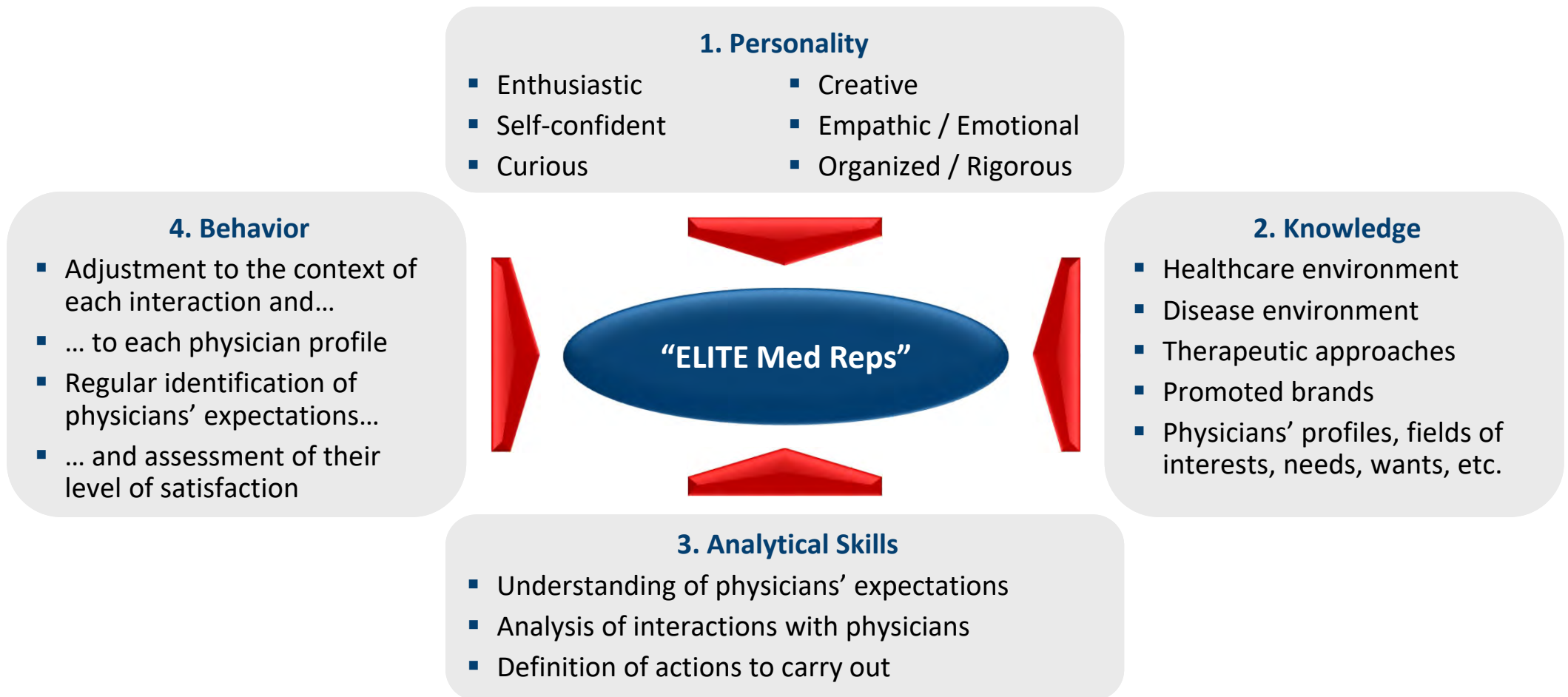
Design a Process

- The ELITE Program should be **implemented**, according to a **well-defined process**, to ensure a consistently **high quality of execution**...
- ... and **monitored** with **specific metrics** to fill the gaps, if any, with proper solutions

“Excellence is doing ordinary things extraordinarily well” – John W Gardner

To obtain quick and tangible results, “ELITE Med Reps” would need to adjust their behavior, certain traits of their personality and improve their technical skills

Key Success Factors (2/2)



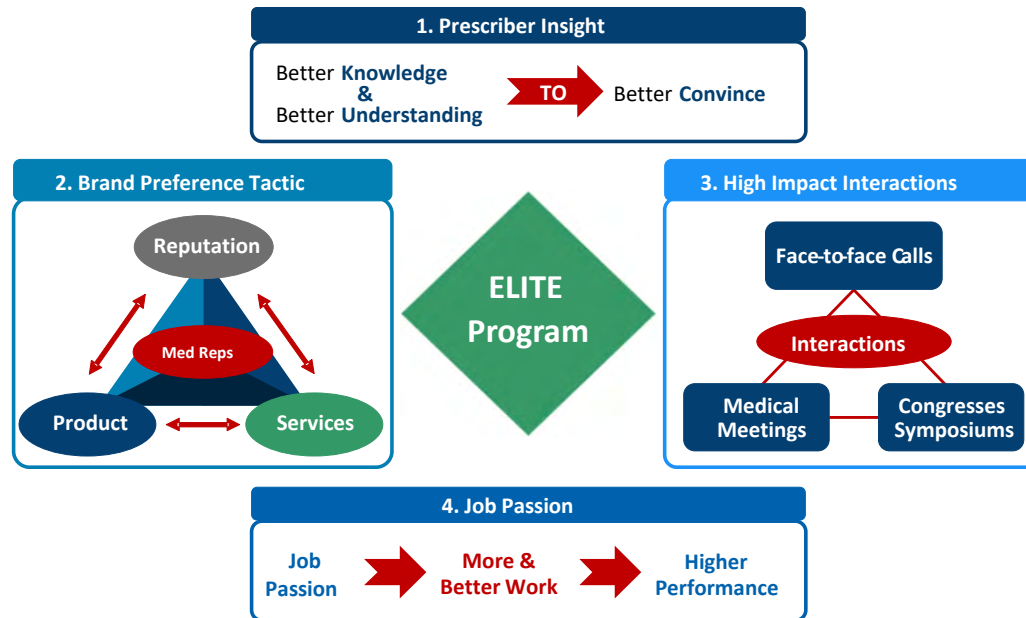
As the author of the ELITE Program and considering their operational experience, Smart Pharma consultants are well positioned to facilitate its implementation

Smart Pharma Consulting Services

ELITE Program Implementation

- Smart Pharma Consulting has an **in-depth expertise** in **improving sales force efficiency** coming from:
 - General management experiences in France and abroad for pharma companies
 - Numerous sales force effectiveness consulting projects carried out
- The ELITE Program which has been developed by Smart Pharma Consulting proposes a **holistic** and **practical** approach to **obtain** a significant **improvement** of **med reps' efficiency** and **efficacy**
- Smart Pharma Consulting can help pharma companies implement the ELITE Program as follows:

1. **Craft a communication strategy demonstrating to med reps** the benefits they will draw from the program
2. **Design a framework** that fits the company **ambition** and considers its **current situation**
3. **Create specific and user-friendly tools to facilitate the execution** of the **four pillars** of the **ELITE Program** by the med reps



4. **Develop specific training modules¹ for med reps** and their **managers** to help them master Concepts – Methods – Tools related to each of the four pillars that constitute the ELITE Program
5. **Adjust the organization** to best support the execution of the ELITE Program

Sources: Smart Pharma Consulting

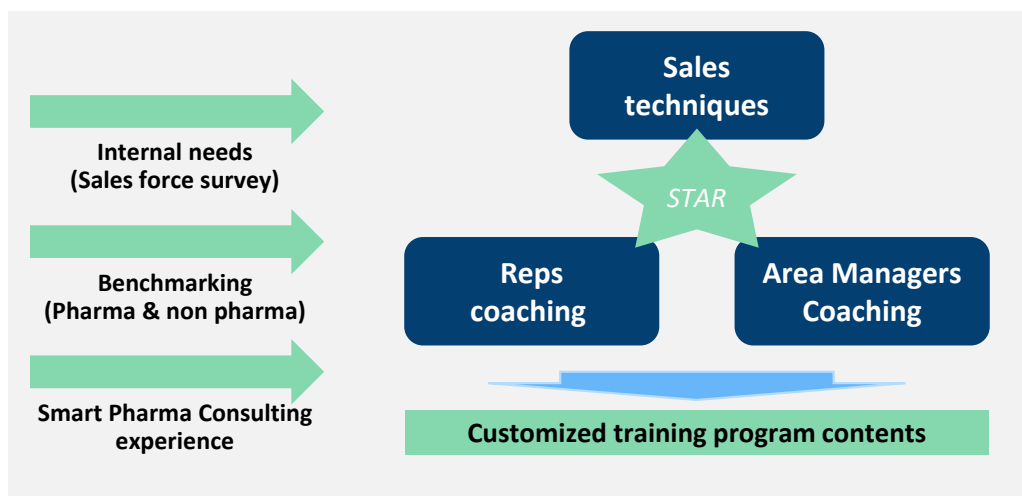
¹ The Smart Pharma Institute of Management, which is the training department of Smart Pharma Consulting, is registered since 2001

The STAR (Sales Techniques Application for Results) program can be entirely customized to pharma companies needs and rolled out in a timely manner

Smart Pharma Consulting Services

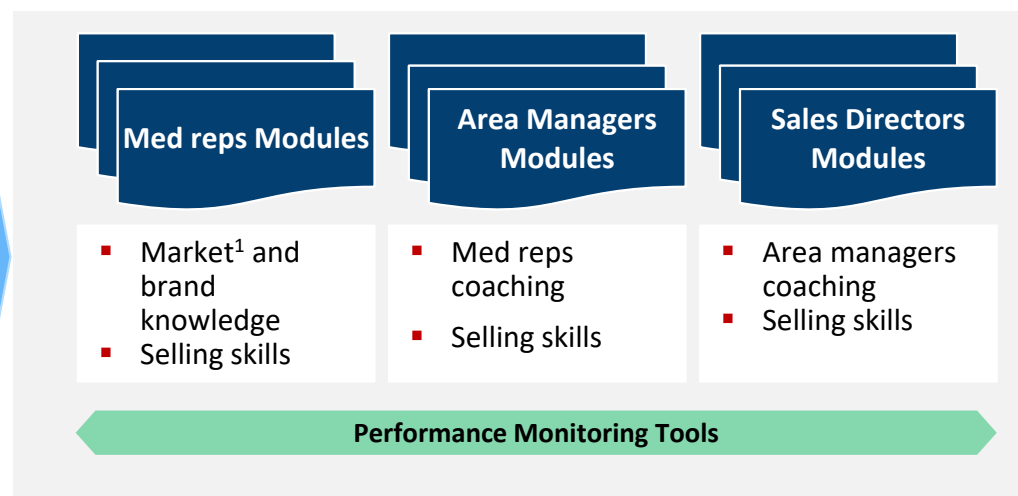
STAR Program Implementation

Identification of sales force needs and expectations



- Evaluation of sales force teams needs and expectations through an internal survey
- Proposition of adjustments or deep changes matching needs and expectations
- Enrichment of the program with external analyses (benchmarking)
- Finalization of the program in view of company portfolio and culture

Program roll-out



- Train the trainers' sessions with area managers and sales force directors
- National launch of the customized STAR program (seminar)
- Regional roll-out (regional meetings and dual call days with area managers & med reps)
- On-going program adjustments in view of strategic priorities and sales force needs

Sources: Smart Pharma Consulting

¹ Including the healthcare system, the pathology, the therapeutic alternatives, the physicians called upon, etc.

Med Reps Survival Post-Covid-19

————— BEST-IN-CLASS SERIES —————

Vision & Recommendations

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

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

Introduction

- 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)?

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

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

Situation Analysis (1/3)

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.

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

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

Situation Analysis (2/3)

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

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%

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

Situation Analysis (3/3)

Barriers to physicians in-person access

- | | | |
|---|--|---|
| <p>1 Stale information conveyed</p> |  | <ul style="list-style-type: none"> ■ Physicians say that Med Reps waste their time by sharing information they already know |
| <p>2 Product-focused information</p> |  | <ul style="list-style-type: none"> ■ Physicians complain that they receive too much product-related data, that is canned and not objective enough |
| <p>3 Too many patients</p> |  | <ul style="list-style-type: none"> ■ Physicians are meeting more and more patients per day, while shortening the consultation time per patient |
| <p>4 Too many paperwork</p> |  | <ul style="list-style-type: none"> ■ 2/3 of physicians' working hours is spent on bureaucratic tasks (e.g., EHR¹, EMR², EPR³, reimbursement form) |
| <p>5 Hospital / institution policy</p> |  | <ul style="list-style-type: none"> ■ Internal rules banning / restricting access to physicians are set to limit distraction and influence by Med Reps |

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






¹ Electronic Health Record – ² Electronic Medical Record – ³ Electronic Patient Record

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

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

Recommendations (1/6)

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

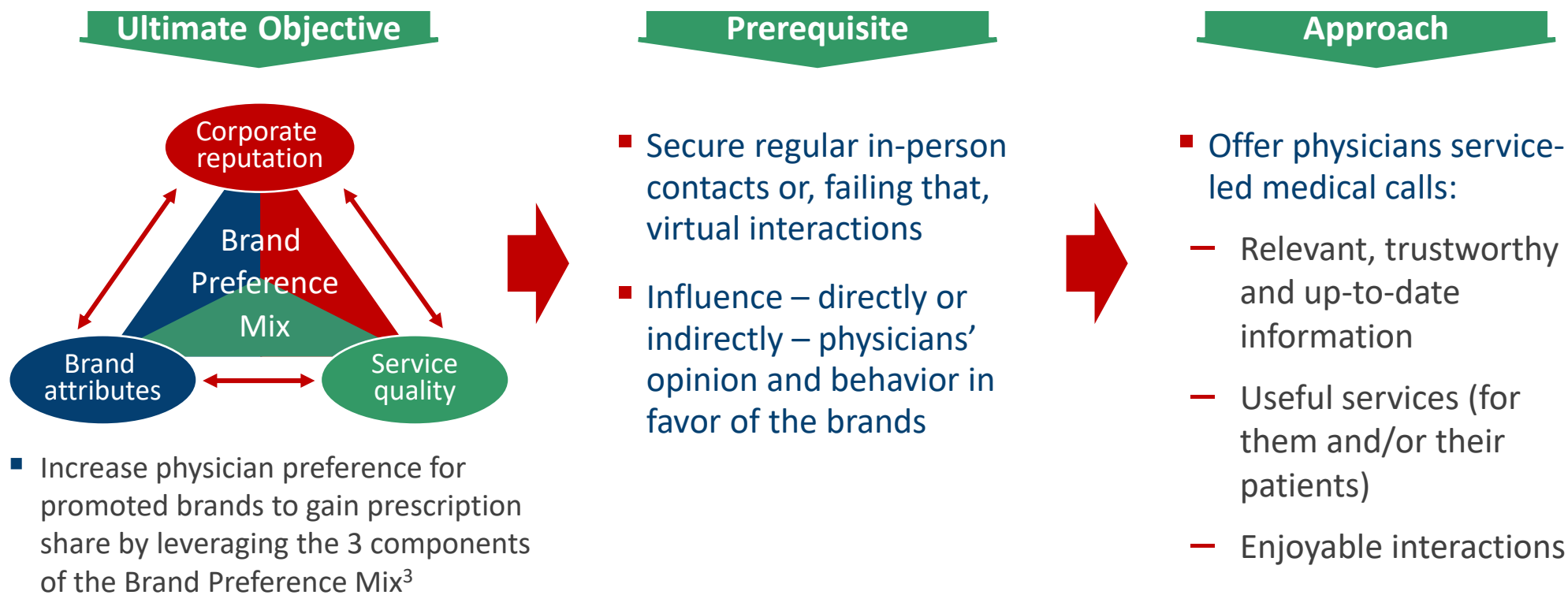
¹ Related to diseases, patient care, etc. – ² Depending on national regulations, hospital / institution policies and pharma companies’ compliance rules – ³ Especially for key account hospitals / institutions. See our position papers: <https://smart-pharma.com/wp-content/uploads/2019/07/KAM-KIM-Relationships-in-Regions-VW.pdf>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

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

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

Recommendations (2/6)

Creation of service-led medical calls²



Sources: Smart Pharma Consulting

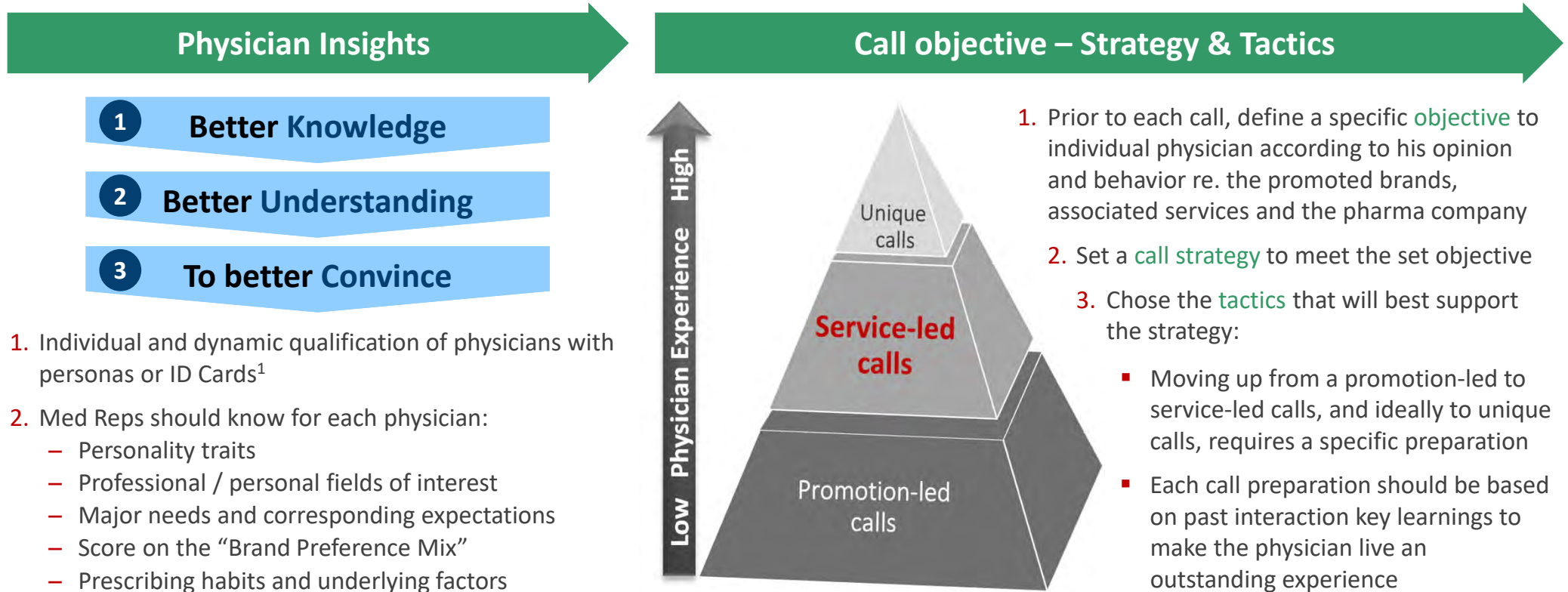
See our position papers: ¹ <https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf> – ² <https://smart-pharma.com/wp-content/uploads/2019/12/Service-led-Medical-Calls-VW.pdf> and <https://smart-pharma.com/wp-content/uploads/2019/07/Create-impactful-interactions-with-prescribers-Web.pdf> – ³ <https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf>

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

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

Recommendations (3/6)

Creation of service-led medical calls – Preparation



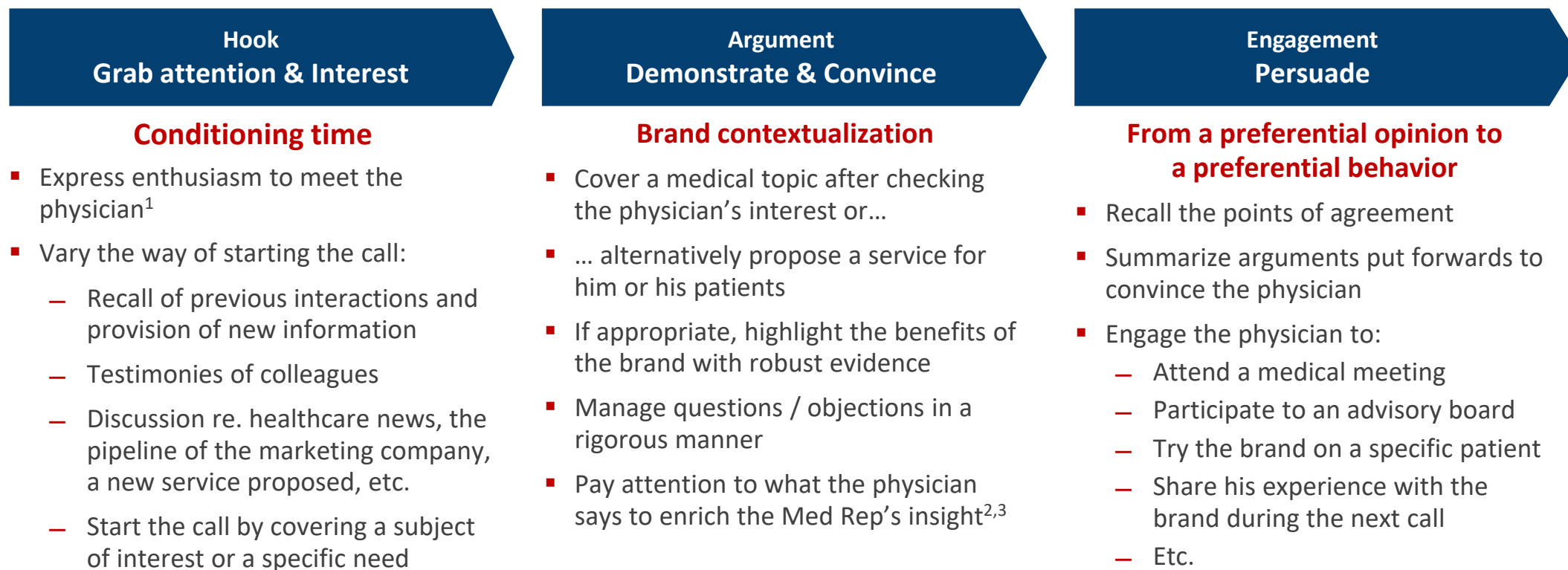
Sources: Smart Pharma Consulting

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

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

Recommendations (4/6)

Creation of service-led medical calls – Execution



Sources: Smart Pharma Consulting

¹ Be natural, sincere and genuine – ² I.e. The Med Rep knowledge and understanding of what the physician says and do – ³ A regular update by questioning the physician is essential

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

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

Recommendations (5/6)

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)

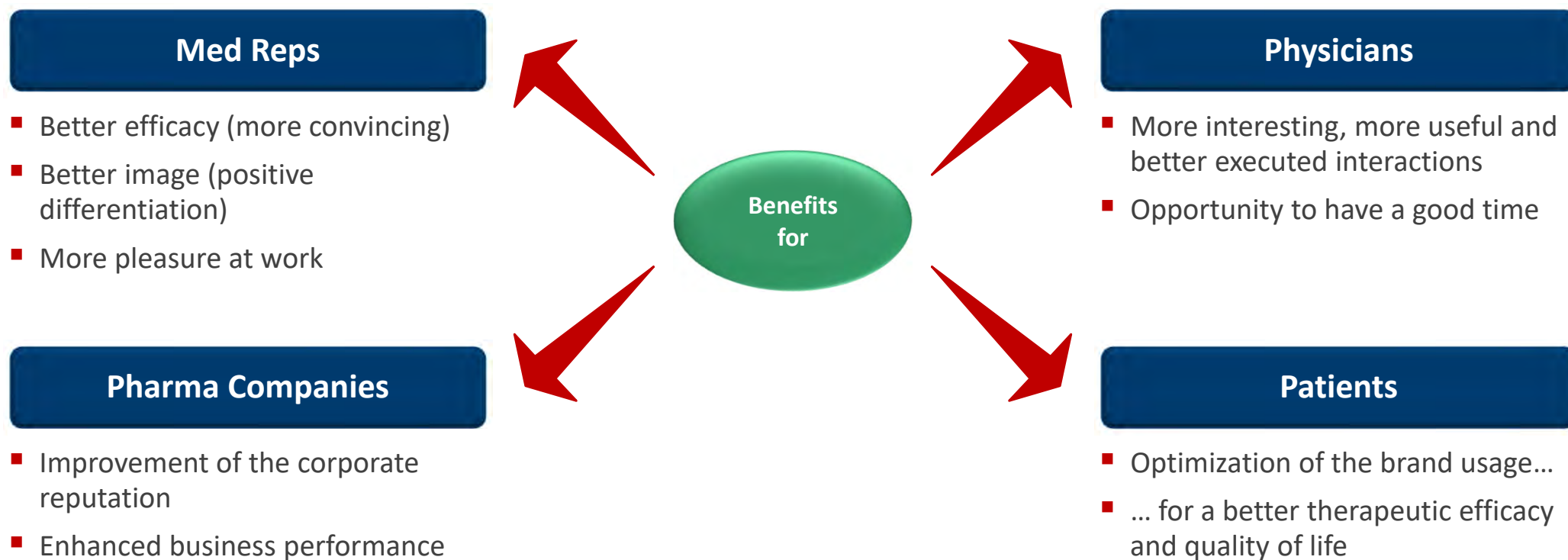
- Set the objective(s) of the next call(s) and / or interactions (e.g., follow-on emails) based on the new information collected and analyzed; ideally as soon as the call is over
- Anticipate and plan the searches to be carried out or the material to be gathered to implement – during the next call –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

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

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

Recommendations (6/6)

Creation of service-led medical calls – Expected benefits

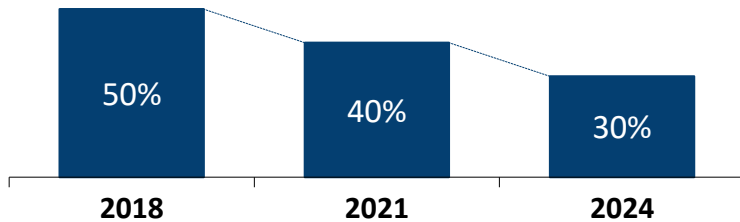


The drop of physicians accepting in-person calls, along with their more drastic limitation and the shortening of their duration, would lead to the disappearance of Med Reps, unless they evolve

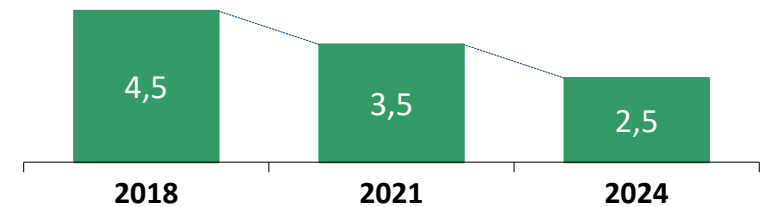
Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Vision (1/3)

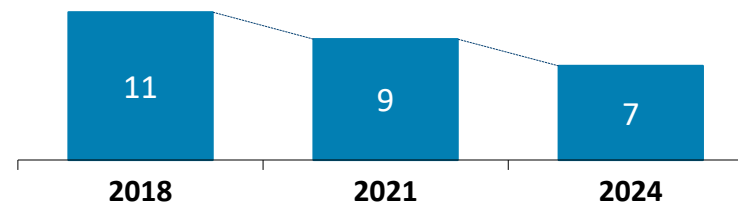
Accessible physicians to Med Reps
(% of total)



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

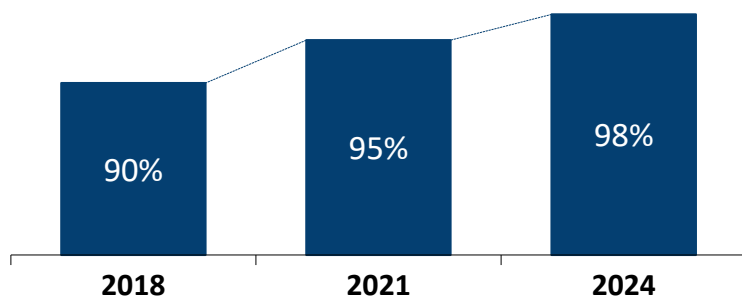
Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g., DRGs – ZS – McKinsey)

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

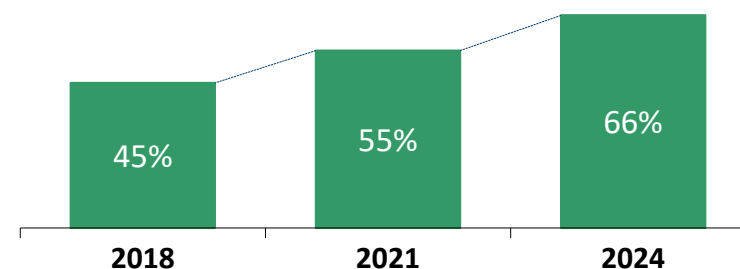
Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Vision (2/3)

Online scientific search by physicians
(% of total)



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



- 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

- 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

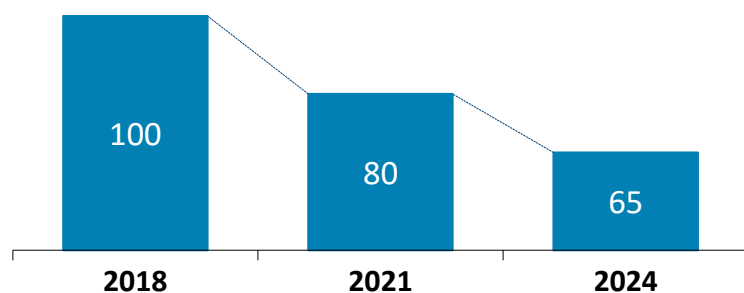
Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g., DRGs – ZS – McKinsey)

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

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

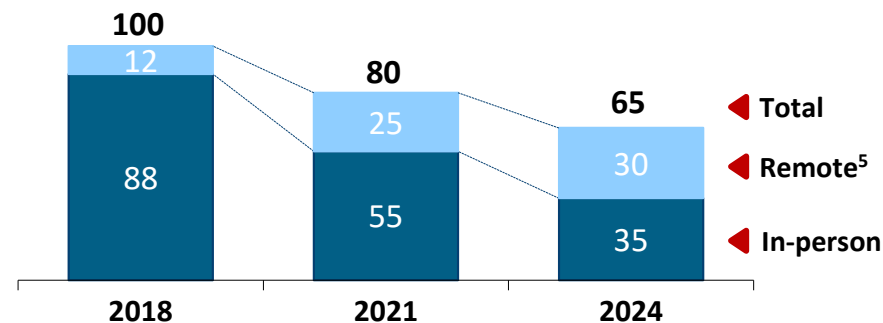
Vision (3/3)

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

Sources: Smart Pharma Consulting estimates and analyses based on multiple historical studies (e.g., DRGs – ZS – McKinsey)

¹ The decrease will be more important in the USA and Southern European countries than in Northern European countries – ² In oncology and hematology where many innovation are expected, the number of Med Reps may increase while in pulmonology or diabetes it will be the opposite – ³ According to their age, to their opinion vis-à-vis pharma companies' sales forces in general – ⁴ Independent, in a hospital or institution

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

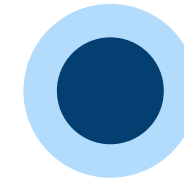
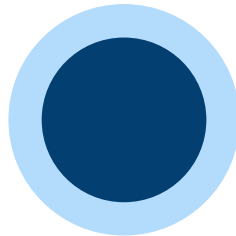
Part 2 – How to Anticipate / Participate to Med Reps' Job Evolution (2021 – 2024)?

Recommendations – Principles (1/4)

2021 Med Reps

2024 Med Reps

- In-person interactions
- Remote interactions



- #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

Sources: Smart Pharma Consulting

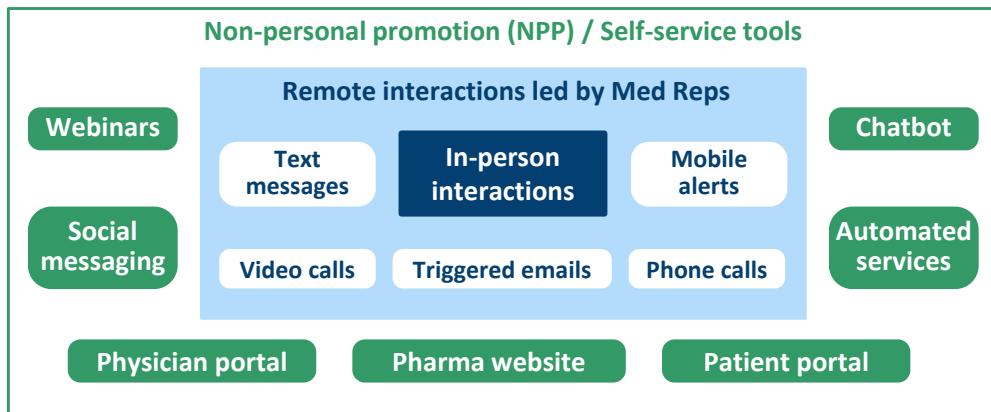
¹ For the physicians, the patients, the hospitals and other relevant stakeholders (e.g., payers, pharmacists, nurses)

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

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

Recommendations – Principles (2/4)

#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

Sources: Smart Pharma Consulting

¹ For more details, see our position paper "Outstanding Physician Experience": <https://smart-pharma.com/wp-content/uploads/2019/10/Outstanding-Physician-Experience-EV-VW-1.pdf>

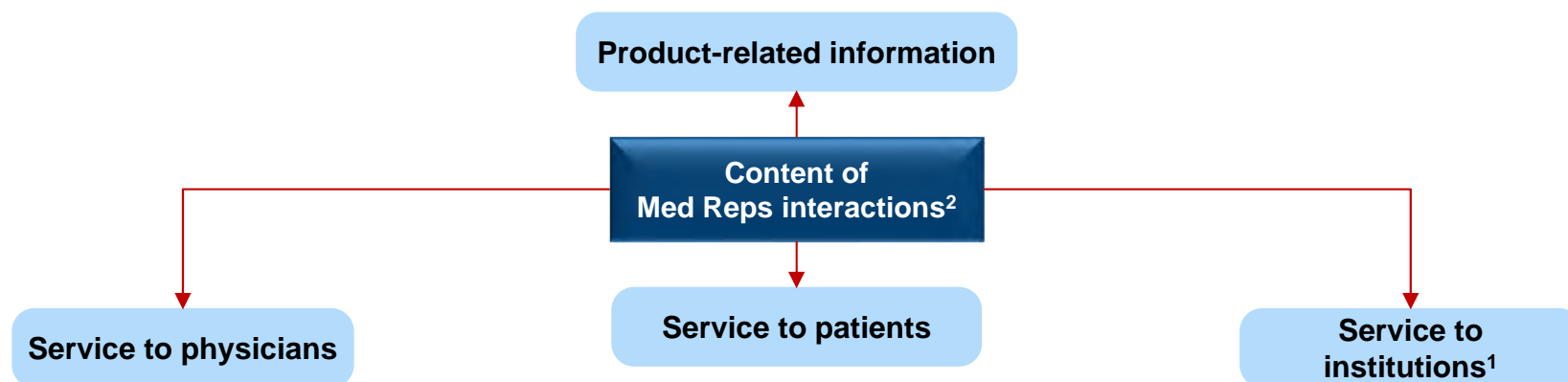
When interacting with Med Reps, physicians expect a better quality and balance between product-related information and services proposed to them, their patients or their institution¹

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

Recommendations – Principles (3/4)



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



- 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)

Sources: Smart Pharma Consulting

¹ Hospital, healthcare center, group practice, etc. – ² Either in-person or remote interactions – ³ Key Account Managers

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

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

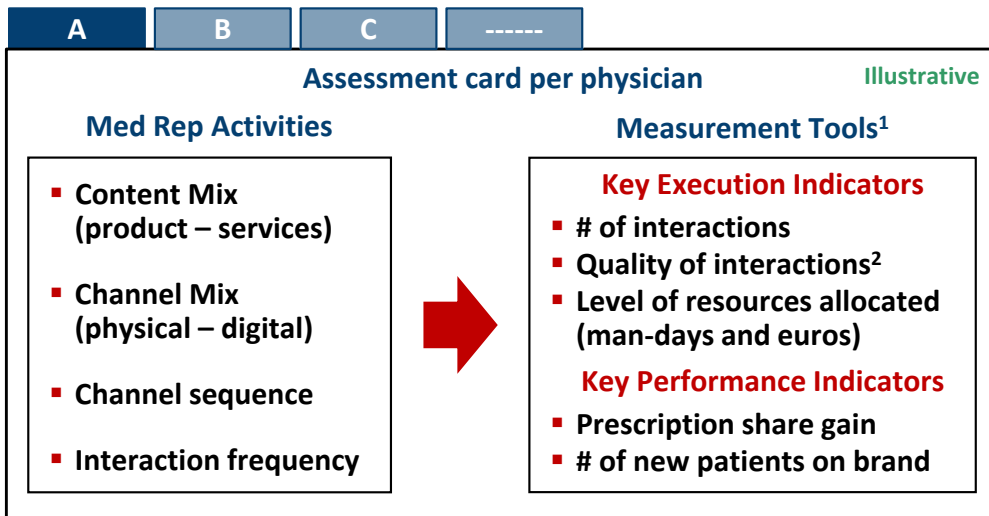
Recommendations – Principles (4/4)



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



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

Mindset

- Self-confident
- Organized / Rigorous
- Enthusiastic
- Empathic / Emotional

Knowledge

- Healthcare environment
- Disease environment
- Therapeutic approaches
- Promoted brands
- Physicians profiles, fields of interest, needs, wants, etc.

Competencies

- Physicians’ expectations understanding
- Analysis of interactions with physicians
- Definition of specific actions to execute
- Assessment of the quality of execution

- 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

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>

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

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

Recommendations – Implementation

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

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>



Smart Pharma
CONSULTING

Service-led Medical Calls

————— BEST-IN-CLASS SERIES —————

Securing Access to Physicians
& Boosting Brand Preference

1. Introduction

Current Situation

Medical call experiences are generally considered by physicians of limited value, which explains their dissatisfaction and their reluctance to meet medical reps

- Access of medical reps with physicians is declining and calling time reducing
- Two main reasons explain this trend:
 - Physicians work overload due to staff shortages in view of the number of patients
 - Perceived waste of time¹ due to the lack of usefulness and/or interest in the content of the medical calls
- Physicians are ready to give medical reps some time, during medical calls, provided they can draw some benefits by:
 - Getting useful information
 - Being proposed valuable services, and/or
 - Having a good time

“The great majority of medical calls are perceived by physicians as a pure waste of time”

1. Introduction

Desired Situation

If well redesigned and executed, medical calls may offer physicians an outstanding experience¹ that will help med reps secure regular and impactful interactions

- Despite their poor image, and their high cost², face-to-face contacts remain the most effective promotional means...
- ... knowing that most physicians ignore digital channels³
- Medical calls should be reinvented to:
 - Secure regular access with physicians
 - Influence – directly or indirectly – physicians’ opinion and behavior in favor of the promoted brands
- For so doing, medical reps should turn each of their medical call into a service, highly valued by each of their targeted physicians
- Thus, these new service-led medical calls should offer physicians:
 - Relevant, trustworthy and up-to-date information
 - Useful services (for them and/or their patients)
 - Enjoyable interactions

“To have a positive impact, medical calls must bring a real benefit to physicians”

2. Why Transforming Medical Calls into Services?

- A medical call perceived as a service by physicians will lead to more regular contacts and...
- ... to a better memorization of the call content, a higher probability to convince them and an increased preference to the marketed brands



- A service-led medical call is characterized from the...

... Physician perspective...

... Med Rep perspective...



... by an interaction which is...

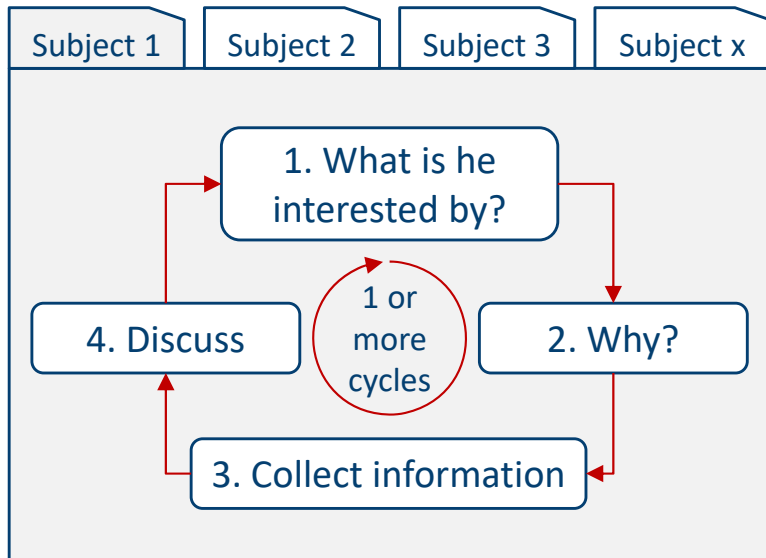
- ... Interesting
- ... Useful
- ... Well executed

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

3. How to Transform Medical Calls? – Physician Perspective



1. Fields of Interest



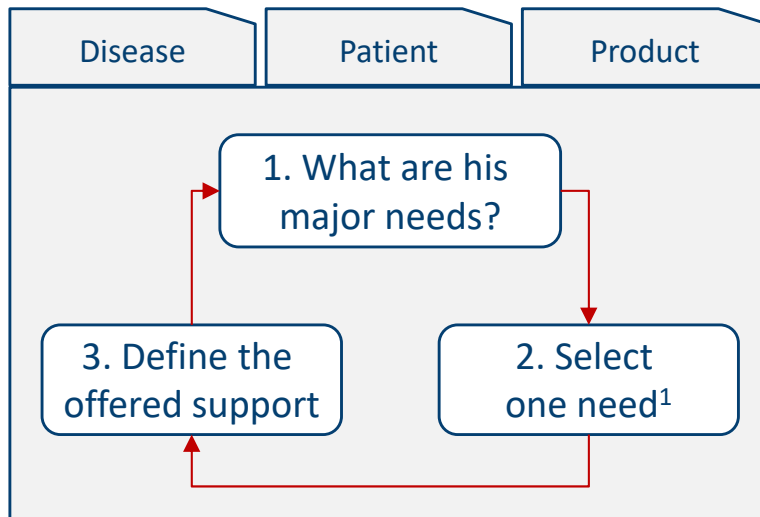
“What I particularly appreciate about this med rep is his inquiring mind. We always have interesting discussions”

1. Identify the subjects each physician is particularly interested by and for what reasons (even if these subjects have no direct implications in his professional practice)
2. Select one or several of these subjects
3. Develop your knowledge and understanding about these subjects so that to be able to:
 - Bring him relevant information
 - Share your thoughts
 and thus, have a discussion of interest, likely to differentiate yourself from your competitors

3. How to Transform Medical Calls? – Physician Perspective



2. Usefulness



“What I appreciate with this medical rep is that he provides high quality responses to my needs”

1. Identify the most important professional needs of each targeted physician (e.g., management of the patient flow, demonstration of the superior value or safety profile of a product vs. competitors)
2. Select the need for which the medical rep is going to propose an answer, after having assessed the:
 - Feasibility (technical, legal, financial)
 - Impact on the preference for the promoted brand
3. Agree upon with the physician the nature and importance of the support to be offered to fulfill the selected need to limit the risks of disappointment

3. How to Transform Medical Calls? – Physician Perspective



3. Execution



“With this medical rep I never waste my time. We always have interesting discussions”

1. Excelling in execution is a prerequisite for medical reps who must consider the:

- Context (e.g., collective calls, calls w/o an appointment)
- Physician behavior (e.g., though, talkative, in a hurry)
- Objective of the call (e.g., inform, invite to a congress, answer a question, engage)

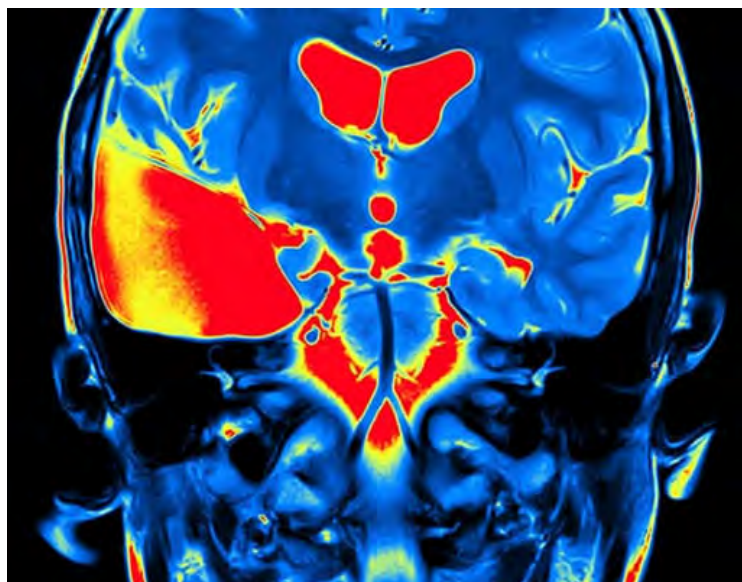
to define the best way to carry out the call (e.g., structure, duration, rhythm, tone)

2. Medical reps must also strive to impress physicians by:

- The breadth of their knowledge
- The soundness of their thoughts
- Their appropriate behavior¹

3. How to Transform Medical Calls? – Med Rep Perspective

1. Memorization



Brain MRI Scan

1. Medical reps' arguments should be supported by:

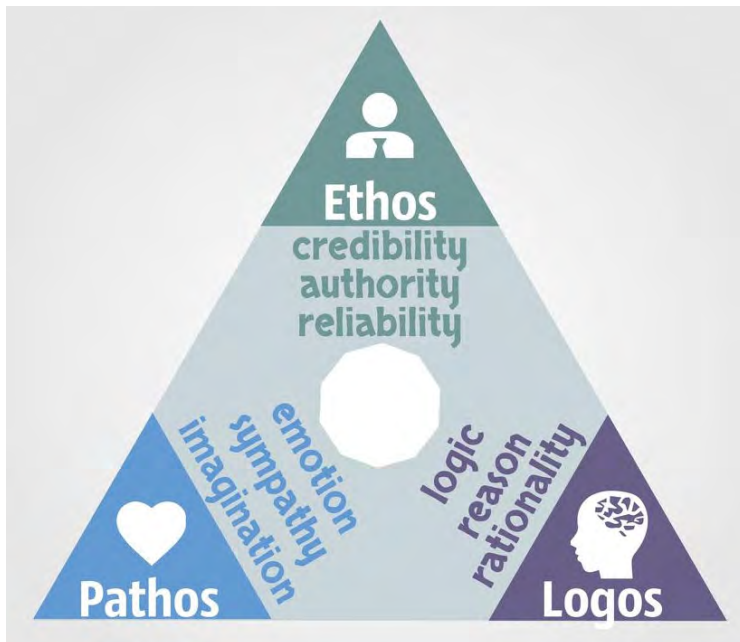
- “True stories” (e.g., testimonies of colleagues, patient cases, personal experiences) ...
- ... with a strong emotive content

2. Neurosciences have shown that “stories”:

- Stimulate attention and memorization
- Facilitate the persuasion by increasing the oxytocin which favors cooperative behaviors of people

3. How to Transform Medical Calls? – Med Rep Perspective

2. Conviction

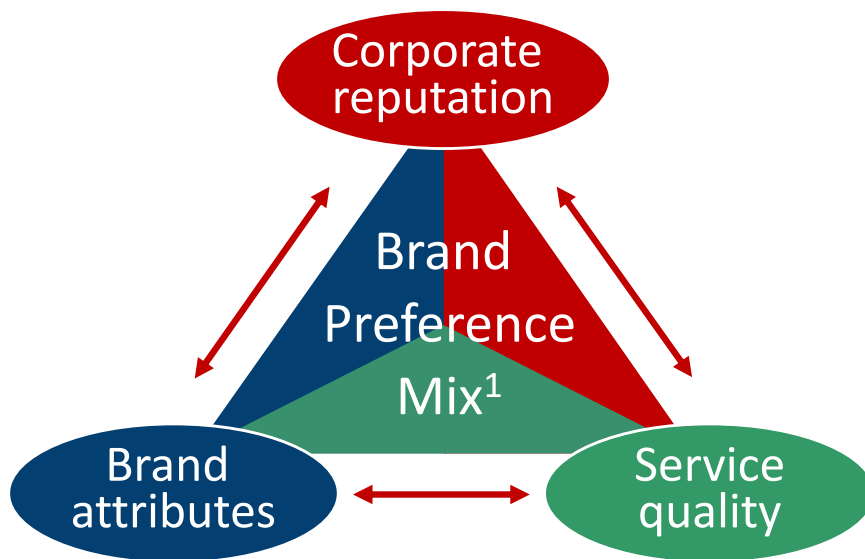


The Art of Rhetoric (Aristotle)

1. To persuade physicians, medical reps should leverage the three levers proposed by Aristotle¹:
 - The logical argument (Logos)
 - The emotion (Pathos)
 - The credibility (Ethos)
2. In addition, they should adjust to each physician:
 - Their speaking style (clear – precise – concise)
 - Their behavior (posture – voice – look – gesture)

3. How to Transform Medical Calls? – Med Rep Perspective

3. Preference



The Brand Preference

- To strengthen the brand preference of each physician called upon, medical reps should capitalize on:
 - The product distinctive benefits in terms of efficacy, safety and convenience brought to the physician himself and/or his patients
 - The reputation of the marketing company
 - The quality of the services offered to health care professionals, patients, health institutions, etc.
- Each medical call should be conceived (i.e., prepared, executed and followed up as a service per se) (what benefit the physician will get from the medical call?)

3. How to Transform Medical Calls? – Before the Call (1/3)

Who is my Physician?

1 Better Knowledge

2 Better Understanding

3 To better Convince

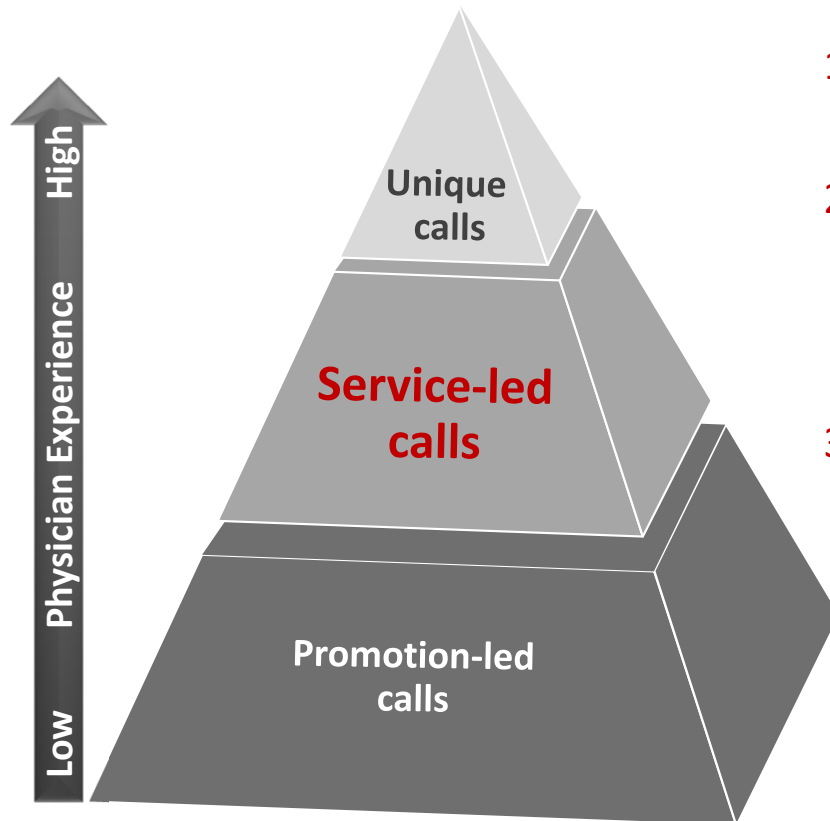
After the “ELITE” Program¹

1. Each physician should be precisely qualified in a dynamic manner, with tools such as personas or physician ID Cards²
2. Medical reps should be able to answer the following questions relative to each targeted physician:
 - What are his personality traits?
 - What are his main professional and personal fields of interest?
 - What are his major needs and corresponding expectations vis-a-vis pharma companies?
 - What is his opinion regarding the three components of the “Brand Preference Mix”?
 - What are his prescribing habits and the underlying factors?
 - What does he think about the quality of the calls carried by the medical reps?

3. How to Transform Medical Calls? – Before the Call (3/3)

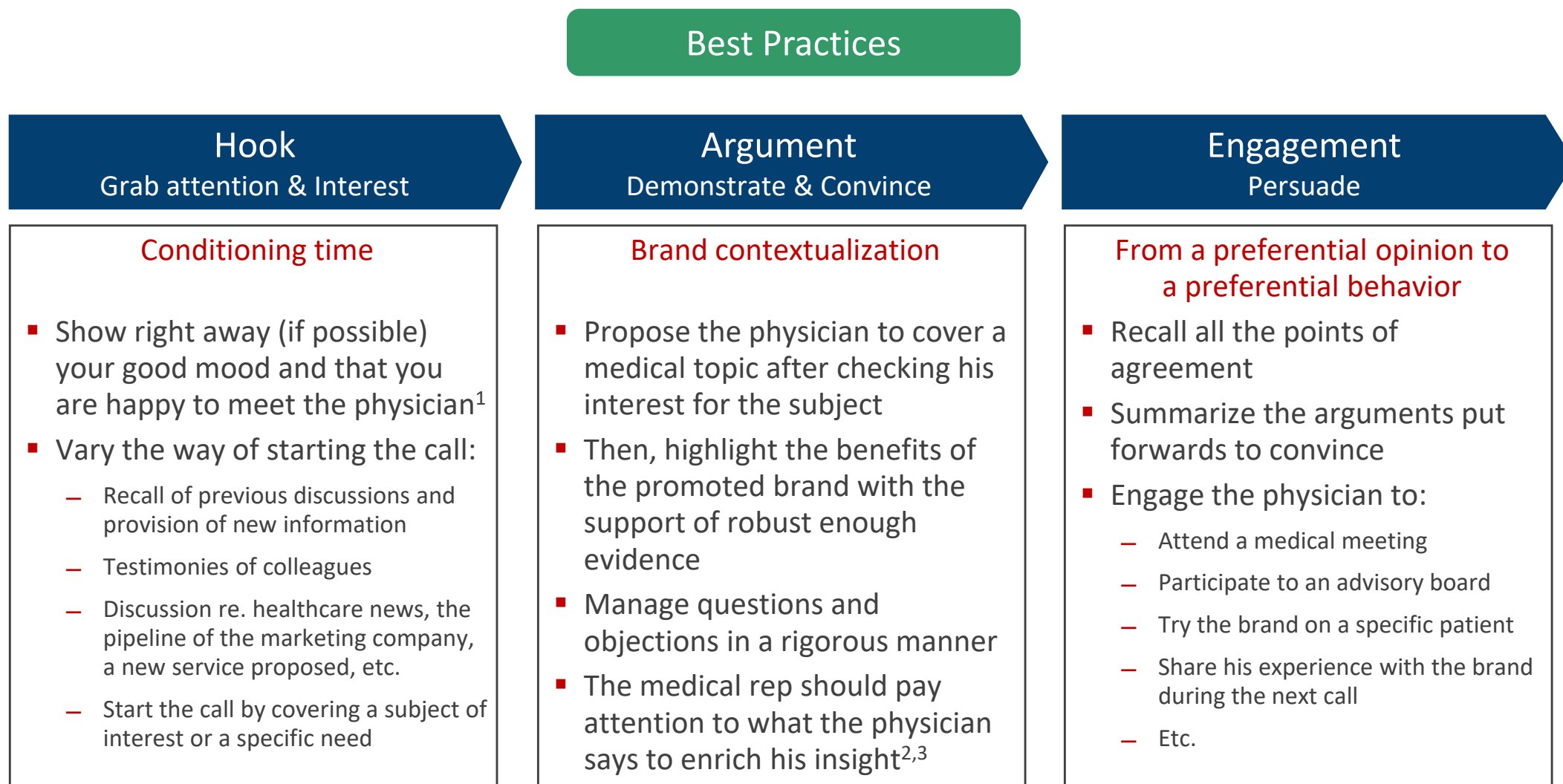
Medical Call Objective – Strategy – Tactics

Specific Individual Call Approach



1. Moving up from a promotion-led to a service-led call, and ideally to a unique call, requires a specific preparation
2. This preparation carried out for each physician before each call should be based on lessons learned from past interactions to make him live an outstanding experience, particularly useful and/or interesting and well executed
3. The call can be organized in several customized steps:
 - Introduction (the hook) – requisite step
 - Coverage of a topic of interest previously identified
 - Answer to a physician need, beyond his expectations
 - Positioning of the brand as a solution – amongst others – but with specificities creating value for him and/or his patients

3. How to Transform Medical Calls? – During the Call



Sources: Smart Pharma Consulting

¹ Be natural, sincere and genuine – ² I.e., his knowledge and understanding of what the physician says and do – ³ A regular update by questioning the physician is essential

3. How to Transform Medical Calls? – After the Call (1/2)

Best Practices

Evaluation of the physician perception

- Estimate what has been the physician opinion about the interaction during the call:
 - Auto-evaluation by the medical rep after each call with the help of a 5-point scale, for instance, completed by the rationale supporting the mark
 - Annual evaluation of the quality of calls on a 10-point scale, by each physician during a medical call carried out by the medical rep, completed by the rationale supporting the mark

Analysis and summary of the key points of the calls

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

Objective and strategy setting for the next call(s)

- Set the objective(s) of the next call(s) 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

3. How to Transform Medical Calls? – After the Call (2/2)

Best Practices

- 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

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

Globalement

PROGRAMME D'AMELIORATION DE LA QUALITE
SERVICES ASSOCIES AU PRODUIT

8. Comment évaluez-vous les services médecins & patients associés à ce produit en termes...

	Médecins	Patients
a) ... de diversité ?	<input type="checkbox"/>	<input type="checkbox"/>
b) ... d'intérêt ?	<input type="checkbox"/>	<input type="checkbox"/>
c) ... de qualité d'exécution ?	<input type="checkbox"/>	<input type="checkbox"/>

Globalement ?

PROGRAMME D'AMELIORATION DE LA QUALITE

9. Sur chacune de ces dimensions, comment évaluez-vous la qualité de vos interactions avec les néphrologues ?

a) ...de diversité ?

b) ...d'intérêt ?

c) ...de qualité d'exécution ?

Globalement ?

IMAGE LABORATOIRE

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

IMPOR

11. Pour quelles raisons ?

12. Estimez-vous que l'image du laboratoire est :

a) de l'image du laboratoire

Meilleure Identique Moins bonne que les autres laboratoires en néphrologie

13. 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 dimensions of the Brand Preference Mix:

1. The perception of the promoted brand (efficacy, safety, convenience)
2. The reputation of the marketing company
3. The quality of the services proposed, amongst which the content of the medical calls

- The 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 more likely to strengthen the brand preference

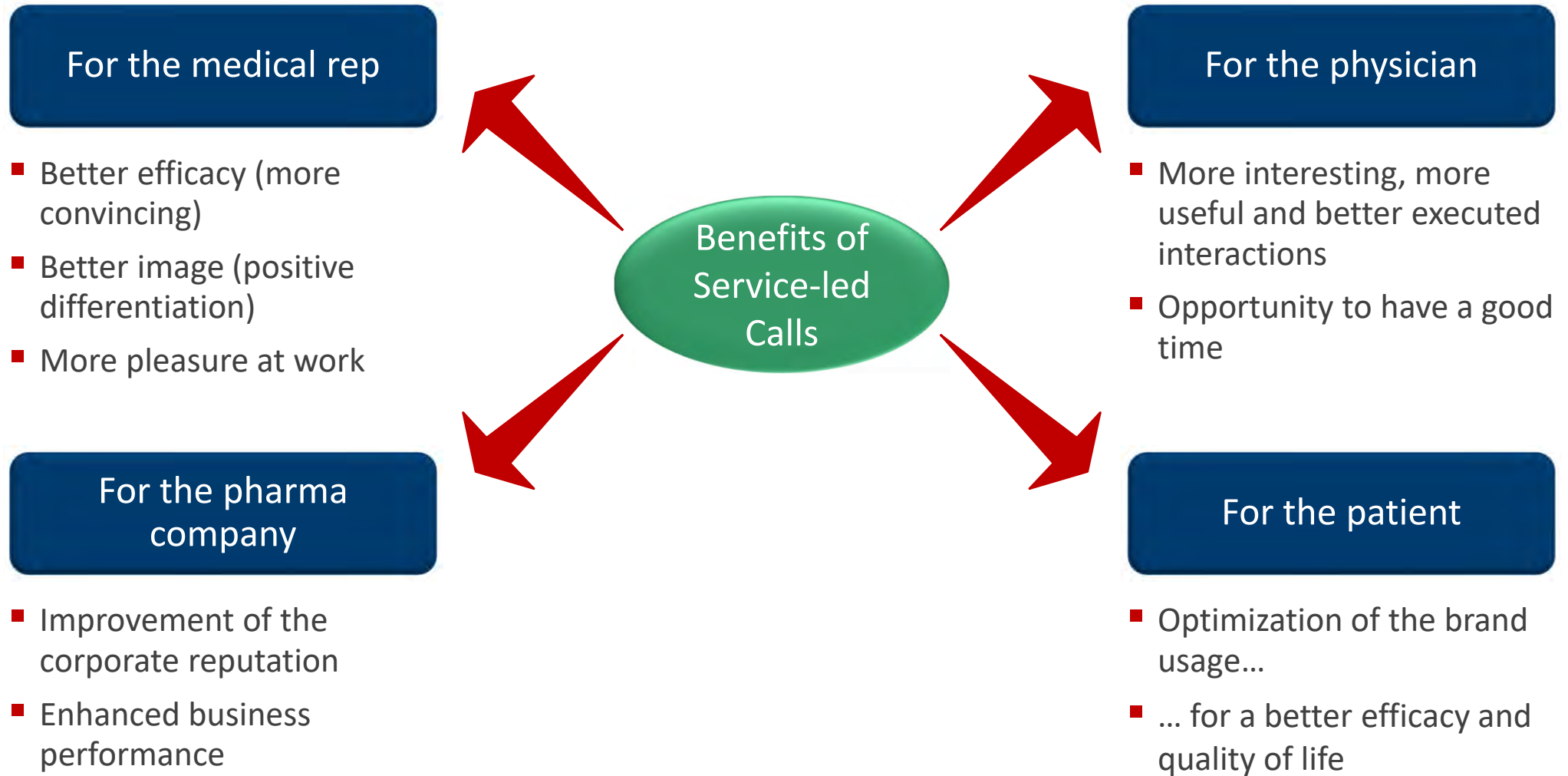
Key Success Factors



- Get well prepared before each medical call with each individual physician
- Look for innovative¹ approaches to persuade the physician to prescribe more the promoted brand in the best interest of his patients
- Highlight the marketing company and its services to strengthen the preference of each physician for the promoted brand
- Have fun while interacting with physicians

*“The challenge is to turn each call into...
... a unique and memorable positive experience for each physician”*

Expected Benefits





Smart Pharma
CONSULTING

Best-in-class Hospital KAM

— BEST-IN-CLASS SERIES —

Implementing the KAM EXPERT Program

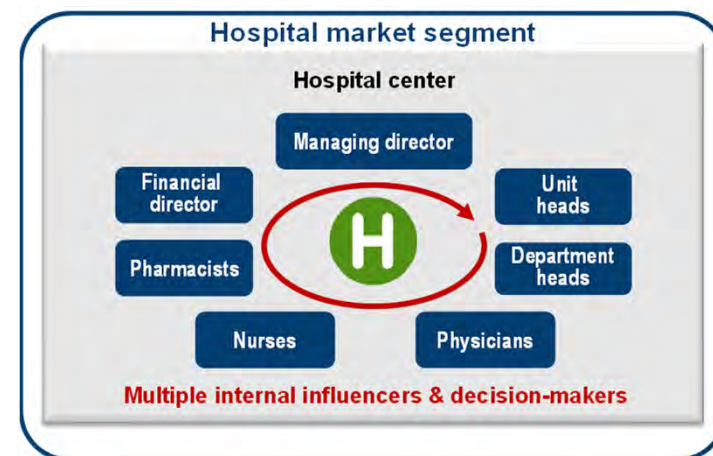
POSITION PAPER

October 2017

With the consolidation of their customers becoming bigger and more price-sensitive, pharma companies have created KAM positions to better protect their business

Scope & Objective

- Suppliers of the FMCG¹ sector have created, long time ago, the position of **Key Account Managers (KAMs)** to better negotiate their global offering with the chains of distributors
- KAMs are not new in the pharma industry but their importance has recently increased to better cope with the increasing price-sensitivity, complexity and business importance of key accounts
- The purpose of this position paper is to introduce the **KAM EXPERT WHEEL** developed by Smart Pharma Consulting to **strengthen the competences and performance of KAMs**
- If this program, which includes **concepts, methods and tools**, has been specifically designed for **hospital KAMs**...
- ... **most of its content applies to other key accounts such as:**
 - Regional health authorities & payers²
 - Local health centers³
 - Pharmacy chains & VTOs⁴



Sources: Smart Pharma Consulting

¹ Fast-Moving Consumer Goods – ² Certain pharma companies have created the position of KIM (Key Institution Managers) who are in charge of setting up public health initiatives at regional or local levels – ³ Including several physicians and other healthcare professionals such as: nurses, dental surgeons, retail pharmacists, physiotherapists, etc. – ⁴ Voluntary Trade Organizations

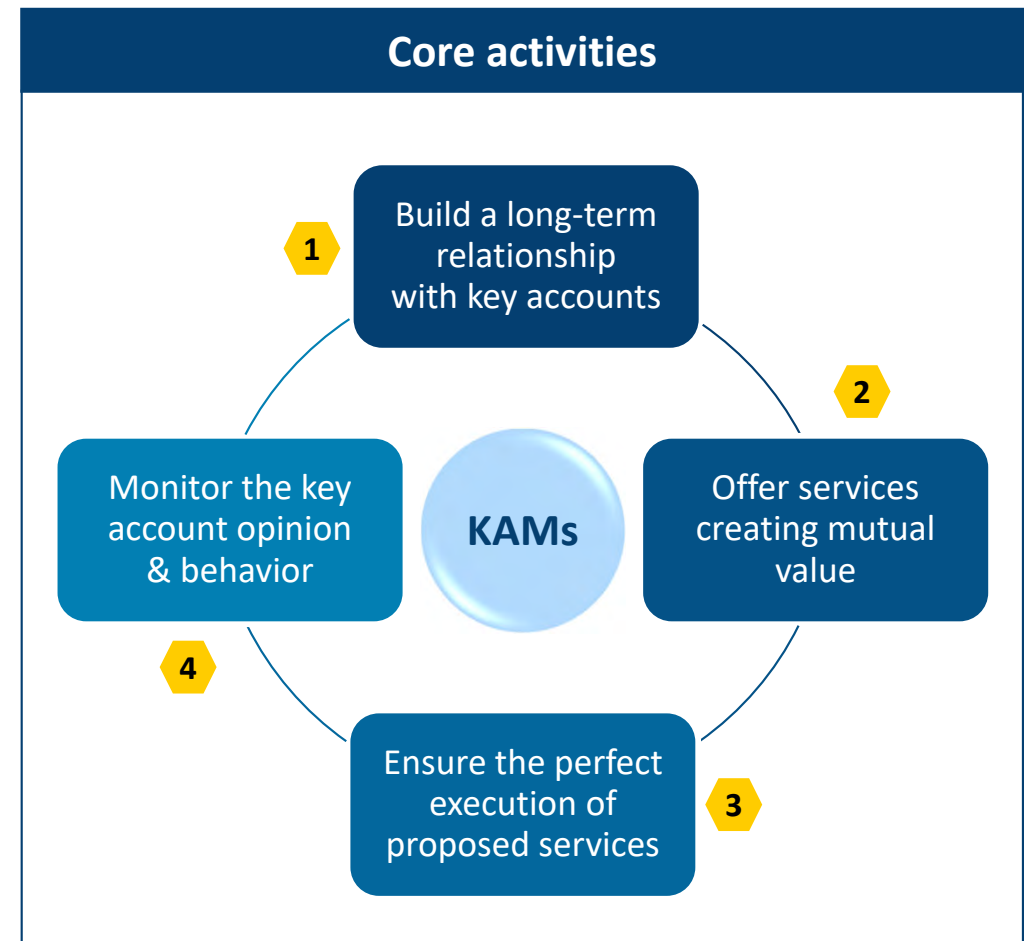
Hospital Key Account Managers role is to influence multiple stakeholders in a complex B-to-B environment by creating long-term mutual benefits

Hospital Key Account Managers role and core activities

Role

- KAMs are one of pharma companies' field teams¹ interacting with hospital centers
- Their role is to **develop the business** of pharma companies **over the long-term** by **proposing services** to hospital influencers and decision-makers to meet some of their needs, such as:
 - Become a reference center in a given pathology
 - Attract more patients
 - Improve hospital organization and efficiency (saving cost and time)
- KAMs have most often a **background of first-line manager**² and are in general affiliated to the commercial department
- Due to their cross-functional responsibilities beyond commercial matters, KAMs should ideally report to the head of the Hospital Division or to the COO³

Core activities



Hospital KAM is a high-level position requiring in-depth customer insights to determine their evolving needs and wants, and to propose solutions delivering mutual value

Hospital Key Account Managers core competences

Competence = **K**nowing & **U**nderstanding x **D**eciding & **I**mplementing

Knowing & Understanding

- Set specific objectives per key account such as:
 - Getting listed
 - Modifying purchasing process
 - Minimizing price pressure
 - Gaining market share
 - Being prescribed to discharged patients
- Identify influence and decision paths at hospital level to secure the business of the pharma company
- Gather and analyze the needs and wants of key accounts to propose them services likely to create value to them, bearing in mind they can evolve overtime

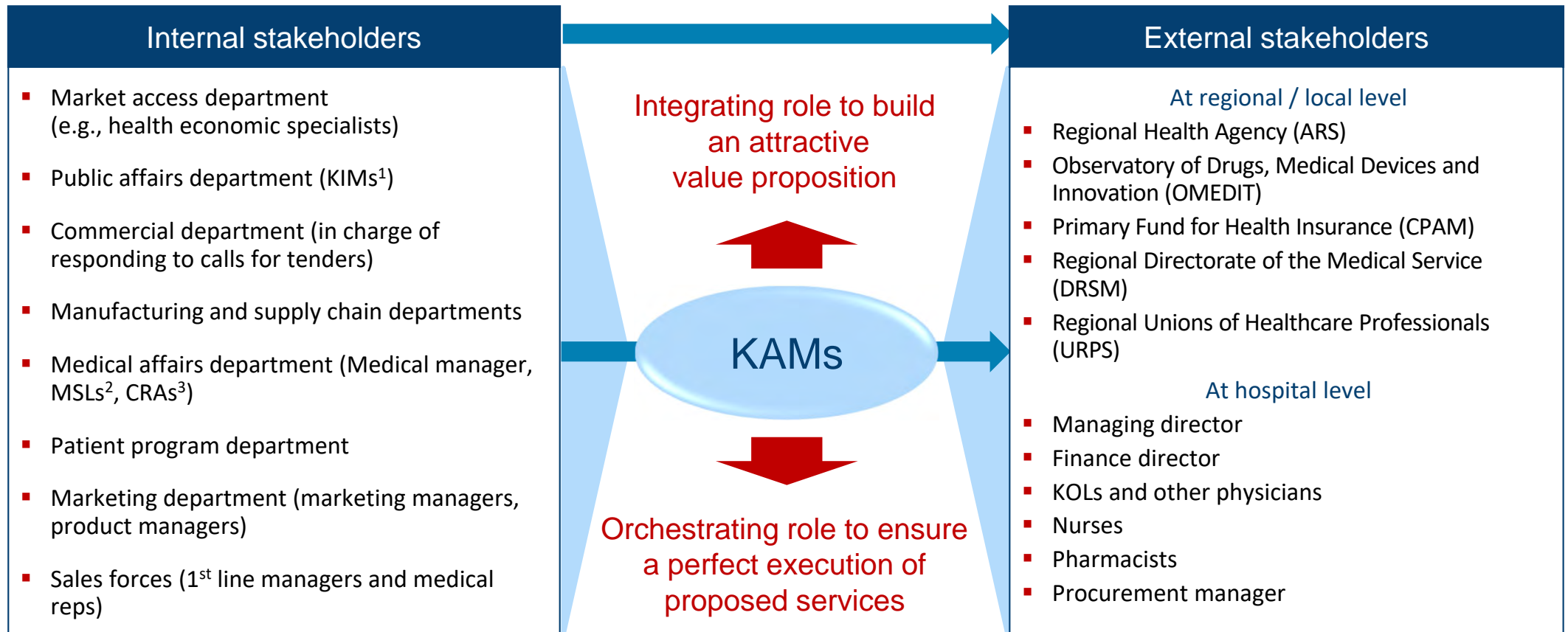
Deciding & Implementing

- Develop / co-develop¹ customized services associated (directly or indirectly) to the product portfolio which should deliver mutual value (benefit) for both the hospital and the pharma company
- Build a long-term relationship with key accounts
- Demonstrate leadership and ability to work with cross-functional and multidisciplinary teams
- Manage projects efficiently and effectively
- Monitor carefully the quality of execution and the impact of proposed services

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

The complexity of the Hospital KAM role lies in the fact that they must deal with multiple internal and external stakeholders having different needs and priorities

Cross-functional role of Hospital KAMs

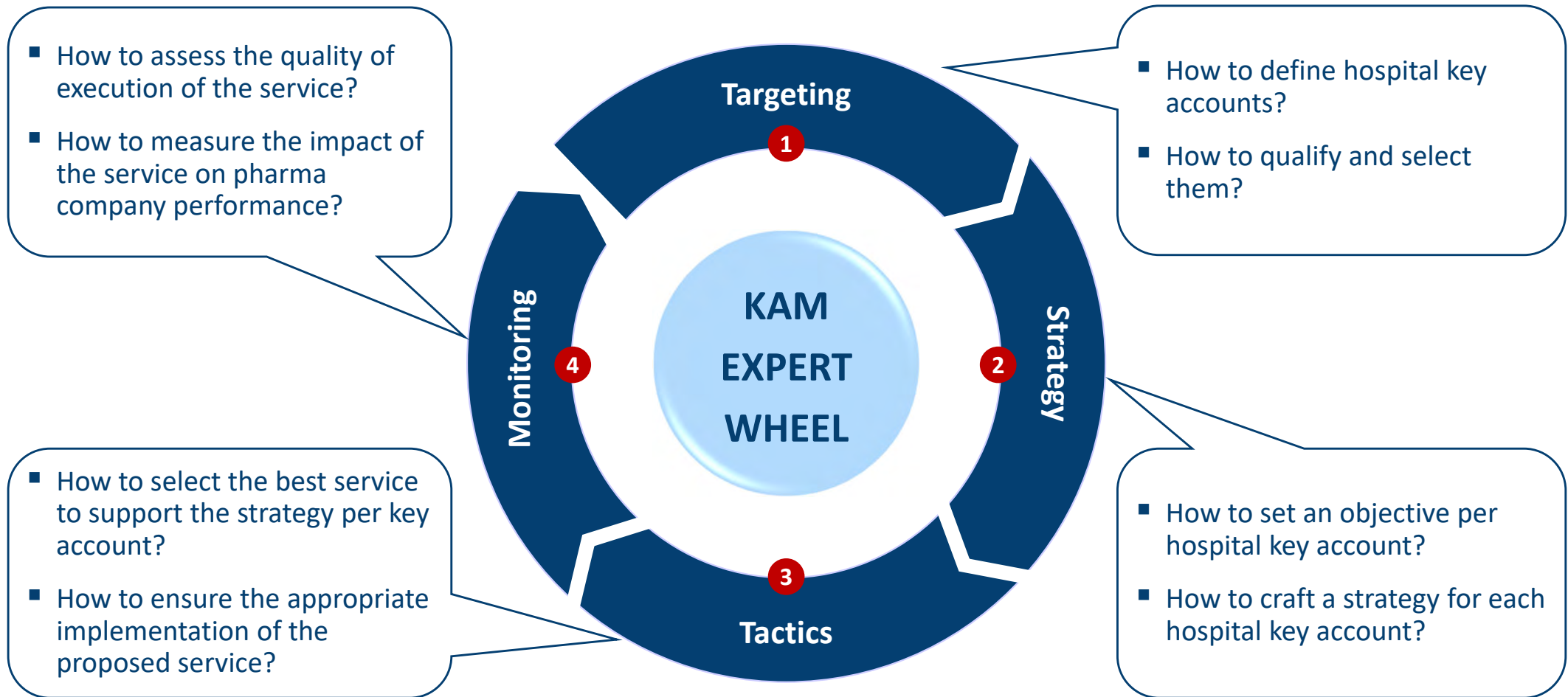


Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Key Institution Managers in charge of relations with regional health authorities and payers and, in some pharma companies, with local / regional politicians too – ² Medical Science Liaisons – ³ Clinical Research Assistants

The KAM EXPERT WHEEL has been designed to structure the activities of the KAMs and help them cope with the complexity of their tasks

The four steps of the KAM EXPERT WHEEL



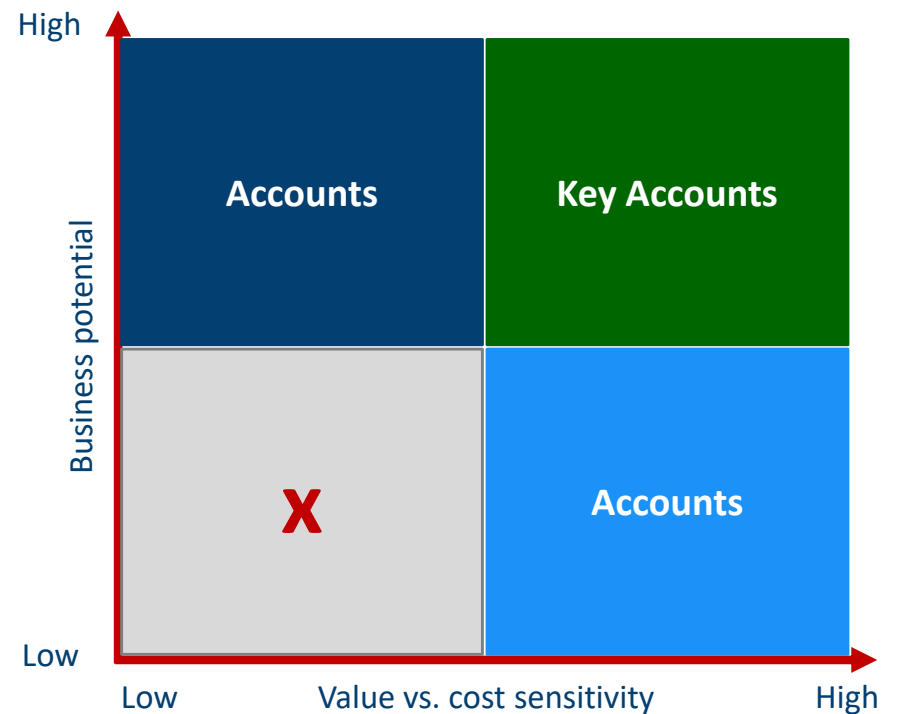
Hospital key accounts should be critical to direct / indirect performance of pharma companies and value specific services associated to drugs, beyond their cost

How to define a hospital key account?

Specificities of Hospital Key Accounts

- To be eligible to the status of key account by a pharma company, hospital centers should:
 - Represent a significant share of its direct and/or indirect¹ sales and profits with favorable perspectives
 - Value solutions / services that could be proposed
- The objective of Key Account Management is to:
 - Optimize the performance (sales and profits) of the pharma company product portfolio (e.g., minimize price pressure, maximize sales level and growth)...
 - ... by developing / co-developing services to help hospital centers meet their long-term objectives (e.g., increase the number of patients, become a reference center, reduce management cost of medical procedures, simplify processes, etc.)

Hospital Key Account Targeting Matrix



Sources: Smart Pharma Consulting

¹ Influence on prescribing habits of other hospital centers and/or on office-based physicians

Beyond business potential, KAMs must estimate the propensity of hospital centers to “reward” pharma companies having delivered extra value to them through services

How to qualify and select hospital key accounts? (1/2)

Business potential



- Before deciding to invest in services “around” their product portfolio, KAMs should carefully evaluate the long-term business potential (opportunities and threats) of hospital centers in the therapeutic areas covered by their product portfolio
- The following indicators will be useful to evaluate each account:
 - Five- to ten-year development plan of the hospital activities
 - Number of beds and healthcare professionals
 - Number of patients on the active list
 - Current and forecasted sales in the therapeutic areas covered
 - Level of inpatients and outpatients’ prescriptions and sales¹
 - Influence of hospital prescribing habits on office-based physicians
 - Etc.
- To document these indicators, the KAMs must carry out desk research, interview regional health authorities, hospital managers, etc.; and then analyze the information gathered

KAMs should carefully analyze each hospital center to determine its long-term business potential for their product portfolio with specific assessment tools

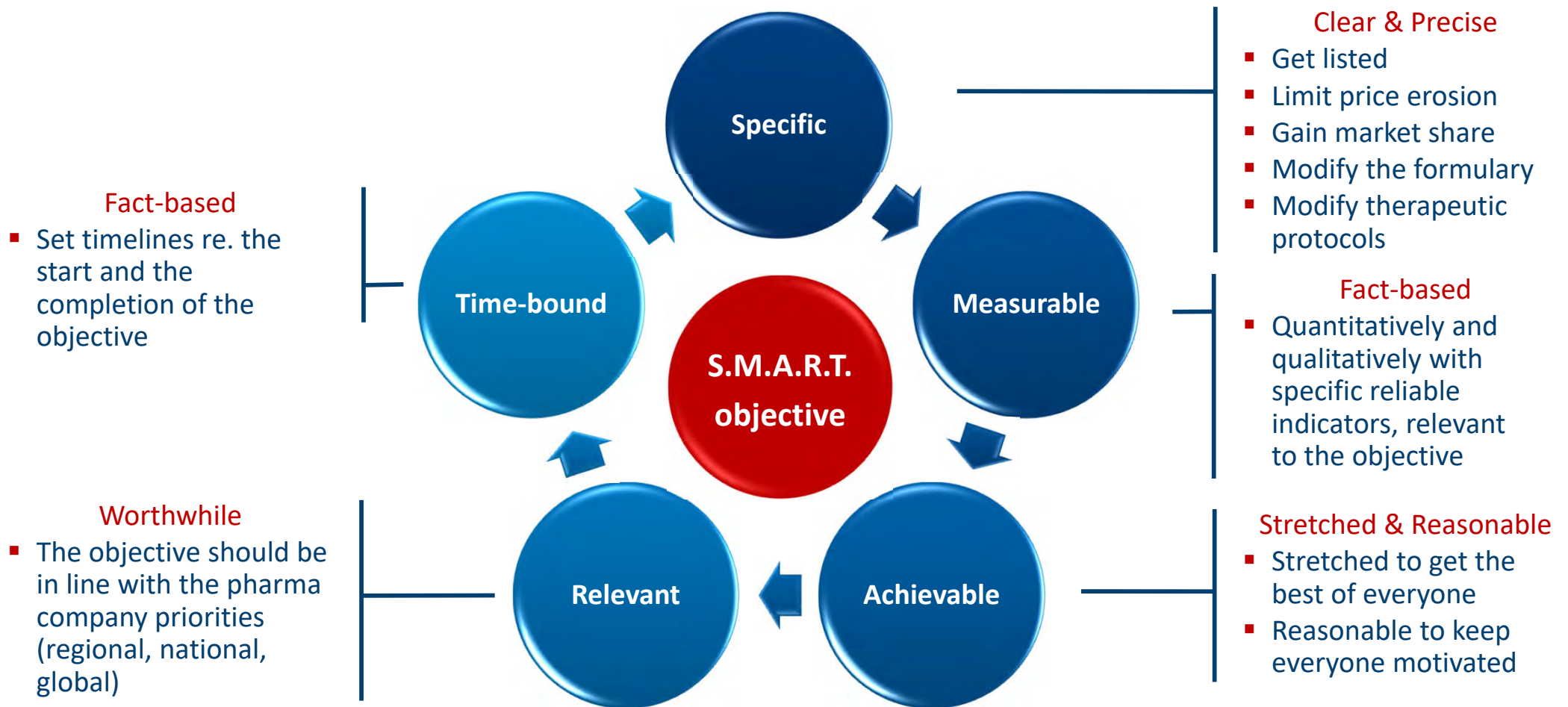
How to qualify and select hospital key accounts? (2/2)

- Once the business potential has been estimated, KAMs should **evaluate**:
 - Hospital center **needs for tailored services**
 - **Probability they accept to partner** with a pharma company to **develop and implement solutions**
 - **Value they will grant** to these solutions
 - **Rewards they will accept to give** to the pharma company
- Developing and implementing **solutions** likely to create high value for key accounts **require**, in general, **heavy investments** for several years
- The **relevance** of such **investments** should be **determined by** their:
 - **Suitability** with assessment tools (e.g., SWOT chart) to evaluate losses and/or profits opportunities for the pharma company
 - **Acceptability** with analytical tools measuring their expected benefits (e.g., ROCE¹, DCF² / NPV³, payback, risk sensitivity analysis)
 - **Feasibility** of the services / solution likely to be proposed on a financial (cash flow), regulatory (compliance) and practical (skills, competence, resources) point of view



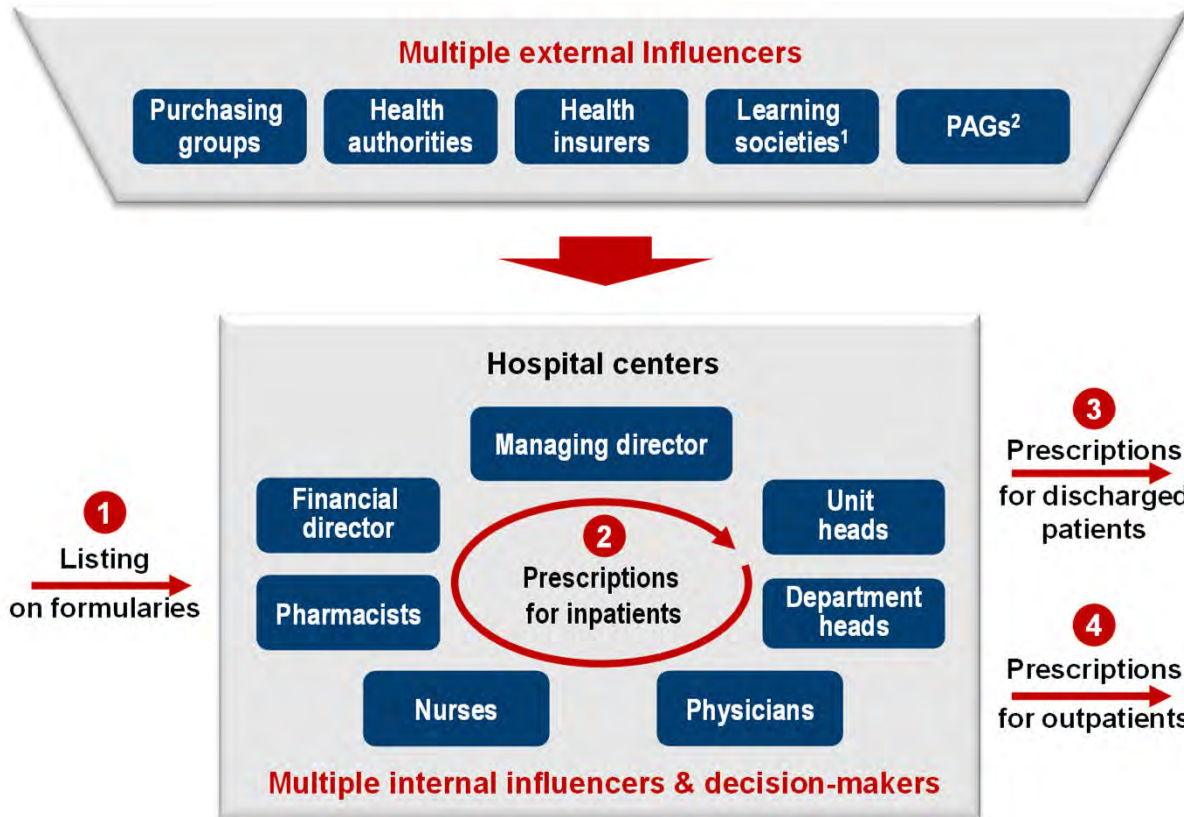
To set an objective per hospital key account, the well-know S.M.A.R.T. rules should be carefully applied to facilitate the proper crafting of the corresponding strategy

How to set an objective per hospital key account?



Irrespective of the hospital key account, the strategy crafted by the pharma company should have a favorable impact on one or several of its four key performance drivers

How to craft a strategy per hospital key account? – Principles (1/2)



- At hospital center level, to boost their performance, pharma companies should activate one or several of the following key performance drivers:
 1. The listing on formularies³
 2. The prescription for inpatients⁴
 3. The prescription for discharged patients⁴
 4. The prescription for outpatients⁴
- These drivers will be selected according to the objective set, and the actions to activate them will depend on:
 - Each hospital specificities (e.g., strategic priorities, procurement process and policy, degree of complexity, power games)
 - Product portfolio competitive position
 - Value of services offered to date
 - Corporate reputation

● Key performance drivers for pharma companies

Sources: Smart Pharma Consulting

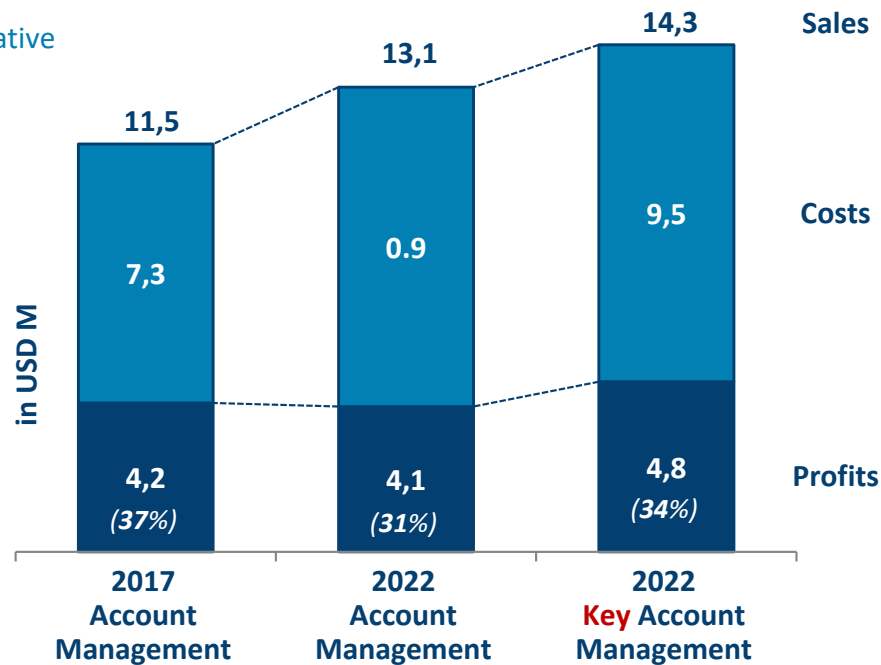
¹ Through the therapeutic guidelines they may publish – ² Patient Advocacy Groups – ³ Under the direct responsibility of KAMs – ⁴ Under the direct responsibility of medical reps

To get the expected return on investment from hospital key account management, pharma companies should focus on five critical success factors

How to craft a strategy per hospital key account? – Principles (2/2)

Expected impact from pharma company perspective

Illustrative



The specific management of hospital key accounts by pharma companies will generate extra costs due to the proposed services but should generate more sales, more profits and possibly higher profitability than a standard account management

Critical success factors

- **#1:** The services (solutions) proposed should be tailored to important needs / wants of the most influential stakeholders of the hospital center
- **#2:** The partnership should lead to tangible and long-term “win-win” outcomes for both, the hospital center and the pharma company
- **#3:** The services should be perfectly planned and executed, while being carefully monitored with specific KEIs¹ and KPIs² to deliver the expected joint value
- **#4:** The services should be clearly communicated by the KAMs and related to the pharma company and its product portfolio
- **#5:** KAMs should be empowered and able to coordinate cross-functional multidisciplinary internal and external stakeholders

The activities of in-field collaborators interacting with the same hospital center should be integrated in a single key account management plan, including separated sections

How to craft a strategy per hospital key account? – Tools (1/2)

Integrated Key Account Management Plan

MSL¹ Section

- **Key clients:** KOLs
- **Key objectives:** build strong and sustainable relationships to develop advocacy at the hospital level and beyond
- **Key activities:** interactions with KOLs, scientific lectures at congresses, symposia, staff meetings, support of research clinical trials, training of speakers and collaborators from marketing and sales teams, competitive intelligence initiatives, etc.



Marketing & Medical Rep Section

- **Key clients:** physicians and pharmacists
- **Key objectives:** Increase prescription share
- **Key activities:**
 - **Marketers:** brand preference strategy crafting leveraging products attributes, perceived quality of associated services and corporate reputation
 - **Medical reps:** calls, invitations to medical meetings and congresses, and other services to boost preference

Key Account Manager Section

- **Key clients:** health authorities², payers², hospital directors, hospital purchase managers, etc.
- **Key objectives:** strengthen the sales and profits of the product portfolio per hospital center
- **Key activities:** propose / co-develop specific “win-win” projects (e.g., medico-economic studies to increase the access to the brands, patient support programs to improve adherence to treatment, etc.)³

KAM activities should be formalized in an Integrated Key Account Management Plan per hospital center, in coordination with medical, marketing and sales collaborators

How to craft a strategy per hospital key account? – Tools (2/2)

Integrated Key Account Management Plan

Structure of the KAM section

- **Situation analysis** (per hospital center)
 - Mapping of key stakeholders (level of influence – behavior)
 - Activity review (quantitative and qualitative analyses):
 - Relationships with key stakeholders (e.g., managing director, financial director, procurement manager, hospital pharmacists, heads of medical departments) of each hospital center re. services currently in place and the needs for new ones
 - Offering / development of services creating mutual value
 - Ensuring the perfect execution of services
 - Monitoring of opinion and behavior of stakeholders
 - Quality of execution and impact of activities measurement
 - Advanced SWOT¹ analysis of the KAM and his pharma company
- **Ambition & strategic priorities** (per hospital center)
 - Ambition setting
 - Strategic priorities to fulfill mid- to long-term ambitions set by the KAM
 - Key activities to support strategic priorities:
 - Shared activities with other departments (e.g., marketing, sales, MSLs, etc.)
 - Non-shared activities
 - Selection of KEIs² and KPIs³ to monitor the services proposed

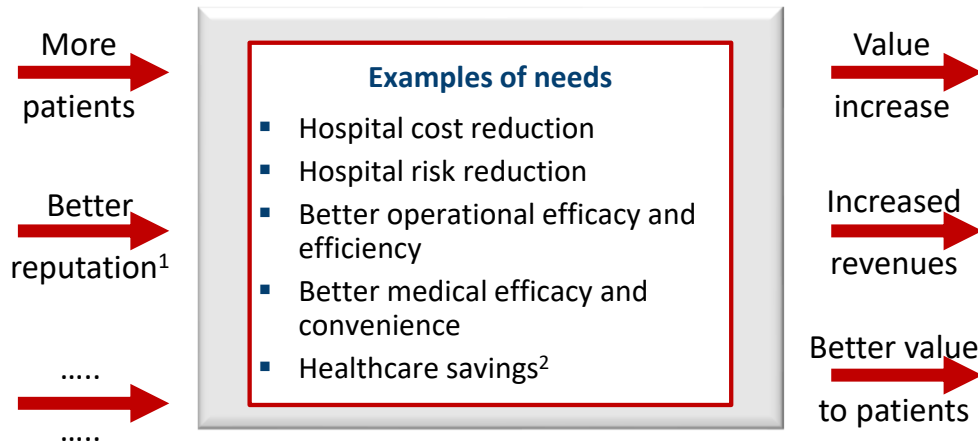


The services proposed by KAMs should fulfill highly valued customer needs and thus, contribute to strengthen the business performance of the pharma company

How to select the best services to support the strategy? – Principles

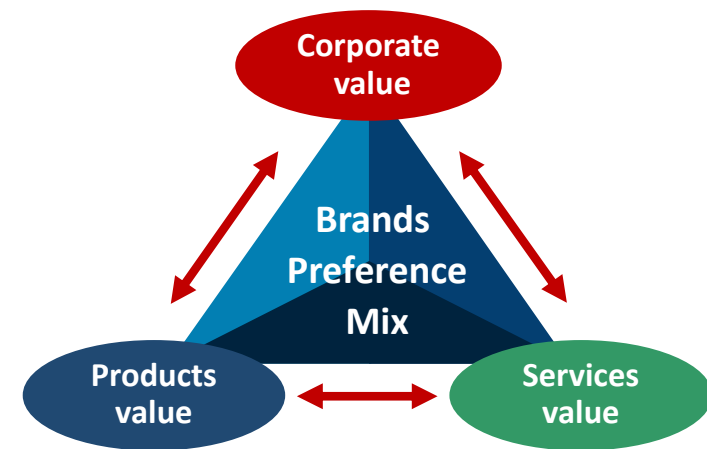
Examples of potential hospital center highly valued needs

Hospital center



- Pharma companies may create great value for hospital centers by helping them:
 - Reduce their costs (e.g., procurement process)
 - Manage their risks (e.g., preparation of chemotherapies)
 - Improve their operational efficacy and efficiency (e.g., reallocation of resources, process simplifications)
 - Increase their medical efficacy (e.g., modify protocols) and convenience (e.g., better patient quality of life)

Potential impact of services on pharma company performance



- By offering services – fulfilling hospital centers highly valued needs – pharma companies can expect to:
 - Improve their corporate reputation and
 - Strengthen the perception of their product portfolio and thus, be preferred at the expense of their competitors (i.e., increased likelihood of being listed, better price, higher prescription rate for inpatients and out-patients)

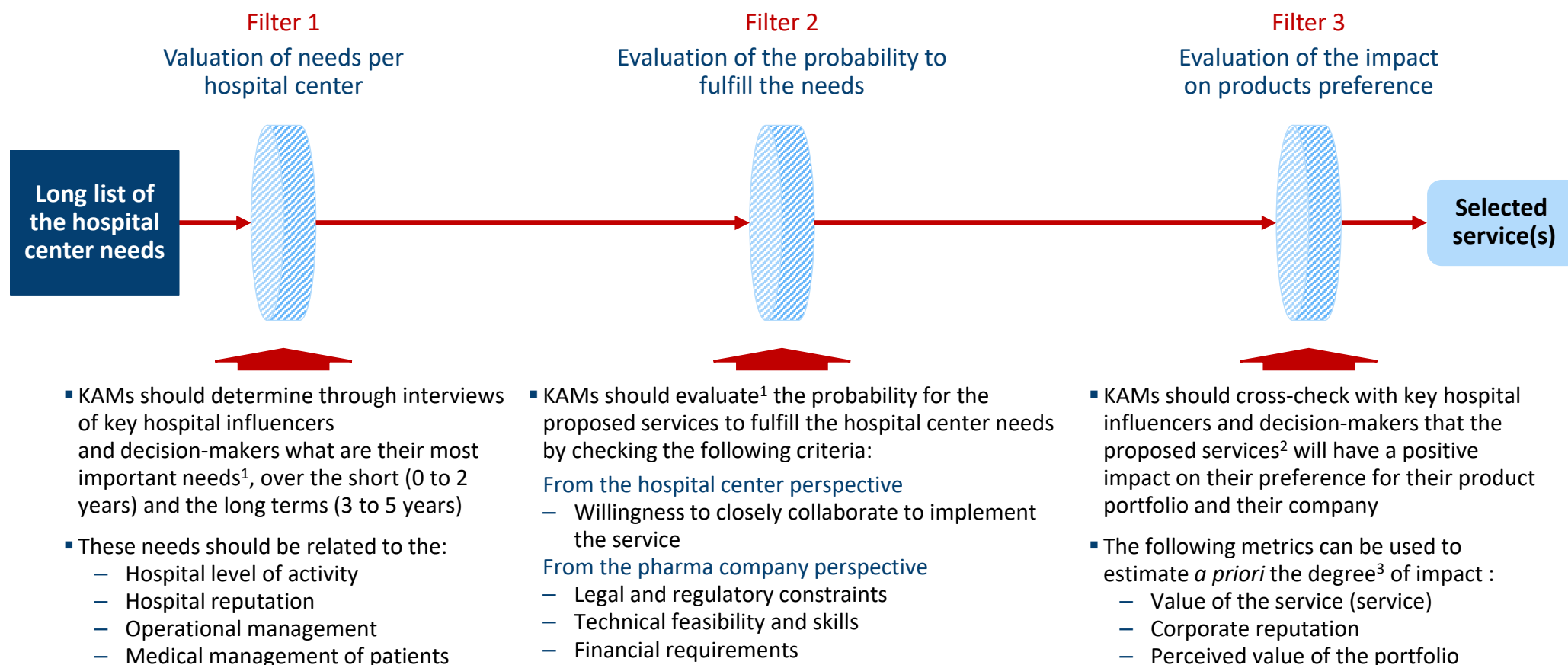
Sources: Smart Pharma Consulting

¹ As perceived by: national and regional health authorities, office-based physicians, other hospital centers, healthcare professionals working for the given hospital center and patients – ² Beyond the sole savings at the hospital level

KAMs should ensure that the selected hospital needs they intend to fulfill are highly valued and the probability to fulfill them is high to expect a return on investment

How to select the best services to support the strategy? – Method

Selection of most appropriate services to meet hospital center and pharma company respective objectives



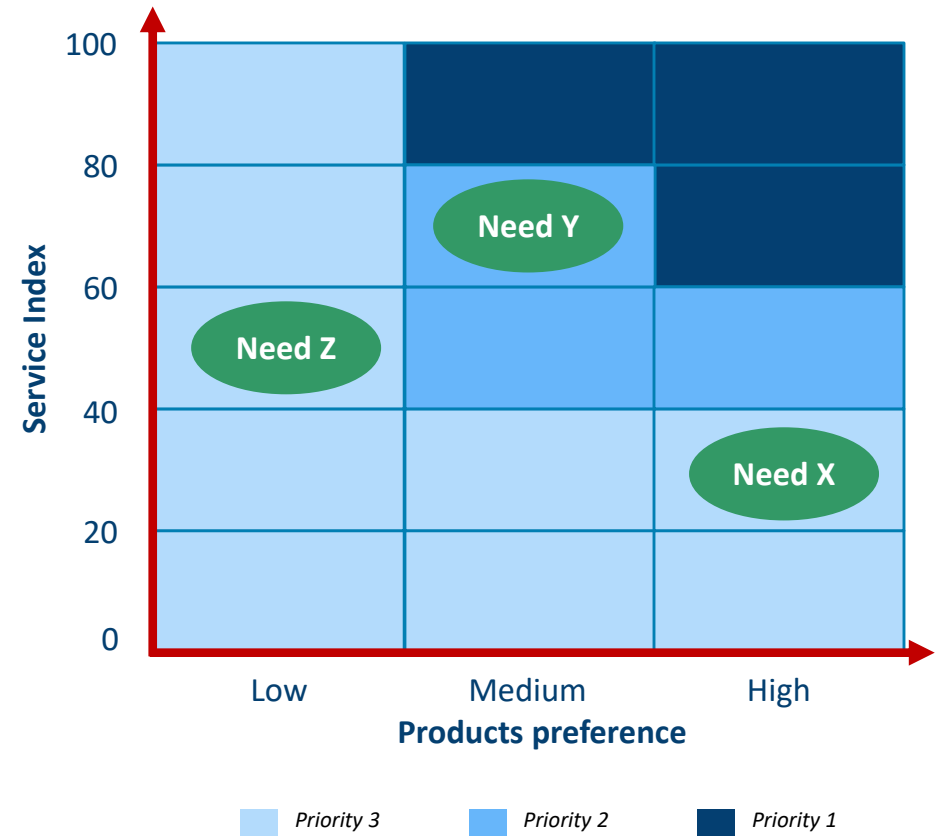
The assessment chart and the selecting map can help KAMs figure out which service they should preferably commit to offer to individual hospital key account

How to select the best services to support the strategy? – Tools

Assessment chart¹

List of hospital center needs	Need X	Need Y	Need Z	-----
A. Valuation of needs	7	8	8	-----
B. Probability of fulfilling these needs	5	8	6	-----
C. Service Index (AxB)	35	64	48	-----
D. Likely impact on products preference	High	Medium	Low	-----

Selecting map

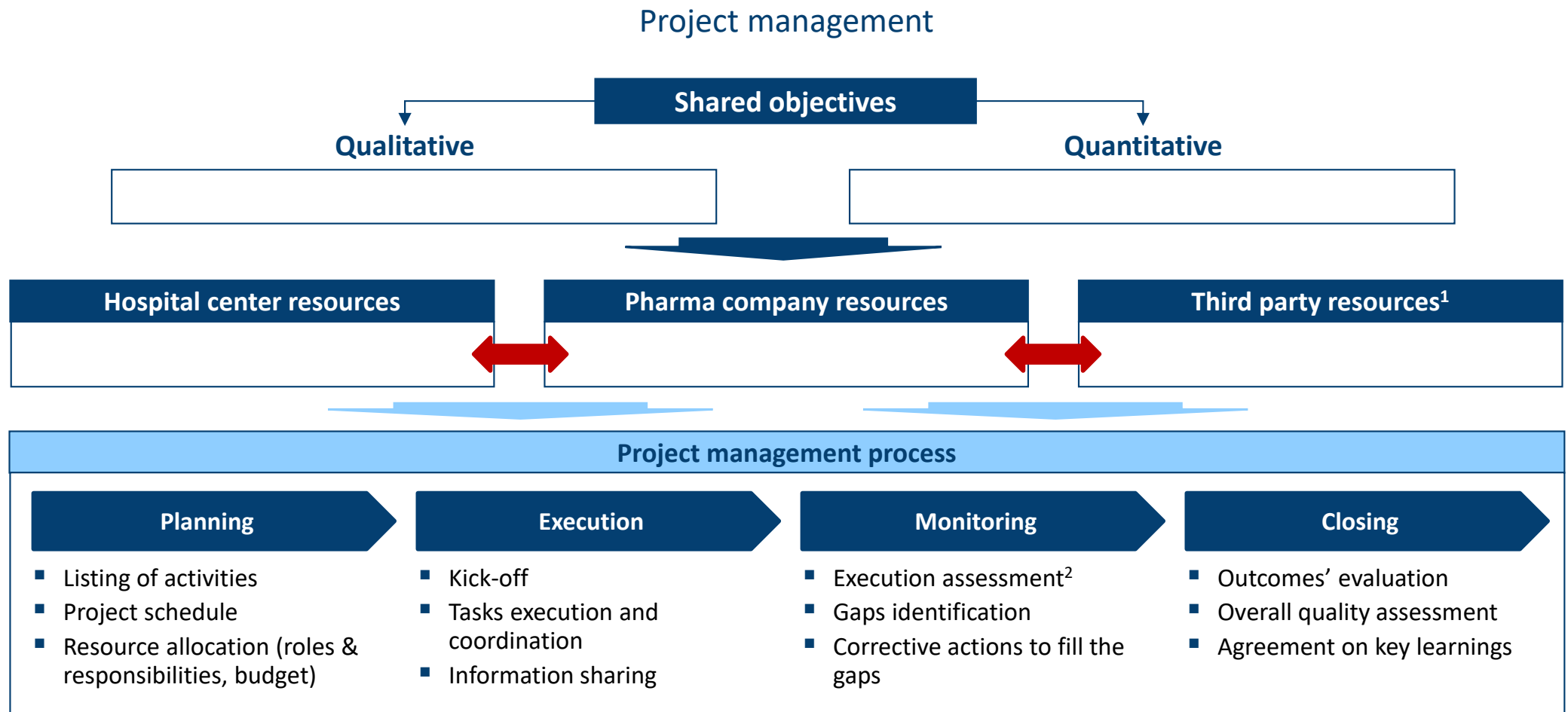


Sources: Smart Pharma Consulting

¹ A 10-point visual scale can be used to assess the two suggested dimensions of the chart (C–D)

It is essential to follow a rigorous project management process to ensure the smooth implementation of the services and increase the chance to get the expected results

How to ensure the appropriate implementation of the proposed services? – Method



Sources: Smart Pharma Consulting

¹ External expert or consultant appointed to carry out the service – ² With the help of tools such as: Gantt chart, labor report, dashboard with specific Key Execution Indicators (KEIs), etc.

The “Hospital Service Card” is an enabling tool to ensure that hospital stakeholders and the pharma company are aligned on the purpose of the proposed service(s)

How to ensure the appropriate implementation of the proposed services? – Tool

Hospital Service Card (HSC)¹

Hospital center name and address		Hospital center key stakeholders		Key issues	
Hospital key activities		Hospital center project manager ²		Key needs	
Hospital influence		Pharma company KAM ³		Key wants	

Description of the proposed service				
Objective of the service	For the hospital center		For the pharma company	
Duration of the service	Start date		End date	

Sources: Smart Pharma Consulting

¹ If several services are proposed for the same hospital center, thus several HSC should be filled up – ² Key contact point regarding the partnership and the service(s) included in this partnership – ³ In charge of the service(s) proposed to the hospital center

The services proposed must create tangible value to the most powerful individuals to increase access and usage of the product portfolio within the hospital key account

Examples of potentially highly valued services by hospital centers and pharma companies

Co-creation of a specific program to increase the number of referred patients, leading to more activity for the hospital center, more drug prescriptions for the pharma company and more income for both

Co-development of a patient registry and offering of a technical support to collect and analyze data to help the hospital center increase medical outcomes in a specific disease covered by the pharma company

Creation and funding of a support program to improve the adherence of patients to their treatment in exchange of a preferred supplier status on the hospital drug formulary

Design and implementation of a specific process to reduce the distribution and inventory costs for both, the hospital center and the pharma company

Help the key account re-engineer the journey of hospitalized patients to reduce the duration of their stay and the time allocated by the HCPs to look after them

The quality of execution of the service should be subject to a dual assessment by the hospital center which benefits from it and the pharma company which proposes it

How to assess the quality of execution of the services? – Tool

Service description		Service objective		Hospital center stakeholders			
Dual valuation by the partners (key hospital stakeholders & pharma company)							
Valuation of the Service*		Rationale		Valuation of the Execution*		Rationale	
Impact on hospital costs	1 2 3 4 5			Quality of planning	1 2 3 4 5		
Impact on operational management	1 2 3 4 5			Quality of execution	1 2 3 4 5		
Impact on medical (patient) management	1 2 3 4 5			Quality of monitoring	1 2 3 4 5		
Impact on healthcare savings	1 2 3 4 5			Quality of budget control	1 2 3 4 5		
Gap analysis		Recommendations		Gap analysis		Recommendations	

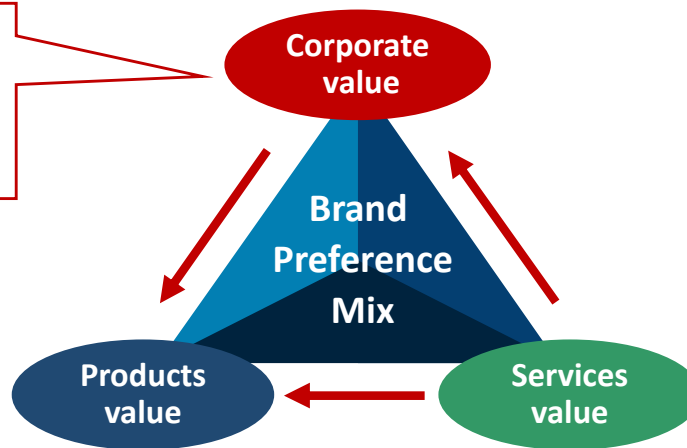
From the pharma company perspective, the value of the proposed services should be translated into higher product sales and associated profits

How to measure the impact of the services on pharma company performance? – Method

The ultimate objective of the services proposed to the hospital key account is to fulfill one of its highly valued needs to enhance its preference for the product portfolio marketed by the pharma company

- The KAM should **communicate once or twice a year information about his company** (e.g., R&D news, CSR¹ initiatives, specific services delivered, etc.) to the hospital stakeholders

- The direct or indirect² **impact of services** on the pharma company will be **objectivized** by the **positive evolution** of its **performance drivers**:
 1. Listing on formularies
 2. Prescription for inpatients
 3. Prescription for discharged patients
 4. Prescription for outpatients within the hospital key account



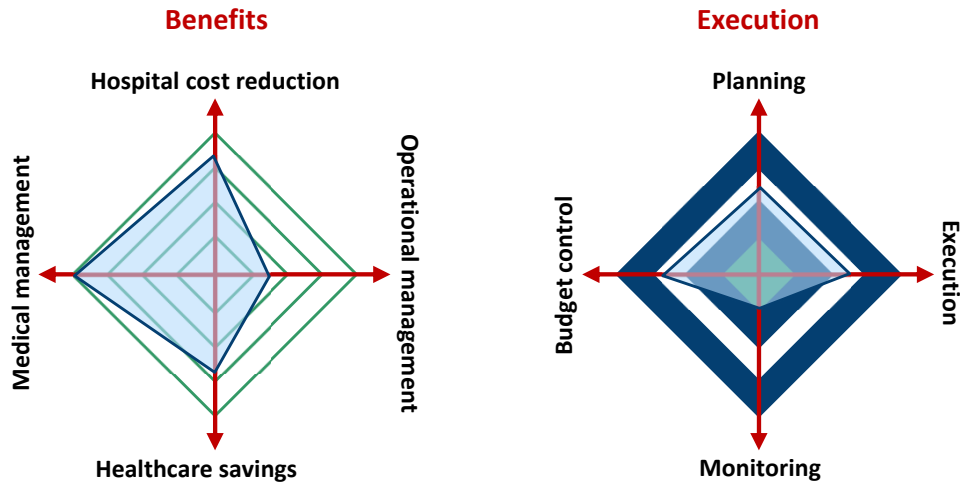
- The **perceived value** of the proposed **services** by the hospital key account will **depend on their ability** to:
 - Reduce hospital costs
 - Improve operational management
 - Improve medical management...
- ... and on their **quality of execution**:
 - Planning
 - Execution *per se*
 - Monitoring
- These services should have a **positive impact** on **corporate reputation** and **products perception**

To objectivize the benefits provided by the services to hospital centers, metrics based on tangible and robust data should be selected and agreed upon *a priori*

Measurement of service value for hospital centers – Tools (1/2)

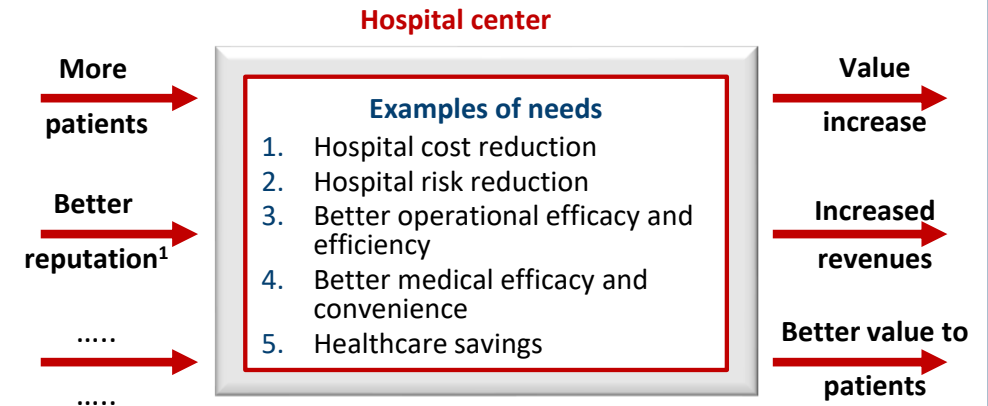
Qualitative and quantitative assessment tools

Perceived value of the services
(Qualitative assessment)



- The perception of hospital stakeholders should be carefully measured to identify and address the potential weaknesses
- The strengths will also be gathered to leverage on them, especially for communication purpose at hospital center level and at the pharma company level to testify the relevance of the service and the quality of its execution

Impact on key hospital center needs
(Quantitative assessment)



The impact of services² should be measured – before and after – implementation with robust and tangible metrics selected according to the targeted needs of the hospital center to be fulfilled:

1. **Cost reduction** (e.g., treatment cost per patient, lower wastage)
2. **Risk reduction** (e.g., rate of nosocomial infections, death rate)
3. **Operational management**³ (e.g., shorter patient length of stay)
4. **Medical management**³ (e.g., pain management of patients)
5. **Healthcare savings**⁴ (e.g., improvement of patient adherence)

Sources: Smart Pharma Consulting

¹ As perceived by: national and regional health authorities, office-based physicians, other hospital centers, healthcare professionals working for the given hospital center and patients – ² As well as the impact of regular medico-marketing and sales activities –

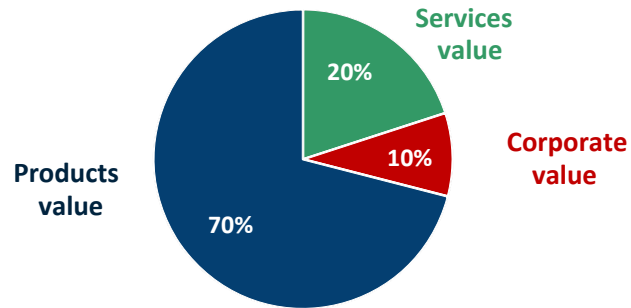
³ Management includes efficacy and efficiency, amongst other components – ⁴ Beyond the sole savings at the hospital level

The impact of services proposed by the KAMs to hospital centers should be carefully measured with qualitative and quantitative metrics as proposed here-below

Measurement of service value for hospital centers – Tools (2/2)

Qualitative and quantitative assessment tools

The Brand Preference Mix Index (BPMI)
(Qualitative assessment)



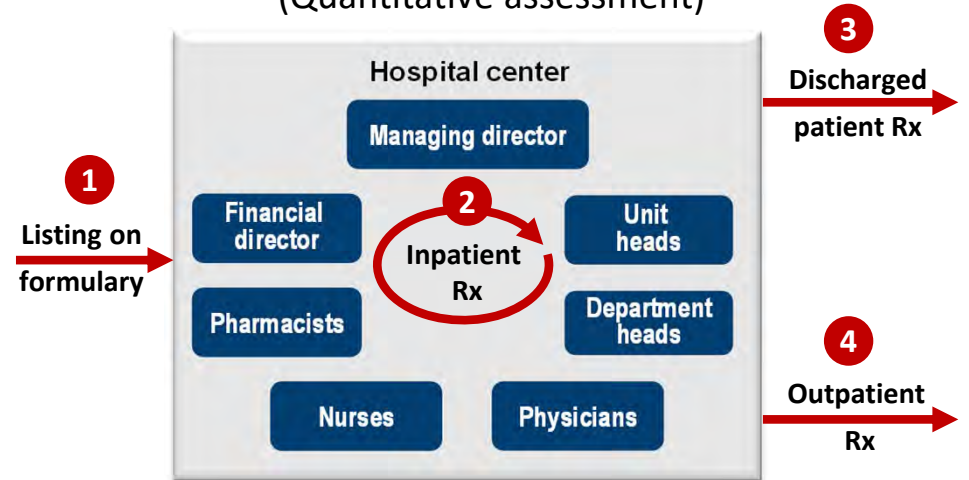
Visual Analog Scale



BPMI calculation $(70\% \times 9) + (20\% \times 8) + (10\% \times 6) = 8.5 / 10$

The BPMI scores the hospital stakeholders perception at a given point in time, making possible to track the evolution of this perception over time, considering the medico-marketing and sales regular activities and services provided to fulfill their specific needs

Impact on key performance drivers
(Quantitative assessment)



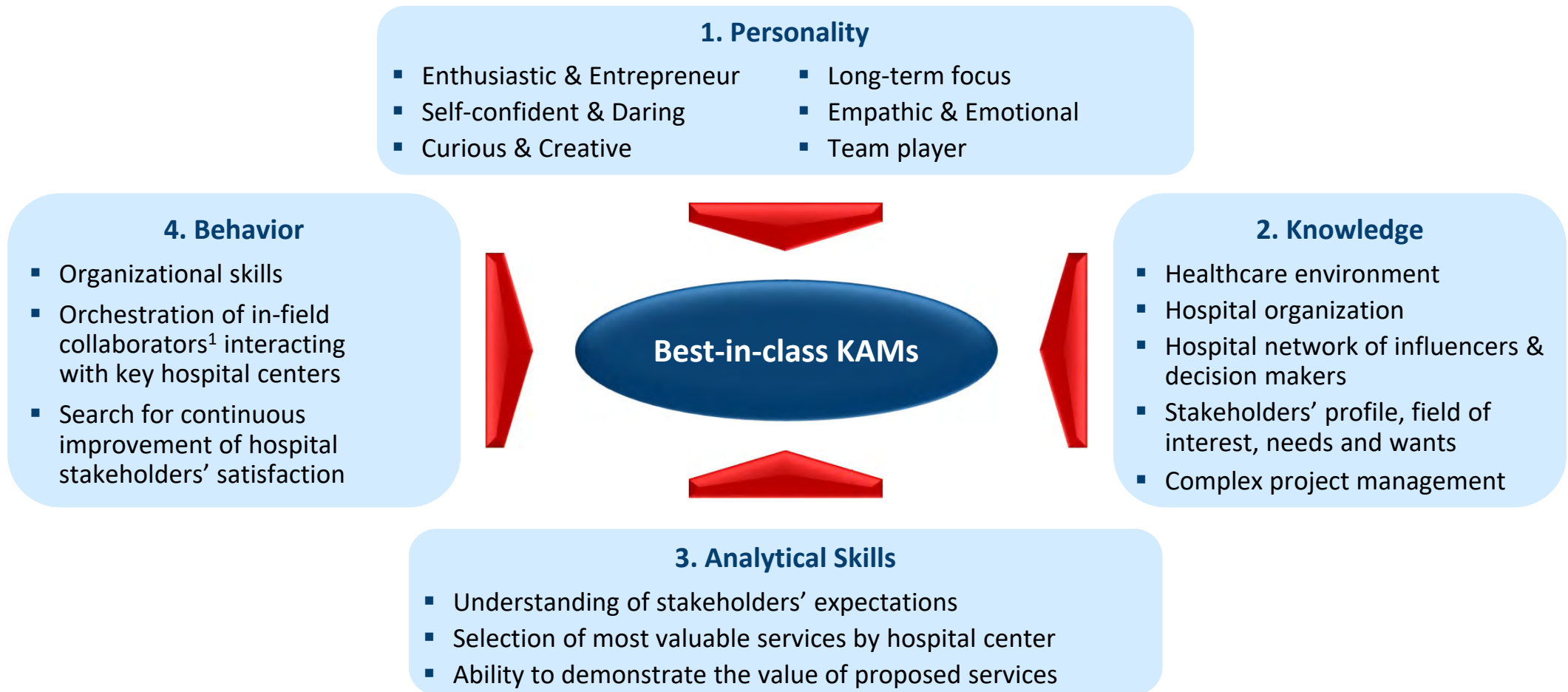
The impact of services¹ should be measured – before and after – their implementation with the following metrics:

- 1. Listing on formulary
 - 2. Inpatient Rx
 - 3. Discharged patient Rx
 - 4. Outpatient Rx
- # of products listed – net price per unit
 - Sales / profit levels and evolution
 - Share of Rx and Rx evolution

● Key performance drivers for pharma companies

KAMs must have an in-depth understanding of hospital center organizations and needs, be able to manage cross-functional teams and to build trusted long-term relationships

Profile & competences of “best-in-class” hospital KAMs



Irrespective of their competence, KAMs should dramatically improve their performance if they implement the KAM EXPERT WHEEL in a rigorous and systematic way

KAM EXPERT WHEEL implementation

The key success factors

1. Carefully **define** hospital **key accounts** according to:
 - The **business potential** they represent for your current and future products
 - The **importance** they attach to **services** provided by **pharma companies** to **avoid investing at loss**
2. Set a **shared objective** with each key account which, if reached, is likely to **lead** to “**win-win**” **outcomes** for both parties
3. The proposed **services** should **fulfill important needs / wants** of the hospital key stakeholders and contribute to **strengthen** the pharma company **performance**
4. While **executing** the service, it is **essential to**:
 - **Communicate internally** (to keep informed and aligned the collaborators in contact with the hospital center) and **externally** (to ensure that the key hospital stakeholders link the service with the pharma company and its product portfolio)
 - Comply with the **highest standards of quality**
 - **Measure** the **value** (benefit) of the **services for the hospital centers** and their **effect** on the pharma company **business performance**



As the author of the KAM Expert Wheel and considering their operational experience, Smart Pharma consultants are well positioned to facilitate its implementation

Smart Pharma Consulting Services

KAM EXPERT WHEEL implementation

- Smart Pharma Consulting has an **in-depth expertise** in **improving efficiency of in-field teams** coming from:
 - **General management experiences** in France and abroad for pharma companies
 - **Numerous** operational effectiveness consulting **projects** on the hospital pharma market segment
- The KAM EXPERT WHEEL which has been developed by Smart Pharma Consulting proposes a **rigorous** and **practical** approach to **obtain** a significant **improvement** of **KAMs efficiency** and **efficacy**
- Smart Pharma Consulting can help pharma companies introduce the KAM EXPERT WHEEL as follows:

- 3. **Support methodologically** and **with specific tools** the **selection of services** per hospital key account
- 4. **Develop tools** to **assess the quality of execution** of the **services** proposed...
... and to **measure** their **impact on pharma company performance**



- 1. **Customize** the proposed **targeting method** and **tools** to the specific context of **the pharma company**
- 2. **Help setting objectives** per hospital key account and **craft** an appropriate **strategy** (incl. the **design of specific hospital key account management plans**)

Hospital & Institution Relationships in Regions

————— BEST-IN-CLASS SERIES —————

Recommendations
for Pharma Companies

The evolution of the healthcare environment in regions should spur pharma companies to adjust hospital KAMs¹ and regional KIMs² roles and responsibilities

Introduction

Scope & Objective of the study

- The purpose of this position paper is to **analyze** the **hospital KAMs** (Key Account Managers) and the **regional KIMs** (Key Institution Managers) **roles** and **responsibilities** and to discuss **the way** they **must adapt** to the **evolution** of the **regional healthcare environment** in France
- For so doing, Smart Pharma Consulting has:
 - **Reviewed** its previous **publications** on this topic
 - **Interviewed** senior executives from French affiliates of **7 pharma companies** (Biogen, Janssen, MSD, Pfizer, Roche, Novartis and Novo Nordisk) in July and November 2018
- Based on these information, Smart Pharma Consulting **proposes**:
 - **Strategic** and
 - **Organizational recommendations**

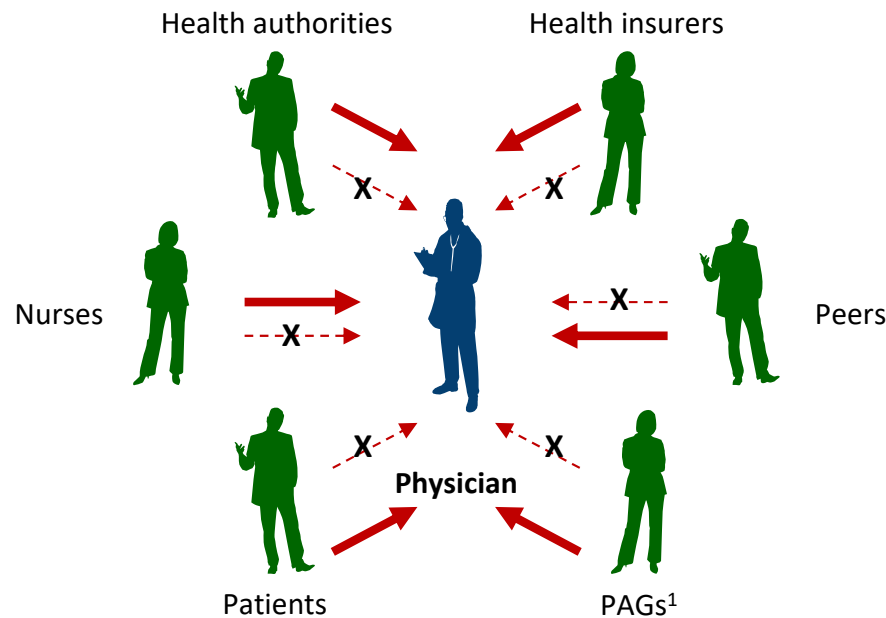
regarding hospital KAMs and regional KIMs

The pharma market is increasingly driven by multiple stakeholders influencing physicians' prescriptions and by secondary care drugs mainly prescribed at hospital

Key principles

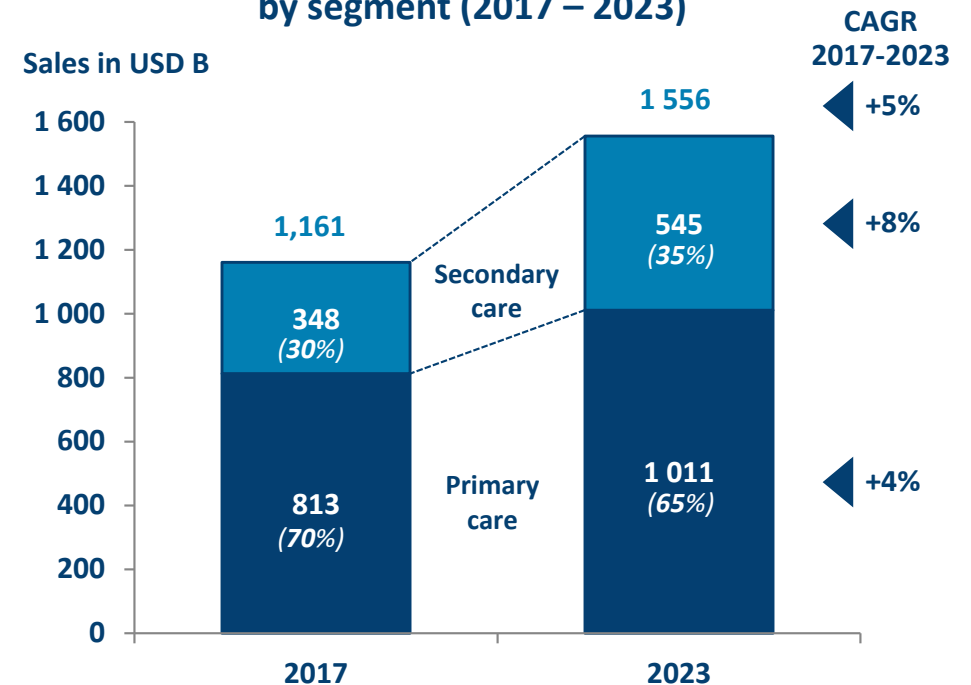
Evolution of the pharma market (1/2)

Therapeutic decision-making process evolution



Physician prescribing decisions are more and more under the influence of multiple stakeholders such as: national / regional health authorities, health insurers and payers, PAGs, etc.

Global pharmaceutical market growth by segment (2017 – 2023)



Secondary care products which are mainly prescribed² in hospital centers should grow faster than primary care products mainly initiated and prescribed by office-based physicians

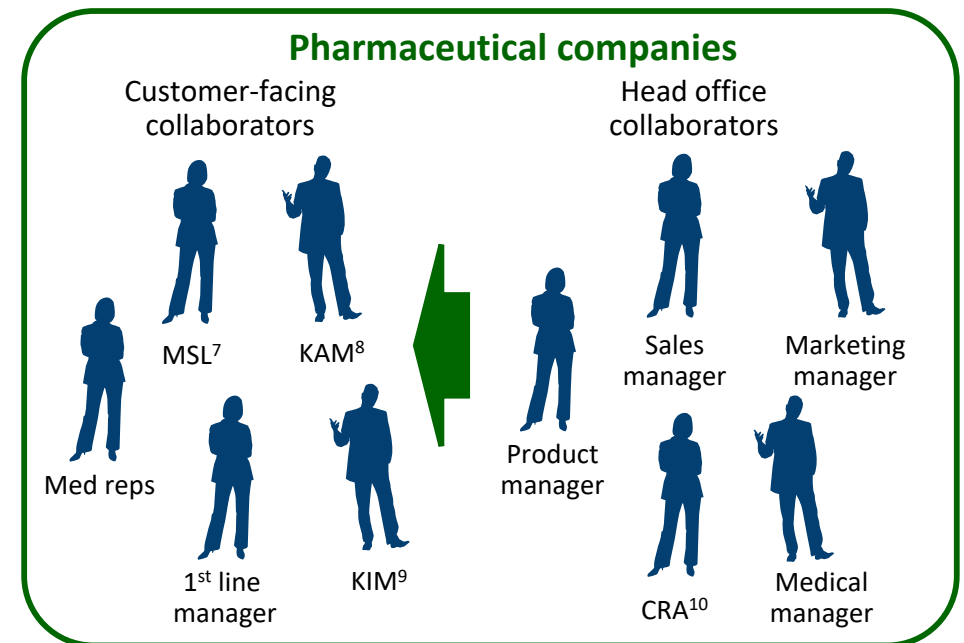
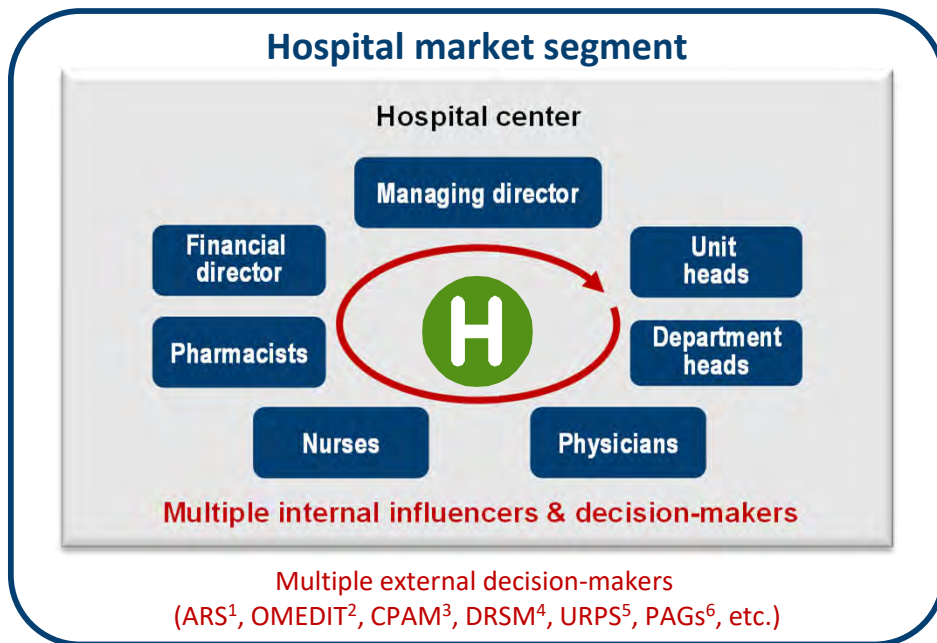
Sources: IQVIA Institute (March 2018) – Global OTC Drugs Market, Mordor Intelligence (May 2018) – Smart Pharma Consulting estimates

¹ Patient Advocacy Groups – ² Secondary care products could also be initiated by hospital physicians and then renewed by office-based physicians, either specialists or GPs, depending on the treatment. In this case, the prescribing decision made by hospital physicians has a major impact on product sales

Pharma companies must adopt an efficient organization to deal with bigger accounts, more and more price-sensitive, in which decision-making processes are complexified

Key principles

Evolution of the pharma market (2/2)



- The grouping of hospital centers has led pharma companies to deal with bigger accounts benefiting from a stronger bargaining power...
- ... in a context of economic pressure, making customers more price-sensitive than ever

- Pharma companies must address two key issues:
 - Protect, as much as possible, the price of their drugs
 - Move from a B-to-C to a B-to-B business model in which the prescribing decision is made by multiple stakeholders having different views and objectives

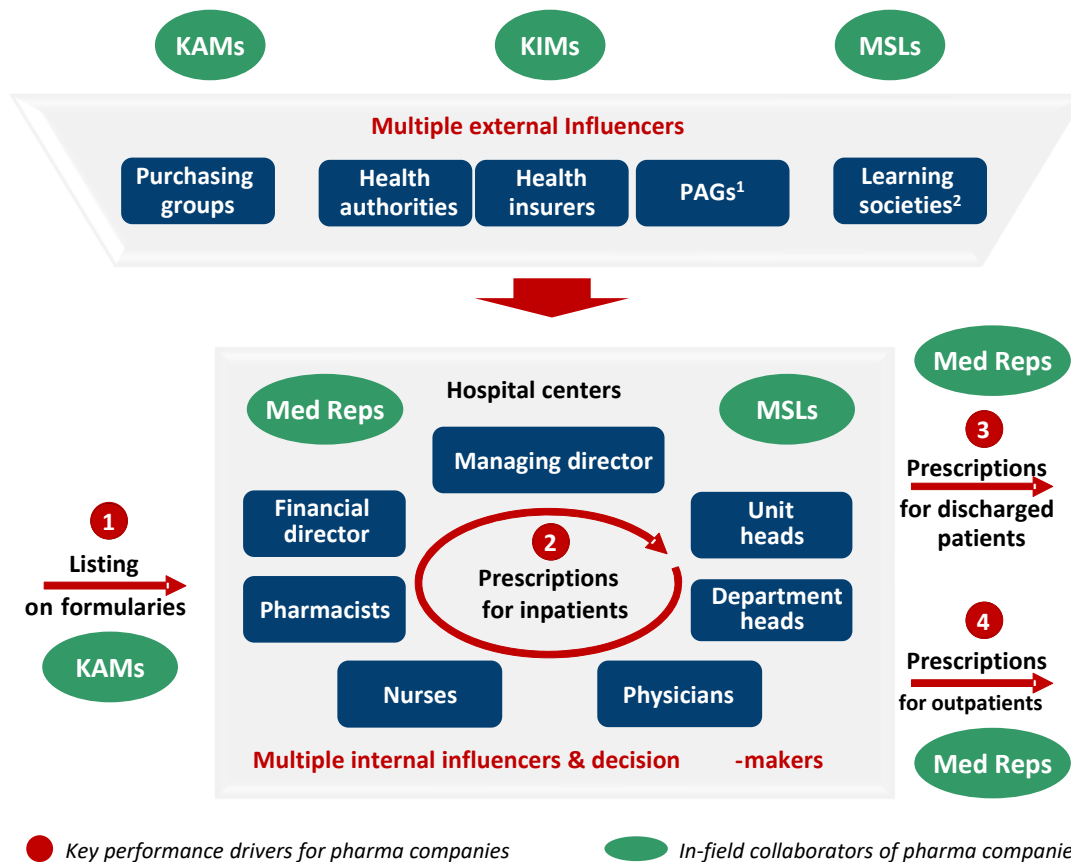
Sources: Smart Pharma Consulting

¹ Regional Health Agency – ² Observatory of Drugs, Medical Devices and Innovation – ³ Primary Fund for Health Insurance – ⁴ Regional Directorate of the Medical Service – ⁵ Regional Unions of Healthcare Professionals – ⁶ Patient Advocacy Groups – ⁷ Medical Science Liaisons – ⁸ Key Account Managers – ⁹ Key Institution Managers who are in contact with regional health authorities and payers and who can propose hospital centers to participate, for instance, to a local public health initiative on a given pathology – ¹⁰ Clinical Research Assistant

Irrespective of the hospital center, the strategy crafted by pharma companies should have a favorable impact on one or several key performance drivers

Key principles

Strategic levers at hospital key account (1/2)



- To boost their hospital performance, pharma companies can activate several internal drivers:
 - The listing on formularies under the KAM responsibility (1)
 - The prescription for inpatients (2), discharged patients (3) and outpatients (4) under the Med Reps responsibility and the activities of MSLS
- Pharma companies may also act at the level of hospital external influencers such as:
 - National or regional purchasing groups through KAMs, along with collaborators such as: head of KAMs, commercial director
 - Health authorities, health insurers and regional branches of PAGs through KIMs
 - Regional branches of learning societies through MSLS

Sources: Smart Pharma Consulting

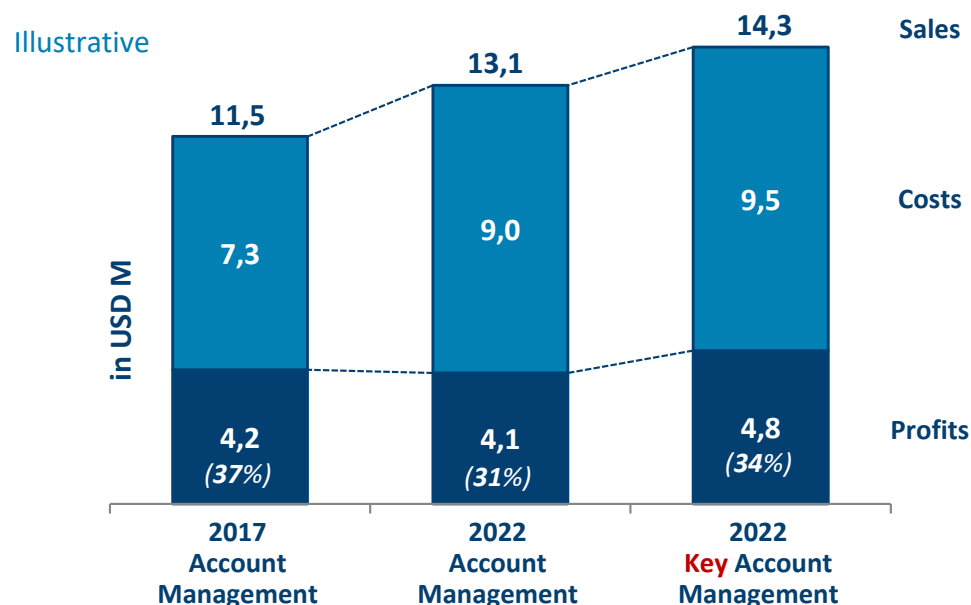
¹ Patient Advocacy Groups – ² Through the therapeutic guidelines they may publish

To get the expected return on investment from hospital key account management, pharma companies should focus on five critical success factors

Key principles

Strategic levers at hospital key account (2/2)

Expected impact from pharma company perspective



Critical success factors

- #1: The services (solutions) proposed should be tailored to important needs / wants of the most influential stakeholders of the hospital center
- #2: The partnership should lead to tangible and long-term “win-win” outcomes for both, the hospital center and the pharma company
- #3: The services should be perfectly planned and executed, while being carefully monitored with specific KEIs¹ and KPIs² to deliver the expected joint value
- #4: The services should be clearly communicated by the collaborators of the pharma company and related to its product portfolio
- #5: Each hospital key account should be managed in a coordinated manner by cross-functional multidisciplinary internal and external stakeholders

The specific management of hospital key accounts by pharma companies will generate extra costs due to the proposed services but should generate more sales, more profits and possibly higher profitability than a standard account management

Sources: Smart Pharma Consulting

¹ Key Execution Indicators – ² Key Performance Indicators

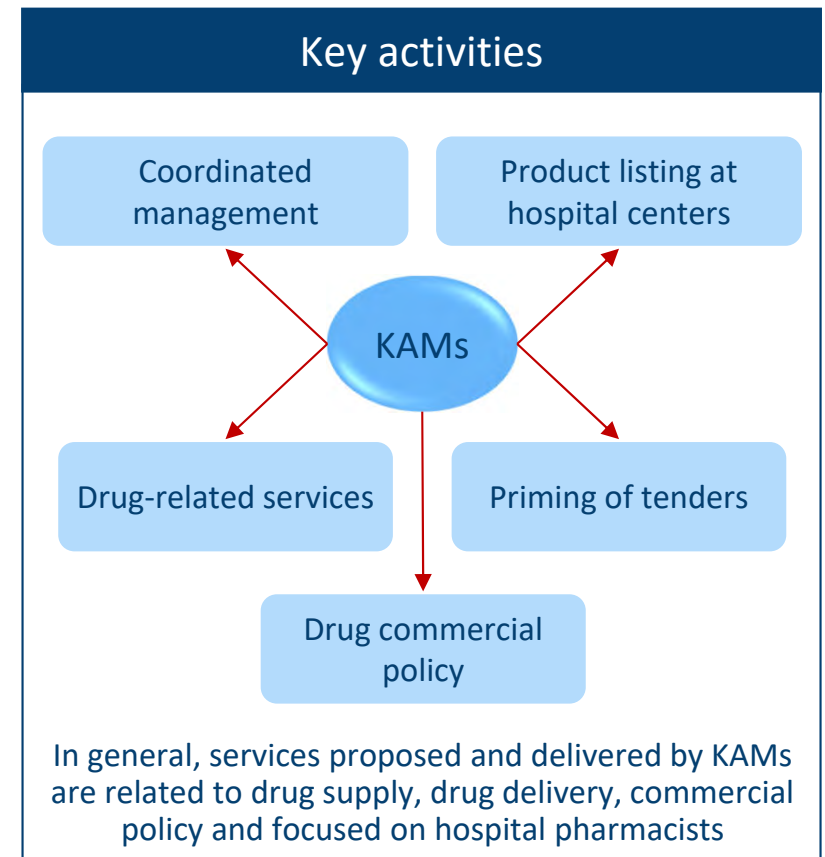
KAMs are essential to get pharma companies products listed and bought by hospital centers and to ensure the proper coordination of activities carried-out by in-field teams

Hospital KAMs

French Survey Outcomes

Role and core activities: Introduction

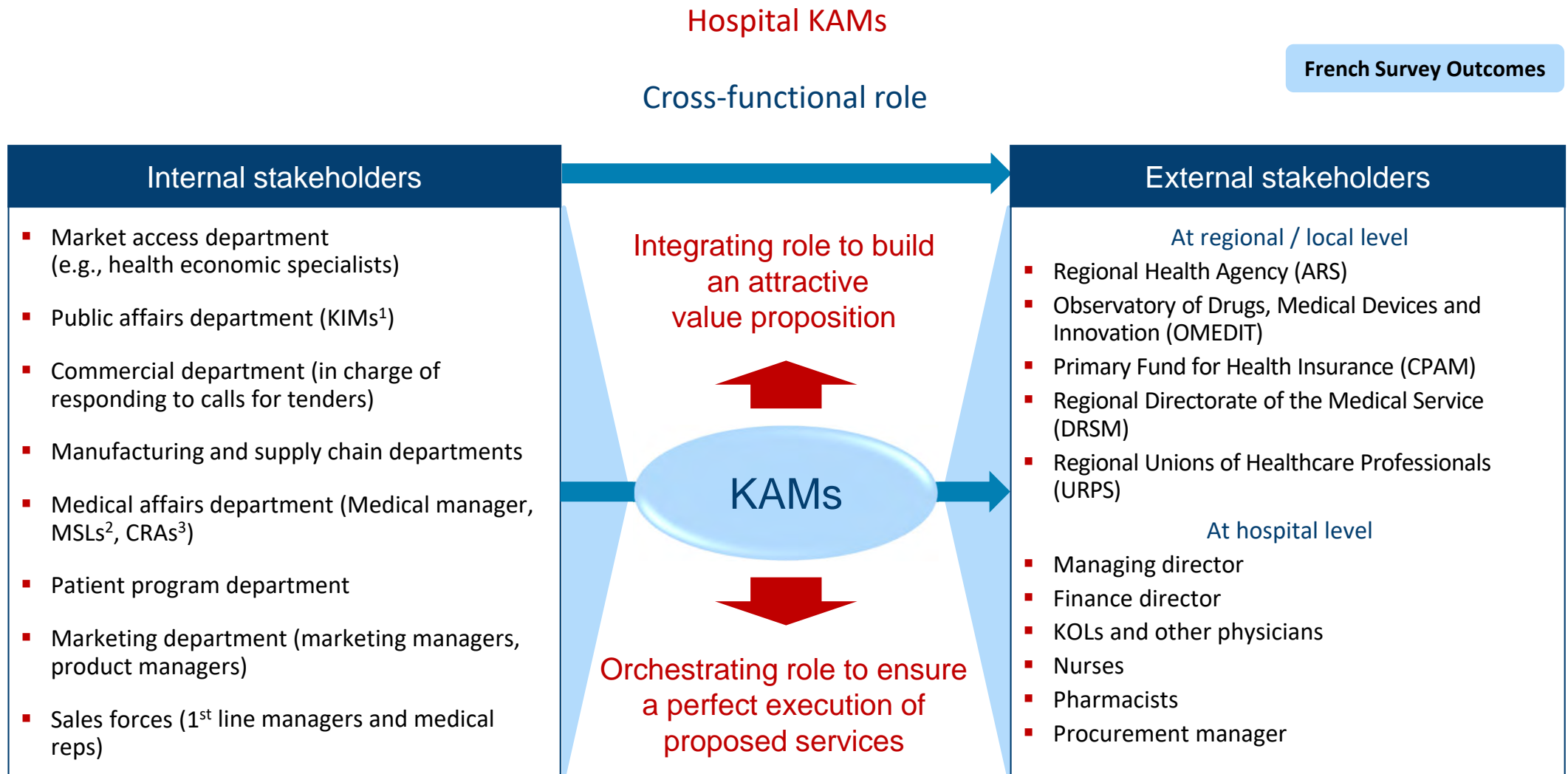
Role
<ul style="list-style-type: none"> ▪ KAMs are one of pharma companies in-field collaborators¹ interacting with hospital centers to develop their business over the long-term by ensuring the listing of their products and by developing associated services to optimize their value, and their probability to be purchased at a fair price ▪ KAMs are best placed, due to their focused interactions with hospital pharmacists and cross-functional responsibilities, to raise the level of knowledge and understanding of each hospital center, regarding their: <ul style="list-style-type: none"> – Key objectives – Strategic priorities – Key issues – Organization (i.e., decision-making process, role and influence of the hospital director, financial director, medical director, heads of medical departments, information system director, etc.) – KAMs have most often a background of first-line manager² and are in general affiliated to the commercial department



Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Amongst other field teams we can mention: Medical Reps, MSLs (Medical Science Liaisons), KIMs (Key Institution Managers) –² It is important to note that competent Medical Reps or 1st line Managers do not make necessarily competent KAMs. The skill set required for key account management role is much broader

The complexity of hospital KAMs role lies in the fact that they must deal with multiple internal and external stakeholders having different needs and priorities



Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Key Institution Managers in charge of relations with regional health authorities and payers and, in some pharma companies, with local / regional politicians too – ² Medical Science Liaisons – ³ Clinical Research Assistants

The 5 key activities carried out by hospital KAMs are very similar from one company to another one

Hospital KAMs

French Survey Outcomes

Key activities

Key activities	Description
Listing	<ul style="list-style-type: none"> Coordination with Med Reps and MSLs to convince prescribers, members of the hospital listing committee, to get the company products listed and to help them fill up the dossier to motivate the listing of the concerned products¹ Coordination with other KAMs to deliver the same information when decision-makers, for a given call for tenders, belong to purchasing groups at national (e.g., UNI-HA), regional and local (e.g., Hospital Territory Groups) levels It is essential to anticipate and work upstream with these different decision makers, in a coordinated manner
Tender priming	<ul style="list-style-type: none"> Tender priming requires a coordinated approach led by the KAMs and based on tangible differentiating points to motivate a more favorable design of lots called for tenders
Commercial policy	<ul style="list-style-type: none"> The commercial policy is set with or without prior agreement² Analysis of earlier calls for tenders provides information to potentially adjust prices for the others to come KAMs are also involved in negotiated contracts to set the commercial terms
Drug-related services	<ul style="list-style-type: none"> KAMs can propose drug-related services which can count to ~20% of the final mark in the evaluation of the bids for calls for tenders, as Corporate Social Responsibility initiatives can do (up to 10%) Certain companies bring their support and propose solutions to hospital centers to improve their efficiency (e.g., revision of terms of payment, conditions of supply, day care organization)
Coordinated management	<ul style="list-style-type: none"> To support the coordination of hospital centers and especially of key accounts, some pharma companies have developed a “key account plan” but, for compliance reasons, the KAMs, KIMs, MSLs and Med Reps sections are not shared on the same document or partially shared (e.g., Intranet with shared and non-shared sections) The KAM is key to raise the knowledge and understanding of hospital centers, especially if he maintains good relationships with hospitals pharmacists who, in general, have a privileged position

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ The dossier includes information such as: the number of patients, the therapeutic value, the economic impact, etc. – ² Depending on the pharma companies, a prior agreement may be required at affiliate or even corporate level, before offering a price to hospital centers in the case of calls for tenders or negotiated contracts

The number of KAMs per company is mainly driven by the size of the hospital-only product portfolio and to the organizational model which has been chosen

Hospital KAMs

French Survey Outcomes

Organization and targeted clients

Companies	Model	FTEs ²	Portfolio of hospital-only drugs	Target clients
A	Exclusive	15	Broad	Hospital pharmacists
B	Exclusive	4	Narrow	Hospital pharmacists
C	Hybrid ¹	12	Broad	Hospital pharmacists (to a lesser extent have an activity with ARS and OMEDITs)
D	Exclusive	9	Intermediate	Hospital pharmacists

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Organizational model: some companies have opted for a hybrid model in which the same collaborator ensures the role of KAM and KIM (Key Institution Manager) at the same time – ² Full Time Equivalent

KAMs and departments in charge of responding to calls for tenders must collaborate closely to optimize their chances to win calls for tenders

Hospital KAMs

French Survey Outcomes

Interactions with the response to calls for tender department

Response to calls for tender department

- Monitoring of public calls for tenders published in the Official Gazette (with the possible support of specialized agencies such as MEDImarket)
- Contact of hospitals or purchasing groups to clarify requirements specifications, if needed...
- ... or to understand why the company products have not been called, if it is the case
- Preparation of the administrative dossier
- Quantitative and qualitative analysis of the tendering results that are useful to prioritize the in-field collaborators activity and draw key learnings for the new calls for tenders to come

Average headcount: 3 to 7 collaborators, depending on the size of the product portfolio concerned by call for tenders



KAMs

- The KAMs will review the list of lots that are called for tenders
- They will collect qualitative and quantitative information, mainly through hospital pharmacists in charge of drugs procurement, to adjust the therapeutic and technical specificities of their products and the associated services they want to highlight
- They are responsible for setting the commercial policy, with a degree of autonomy which is very different from one company to another¹
- Based on the analysis of the information collected by the response to calls for tender department and by them, they may revise their price for the new calls for tenders to come

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ In one specific company, the KAM requires the prior agreement of the corporate commercial department. Another company has set up a validation committee at affiliate level

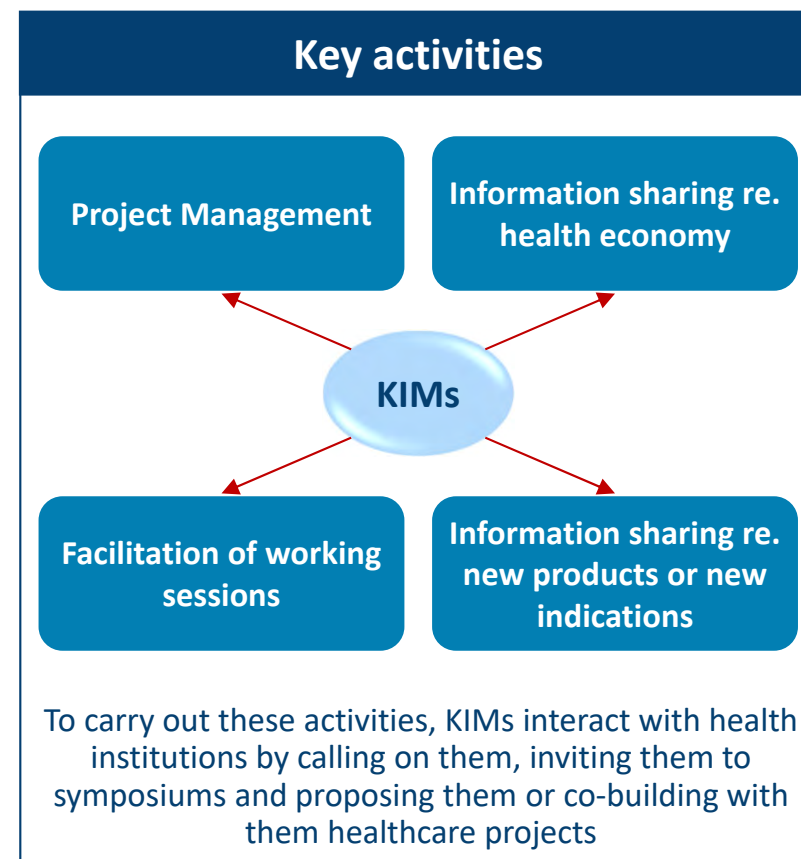
Regional Key Institution Managers role is focused at ARS¹, OMEDIT², CPAM³, DRSM⁴, URPS⁵ who can have an influence on hospital centers decisions related to drugs

Regional KIMs

Role and key activities

French Survey Outcomes

Role
<ul style="list-style-type: none"> ▪ The KIMs role is to interact with regional/local health institutions (e.g., ARS, OMEDIT, CPAM, DRSM, URPS) and for certain companies with local politicians (e.g., Members of Parliament, Senators, Mayors) to optimize the conditions of use of the key products marketed by the pharma company they work for ▪ Thus, KIMs do not promote products ▪ KIMs may also be responsible for improving the reputation of their company by carrying out various initiatives that are likely to have a positive impact on public health at a regional/local level ▪ KIMs may have different backgrounds (e.g., marketing, sales, market access) and are affiliated, in general, either to the commercial department or the market access department ▪ They need to have a solid knowledge and understanding of the healthcare system at national, regional and local levels ▪ They must be able to manage projects



Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Regional Health Agency – ² Observatory of Drugs, Medical Devices and Innovation – ³ Primary Fund for Health Insurance – ⁴ Regional Directorate of the Medical Service – ⁵ Regional Unions of Healthcare Professionals

KIMs activities consist in sharing information to raise the interest of institutions about their company portfolio, the disease they address and in managing healthcare projects

Regional KIMs

French Survey Outcomes

Model – staffing – key activities and target clients

Companies	Model	FTEs ²	Key activities	Target clients
A	Exclusive	5	Information sharing re. the evolution of the product “pipeline” of the company and the new coming indications for existing products	OMEDITs – ARS – Regional buying groups – Hospitals
B	Exclusive	4	Calls and meeting during regional events	OMEDITs – Hospitals (pharmacists and sometimes hospital directors)
C	Hybrid ¹	12	Complex project management in regions as a KIM (<i>and hospital interaction management as a KAM</i>)	OMEDITs – URPS – ARS – Hospitals
E	Exclusive	3	Project management (e.g., support to the development of a telemedicine program)	Specialist physicians – OMEDITs – URPS
F	Exclusive	3	Expertise sharing re. patient care, public health, disease / risk factors prevention (e.g., vaccination campaigns, smoking)	In-field collaborators (i.e., Med Reps, MSLs) who implement the projects at regional/local level
G	Hybrid ¹	5	Health economic projects or information sharing as a KIM (<i>hospital interaction management as a KAM</i>)	OMEDITs – DIM ³ – ARS

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Organizational model: some companies have opted for a hybrid model in which the same collaborator ensures the role of KIM and KAM at the same time – ² Full Time Equivalent – ³ Information System Director at hospital level

Regional institutions are little inclined to interact or collaborate with pharma companies, unless they propose and contribute to a public healthcare project of interest to them

Regional KIMs

French Survey Outcomes

Mutual expectations between KIMs and targeted clients

Target clients	Importance L – M – H*	Accessibility L – M – H*	Expectations of targeted clients from pharma companies	Expectations of pharma companies from targeted clients
OMEDIT ¹	H	M	<ul style="list-style-type: none"> Information sharing regarding products marketed by the companies, especially for new products or new indications of products yet marketed 	<ul style="list-style-type: none"> Getting an opinion / advice before implementing a project to evaluate the benefit of a drug or a therapeutic strategy at the regional level Facilitation of early access for innovative drugs (e.g. screening of patients with biomarkers)
CPAM ²	M	L	<ul style="list-style-type: none"> No expectations CPAM distrust pharma companies and therefore do not want to interact with their collaborators 	<ul style="list-style-type: none"> To have the possibility to inform the CPAM re. new indications, prices, etc. for a product to avoid them to convey erroneous information to physicians that could negatively impact its performance
DRSM ³	M	L	<ul style="list-style-type: none"> No expectations because they distrust pharma companies 	<ul style="list-style-type: none"> To have the possibility to meet them to address specific problems about products indications, use, etc.
URPS ⁴	M	M	<ul style="list-style-type: none"> Provide an organizational and a financial support to carry out trainings, screening campaigns at regional level 	<ul style="list-style-type: none"> URPS are a useful relay to inform and mobilize their members to participate to healthcare projects (e.g. screening campaigns, initiatives to improve adherence of patients to treatments)
ARS ⁵	M	L	<ul style="list-style-type: none"> Limited or no contact, because they do not want to collaborate with pharma companies or because the latter are not a priority for them 	<ul style="list-style-type: none"> To set up healthcare projects and get their approval Convince ARS to allocate specific resources (financial and/or human) for a better management of the diseases for which the company products are indicated

* L: low – M: medium – H: high

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Observatory of Drugs, Medical Devices and Innovation – ² Primary Fund for Health Insurance – ³ Regional Directorate of the Medical Service – ⁴ Regional Unions of Healthcare Professionals – ⁵ Regional Health Agency

Depending on the project, regional KIMs can propose a scientific, logistics or financial support to public healthcare projects or projects to improve the proper use of drugs

Regional KIMs

French Survey Outcomes

Examples of projects carried out with regional institutions

Project #1: The Immunization Day

Project #2: Drug Fact Sheet

Objectives

- Scientific support
- Logistics support
- Formatting of messages

- Writing of a drug fact sheet for a new product...
- ... while transitioning from the ATU (Temporary Use Authorization) status to the post-ATU one
- Set up of working groups in regions

Partners

- ARS
- CPAM

- OMEDIT

Duration

- 1 month

- 2 months

Conclusion

- Impact on medical practices: raise the awareness re. the pharmaceutical conciliation¹ especially during the patient transition from hospital to ambulatory care
- Publication of the results

- This drug fact sheet has shown to be useful specially to inform the pharmacists...
- ... and thus, to guarantee the proper and safe use of this new drug

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Information sharing amongst healthcare professional regarding a given patient to avoid errors while prescribing and/or dispensing drugs to patients

These two projects show the ability of pharma companies to bring together diverse expertise to produce recommendations or carry out pilot projects related to healthcare

Regional KIMs

French Survey Outcomes

Examples of projects carried out with regional institutions

Project #3: Innovation in Oncology

Project #4: AMD¹ Screening in Region

Objectives	<ul style="list-style-type: none"> Multi-disciplinary experts (oncologists, surgeons, pharmacists, PAGs, economists, lawyers, pharma companies, etc.) have written a manifesto with 30 propositions to favor innovation in the oncology field 	<ul style="list-style-type: none"> Screening of AMD in the Northern region of France (Hauts-de-France)
Partners	<ul style="list-style-type: none"> 113 experts 	<ul style="list-style-type: none"> CPAM Healthcare network URPS of pharmacists Teaching hospital
Duration	<ul style="list-style-type: none"> 2 years 	<ul style="list-style-type: none"> 4 weeks
Conclusion	<ul style="list-style-type: none"> Increase awareness regarding key topics such as: delays in access to innovation, methods to evaluate innovation, real-world data processing This manifesto has been handed over by KIMs while meeting healthcare institutions in regions 	<ul style="list-style-type: none"> Out of the 1,200 patients diagnosed, 250 had a stage 1 AMD and 12 have been treated, urgently The ARS agreed to deploy this project across the region, but without the support of the pharma company

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

¹ Aged Macular Degeneration

Projects managed by regional KIMs may (should) contribute to raise the value of the response to the calls for tenders, as illustrated in this example

Regional KIMs

French Survey Outcomes

Examples of projects carried out with regional institutions

Project #5: Hospital Day Care Management

Objectives

- Measurement of time spent by patient
- Search of solutions to reduce the cost of hospital day care against diagnosed-related groups (DRG)
- Methodological contribution to the hospital center

Institutions

- **Hospital centers**

Duration

- 3 to 6 months (delay due to the time required to get the agreement from the hospital director)

Conclusion

- This has enabled hospital centers to improve their efficiency while managing drug perfusion to patients
- This service has been highlighted in the responses to calls for tenders

Sources: Smart Pharma Consulting based on a benchmarking studies carried out in 2019

The services proposed must offer tangible benefits to the targeted customer and to the pharma company by improving access and usage of its products

Hospital KAMs & Regional KIMs

Examples of services for hospital centers and regional institutions

Co-creation of a specific **program** to increase the **number of referred patients**, leading to more activity for the hospital center, more drug prescriptions for the pharma company and more income for both

Co-development of a **patient registry** and offering of a **technical support** to collect and analyze data to help the hospital center increase medical outcomes in a specific disease covered by the pharma company

Creation and funding of a **support program** to **improve the adherence** of patients to their treatment in exchange of a preferred supplier status on the hospital drug formulary

Design and implementation of a specific **process to reduce** the **distribution** and **inventory costs** for both, the hospital center and the pharma company

Help the key account **re-engineer** the **journey** of **hospitalized patients** to reduce the duration of their stay and the time allocated by the HCPs to look after them

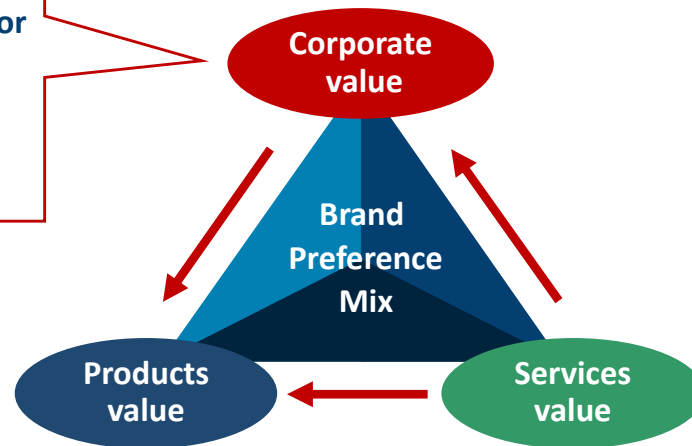
From the pharma company perspective, the value of the proposed services should be translated into higher product sales and associated profits

Hospital KAMs & Regional KIMs

Impact of services on pharma company performance

The ultimate objective of services proposed to hospital centers or regional institutions is to fulfill their highly valued needs to enhance – directly or indirectly – their preference for the products marketed by the pharma company

- KAMs and KIMs should **communicate once or twice a year information about their company** (e.g., R&D news, CSR¹ initiatives, specific services delivered, etc.) to hospital stakeholders and regional institutions



- The direct or indirect² **impact of services** on products will be **objectivized** by the **positive evolution** of their **performance drivers** in **hospital centers**:
 1. Listing on formularies
 2. Prescription for inpatients
 3. Prescription for discharged patients
 4. Prescription for outpatients

- The **perceived value** of the proposed **services** by KAMs and/or KIMs at hospital center level will **depend on** their **ability** to:
 - Reduce hospital costs
 - Improve operational management
 - Improve medical management...
- ... and on their **quality of execution**:
 - Planning
 - Execution *per se*
 - Monitoring
- These services should have a **positive impact** on **corporate reputation** and **products perception** of the pharma company

The activities of in-field collaborators interacting with the same hospital center should be integrated in a single key account management plan, including separated sections

Hospital KAMs & Regional KIMs

Integrated Key Account Management Plan

MSL Section

- **Key clients:** KOLs
- **Key objectives:** build strong and sustainable relationships to develop advocacy at hospital level and beyond
- **Key activities:** interactions with KOLs, scientific lectures at congresses, symposia, staff meetings, support of research clinical trials, training of speakers and collaborators from marketing and sales teams, competitive intelligence initiatives, etc.



Marketing & Medical Rep Section

- **Key clients:** physicians and pharmacists
- **Key objectives:** increase prescriptions
- **Key activities:**
 - **Marketers:** brand preference strategy crafting leveraging products attributes, perceived quality of associated services and corporate reputation
 - **Medical reps:** calls, invitations to medical meetings and congresses and other services to boost preference

KAM Section

- **Key clients:** hospital pharmacists, purchase managers, director
- **Key objectives:** facilitate the hospital listing of drugs and maximize the chances to win the calls for tenders and get a fair price when products are bought through negotiated contracts
- **Key activities:** develop close relationships with hospital pharmacists, prime calls for tenders, highlight the value of the products and of their associated services regarding drug supply and management, negotiate payment terms, coordinate MSLs, Med Reps and KIMs activities per key account

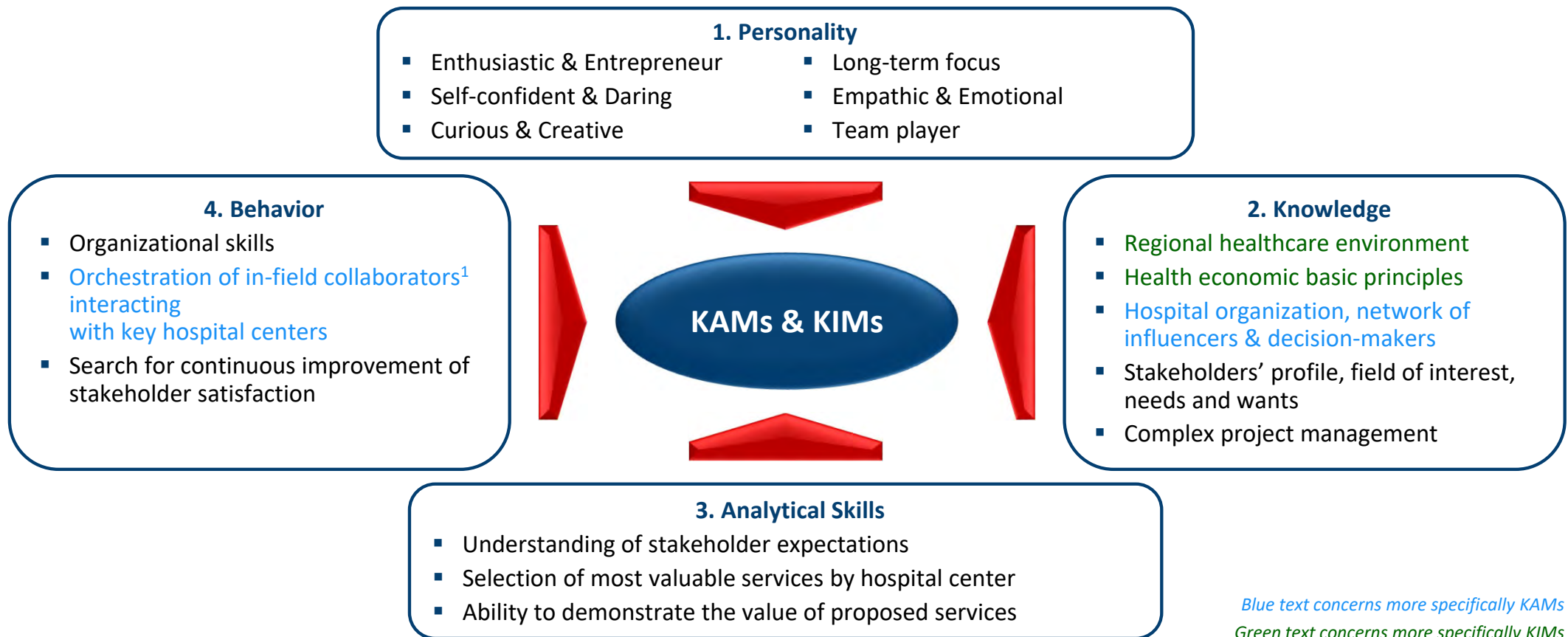
KIM Section

- **Key clients:** health authorities¹, payers¹, hospital directors, regional and local politicians, PAGs
- **Key objectives:** create the conditions to grow the therapeutic areas covered by the company products, ensure their proper use and participate to strengthen the company reputation at regional level
- **Key activities:** share relevant health economic information, new indications, new products information, propose specific projects (e.g., medico-economic studies to increase the access to the products, patient support programs to improve adherence to treatments, etc.)

KAMs and KIMs must have an in-depth understanding of hospital centers and of regional healthcare environment and be able to build trusted relationships

Hospital KAMs & Regional KIMs

Profile & competences of “best-in-class” hospital KAMs & KIMs



Sources: Smart Pharma Consulting

¹ Medical, marketing, salespeople and KIMs (Key Institution Managers)

The performance and activities of KAMs and KIMs are evaluated with the help of KPIs and KEIs respectively, as indicated by interviewed senior executives

Hospital KAMs & Regional KIMs

KPIs & KEIs¹

Key Performance Indicators (KPIs)

- **Hospital Listing** (Yes / No)
- **Calls for tenders** (Won / Lost)
- **Average price level** (actual vs. budgeted)
- **Sales performance** (Units sold per month per hospital center)
- **Savings due to optimized management of products whose patent has expired**
- **Customer preference survey** (Brand Preference Mix¹)
- **Reputation assessment survey** (Pharma Reputation Index¹)

Key Execution Indicators (KEIs)

- **Number of contacts** (F/F. phone, e-mails)
- **Activity planning** (e.g., quality of tendering planning)
- **Quality of execution of the action plan** (e.g., % of applications sent on time for calls for tenders)
- **Project management** (compliance with project deadlines, satisfaction of targeted customers re. the project development and execution)
- **Coordination of the in-field team members activity per hospital center** (e.g., frequency and quality of interactions, relevance of joint-activities, respect of compliance rules)

Blue text concerns more specifically KAMs

Irrespective of their competence, KAMs and KIMs should dramatically improve their performance if they implement our recommendations in a rigorous and systematic way

Hospital KAMs & Regional KIMs

Recommendations

Objective

- Hospital KAMs and regional KIMs **priority** is to contribute to raise **preference** of stakeholders **for their product** portfolio

Strategy

- **Hospital KAM** job should be to obtain the **listing** of company products at hospital centers, contribute to get **purchased** at a **fair price** by **highlighting** the competitive **advantages** of **products** and “offering” **associated services** re. supply
- **Regional KIM** job should be focused **at contributing to public health initiatives** (e.g., screening, adherence programs) re. diseases covered by the company products, **at ensuring corporate communication** (e.g., pipeline, healthcare services, CSR projects) **to improve** the **reputation** of the **company** and **at raising** the **value** of the **products** by **sharing** or **generating** **health economic data** at regional and/or hospital level(s)

Organization

- **Hospital KAM** and **regional KIM jobs** should **ideally be combined** to get a **greater flexibility** in terms of resource allocation and to increase synergy
- The following **skills** should be strongly developed:
 - **Strategic vision** to help, for instance, hospital general managers or hospital directors meet their objectives
 - **Soft skills** (e.g., interpersonal skills, problem solving, adaptability, teamwork, creativity)
 - **Technical knowledge** (e.g., healthcare system and hospital management, diseases, products, health economics)
 - **Management knowledge** to carry out projects and coordinate multi-disciplinary teams

Best-in-class Field Force Organization

————— BEST-IN-CLASS SERIES —————

The Smart Field Force Framework

The Pharma Field Force Organization relates to the way the in-field collaborators who meet customers should work and be organized to be effective and efficient

Introduction: Working definitions

Pharma Field Force

Are the people of a pharma company who work in the “field” to contribute – directly or indirectly – to generate sales

Field Force Organization

Is based on 4 key pillars:

- Activities
- Structure
- Processes
- Culture



Pharma Field Force People

May Include: medical reps, pharma reps, MSLs¹, KAMs², KIM³, regional market access managers, area managers⁴

Field Force Reorganization

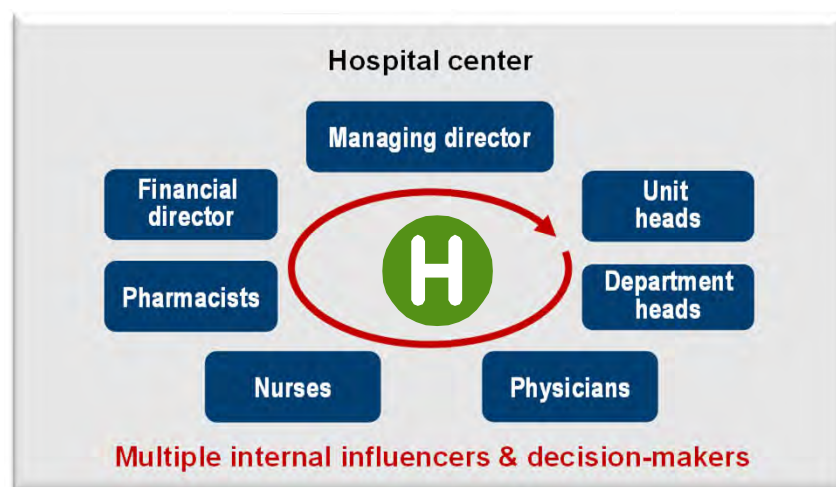
Consists in readjusting people activities, structure, processes and culture to boost the efficacy and efficiency of the company

“A successful Field Force Organization is the one which supports effectively and efficiently the strategy”

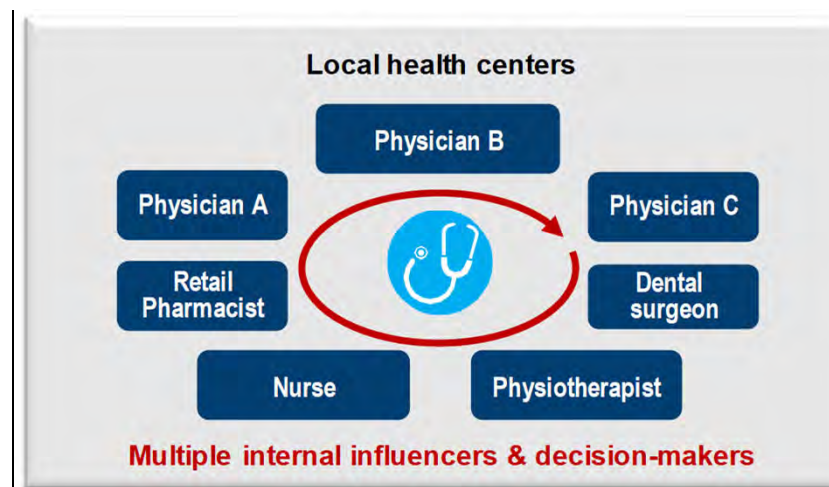
Field Force Teams access to customers has become more difficult due to lack of time and interest, and influencing them more complex due to multiple decision-makers

Introduction: Pharma Environment Mega-trends

Hospital market segment



Open care market segment



- The access to HCPs and other customers by the Field Force Teams is more and more controlled, if not forbidden
- Within hospital centers, physician prescribing decisions are more and more made in concertation, following protocols, and through the influence and pressure of various stakeholders, incl. payers, regional health authorities, etc.
- Hospital centers are also regrouping themselves which increases their business importance and bargaining power

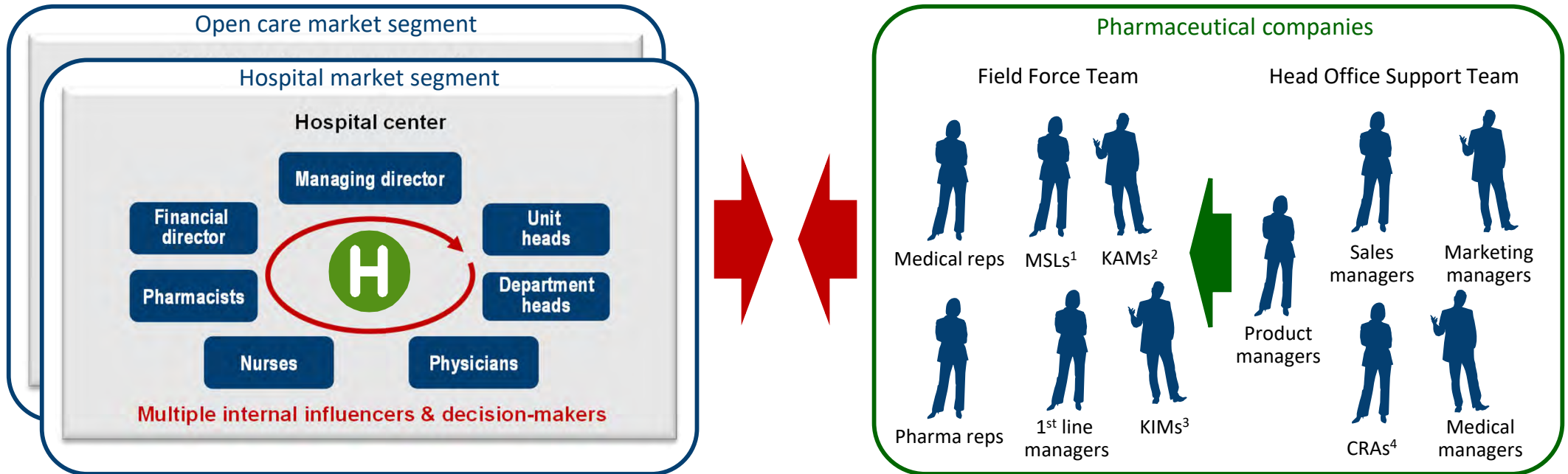
- Access to HCPs on the open care market segment has become a major issue for Field Force Teams
- More and more office-based physicians work in group practice for better efficiency and practicality
- Their prescribing behavior is more and more under the influence of health authorities, payers or other HCPs
- The increasing concentration of retail pharmacies¹, has an impact on their interactions with Field Force Teams

Sources: Smart Pharma Consulting

¹ Regrouped in chains or VTOs (Voluntary Trade Organizations) adopting purchasing behaviors similar to those observed in the FMCG (Fast-Moving Consumer Goods) sector, with an increasing pressure to get better prices and services

Pharma companies must rethink their Field Force Team organization to secure their access to customers and manage to get their products preferred

Introduction: Impact of Pharma Environment on Field Force Teams



- The grouping of hospital centers and office-based physicians have led pharma companies to deal with bigger accounts benefiting from a stronger bargaining power...
- ... in a context of economic pressure, making customers more price-sensitive than ever

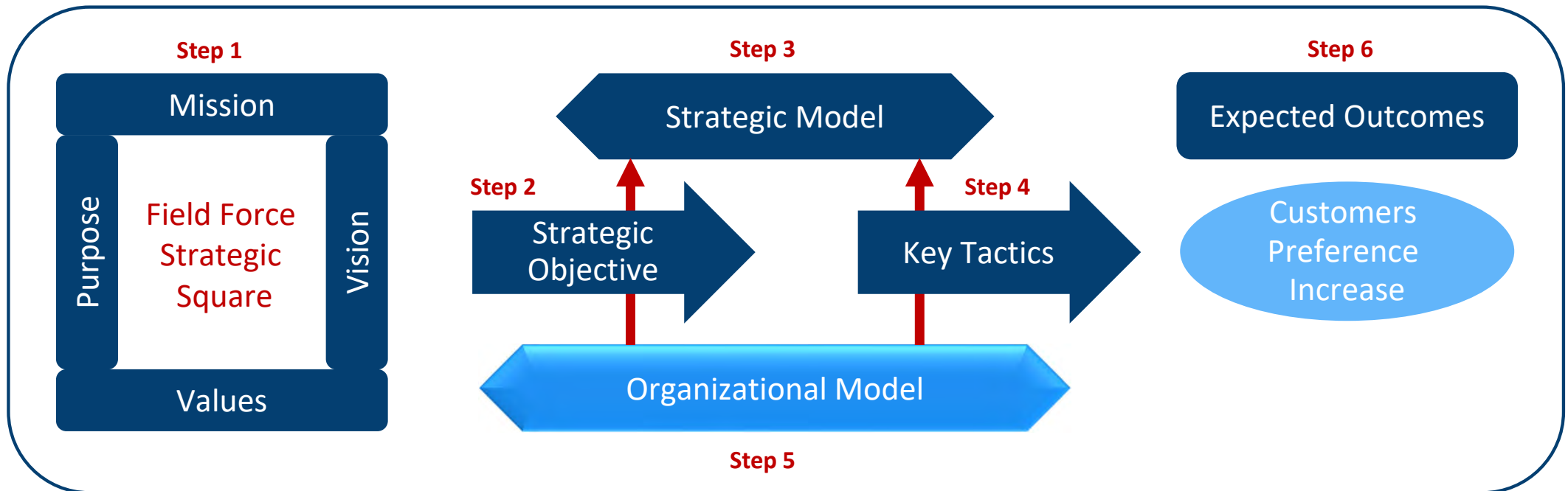
- Pharma companies have to address two key issues:
 - To protect, as much as possible, the price of their drugs
 - To move from a B-to-C to a B-to-B business model in which the prescribing decision is made by multiple stakeholders having different views and objectives

Sources: Smart Pharma Consulting

¹ Medical Science Liaisons – ² Key Account Managers – ³ Key Institution Managers who are in contact with regional health authorities and payers and who can propose hospital centers to participate, for instance, to a local public health initiative on a given pathology – ⁴ Clinical Research Assistants

The Smart Field Force Framework will help pharma companies design the best organizational model to support the right strategy and tactics

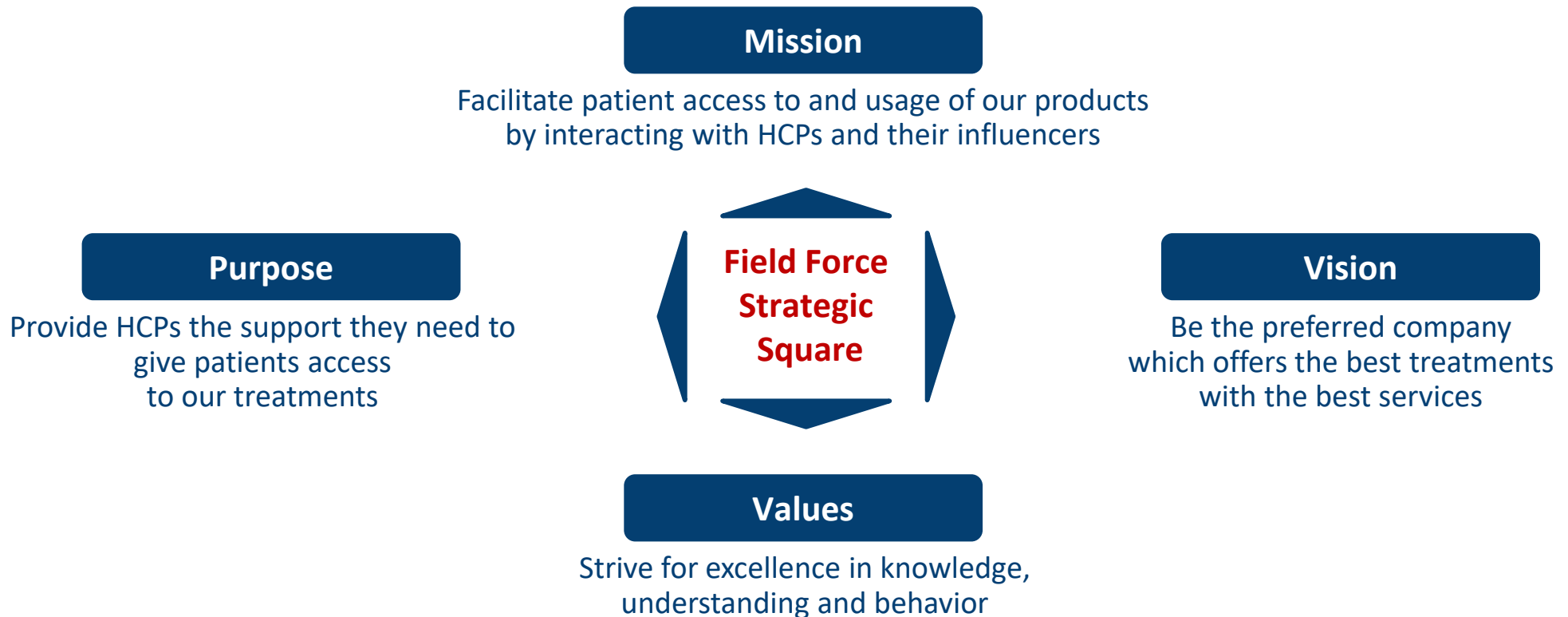
Methodology: Smart Field Force Framework



- The Smart Field Force Framework, developed by Smart Pharma Consulting, should enable pharma companies to align their “Strategic Square” to their strategic objective and then craft the best strategy and the corresponding tactics to meet this objective
- The organizational model will be designed accordingly to support effectively and efficiently the strategy and the tactics

Once the purpose, mission, vision and values have been set and shared, the Field Force should contribute to create the highest value for customers

Step 1: Strategic Square



- *Purpose: Why do we exist?*
- *Mission: What do we do and for whom?*

- *Vision: What do we aspire to become?*
- *Values: What do we believe in and how do we behave?*

The optimal design of a Field Force organization should start with an in-depth analysis of the evolution of the competitive landscape and of the company assets

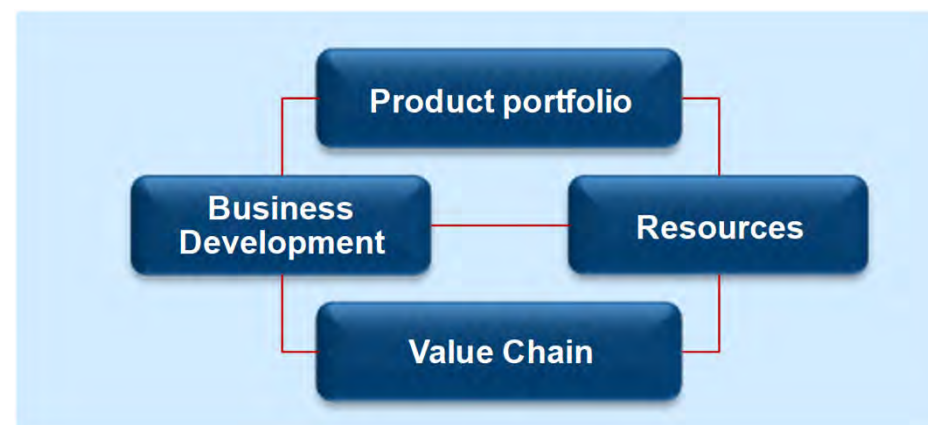
Step 2: Strategic Objective – Situation & Trends Analysis

Competitive Landscape Analysis



- The target Field Force organization will depend on the competitive landscape which can be analyzed with the 7Ps method¹ which, stakeholder by stakeholder, defines:
 - Behavioral trends (What?)
 - Driving forces (Why?)
 - Implications (so What?)
 - Strategic priorities (What to do?)

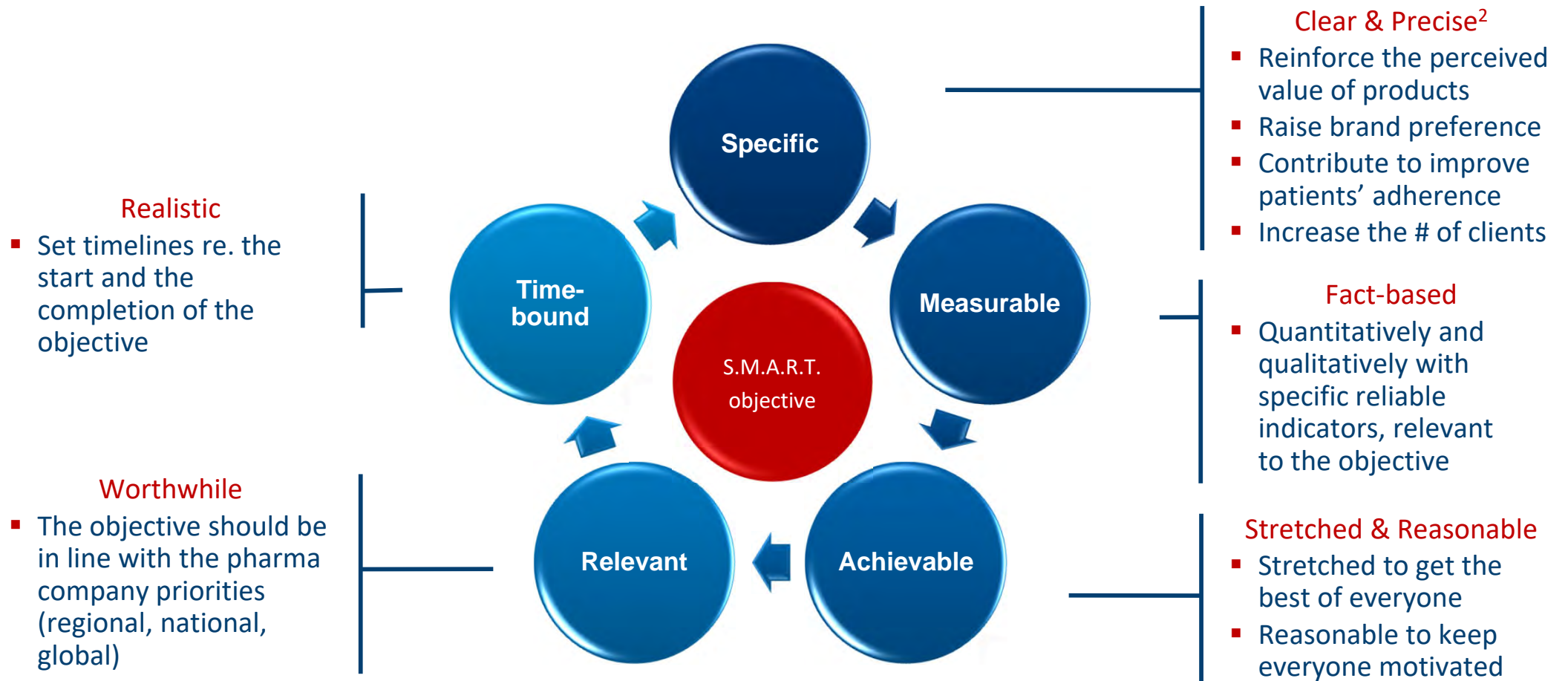
Company Assets Assessment



- To define a target organization, the company assets should also be assessed:
 - The current and future product portfolios
 - The tangible² and intangible³ resources
 - The components of the value chain, including the support functions
 - The business development initiatives going on

The strategic objective should be set according to the S.M.A.R.T. rule, well-explained and understood by all members of the Field Force¹ to maximize their adherence to it

Step 2: Strategic Objective – Objective Setting



Sources: Smart Pharma Consulting

¹ Irrespective of their function – ² Illustrative examples

The strategy should be crafted according to the analyzed situation and trends, and the strategic objective set, prior to the design of the Field Force organization

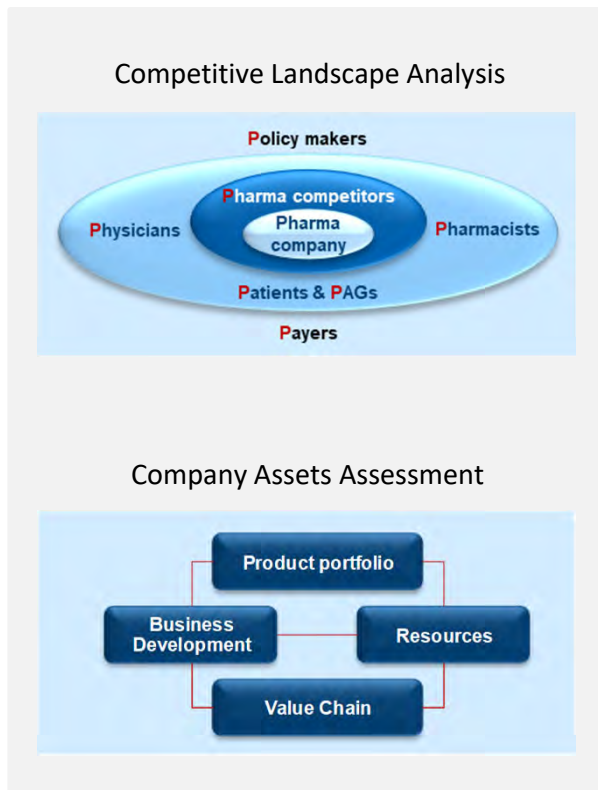
Step 3: Strategic Model – Strategy Crafting

1. Situation & Trends Analysis

2. Strategic Objective

3. Strategy Crafting

4. Organization Design

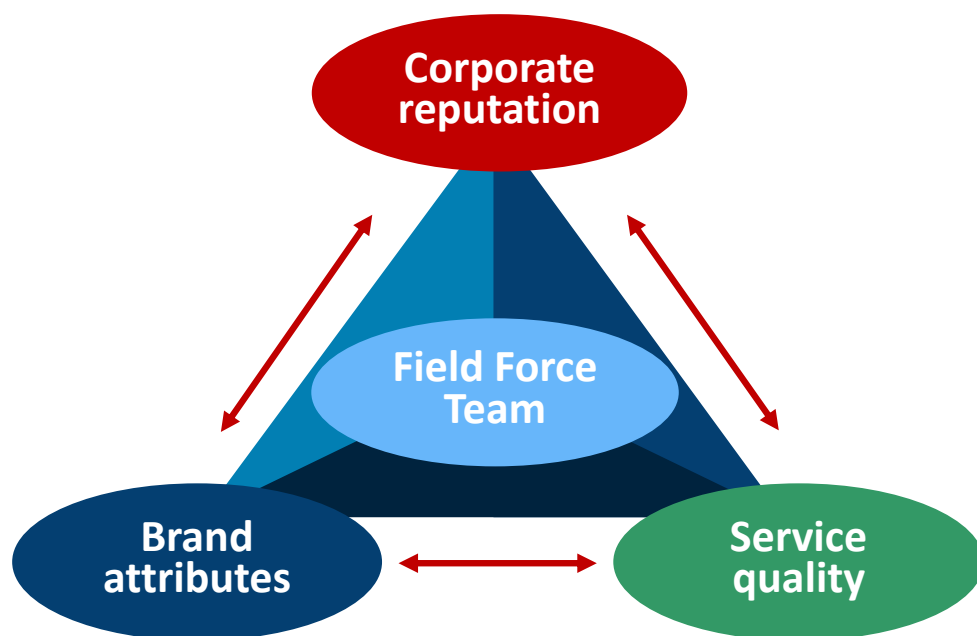


Sources: Smart Pharma Consulting

¹ See Smart Pharma Consulting position paper "Best-in-Class Pharma Strategy" published in March 2018

The utmost strategic priority of the Field Force Team is to strive to strengthen the preference of their customers for the products marketed by their company

Step 3: Strategic Model – The Brand Preference Mix (BPM)¹



“The Brand Preference Mix concept is a powerful means to enhance customer preference to marketed brands”

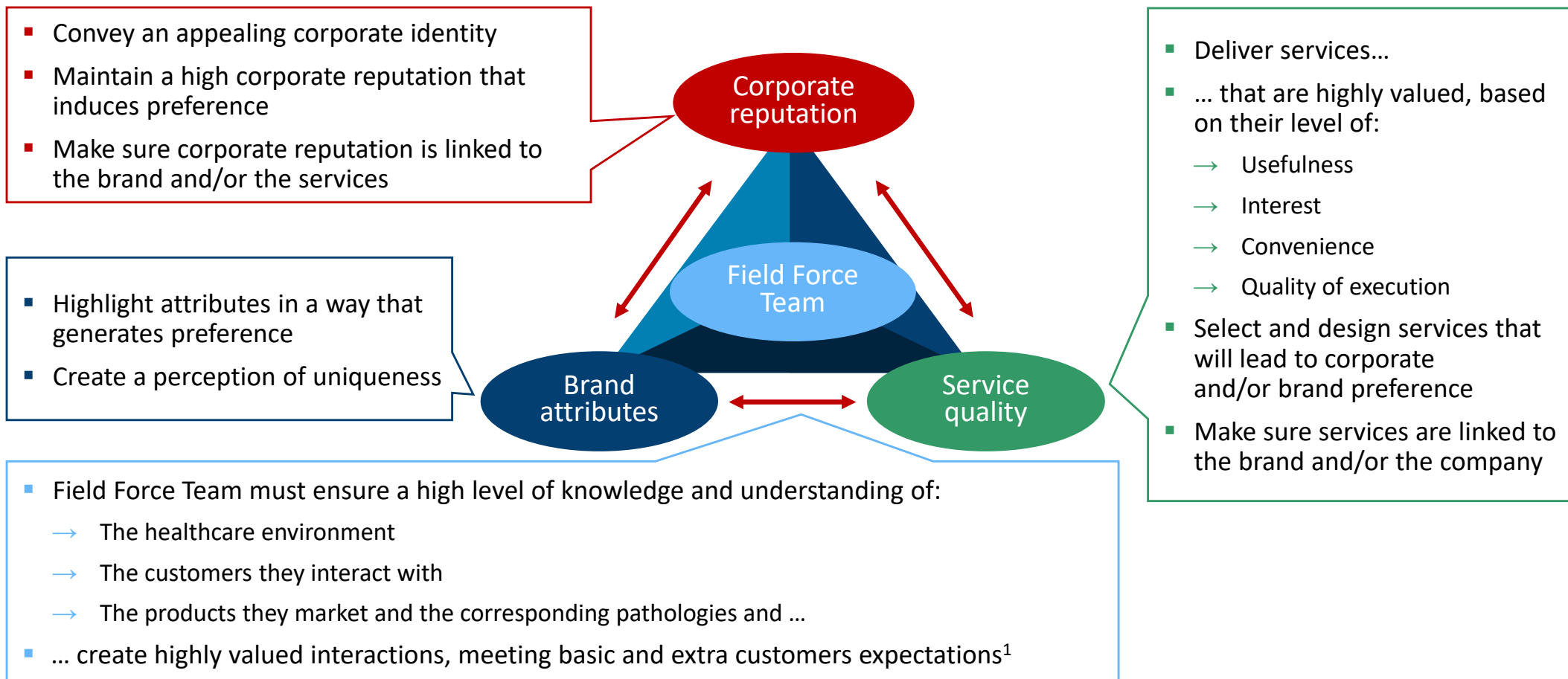
- Preference is the most relevant concept – far better than satisfaction – to boost market share growth, and thus the performance of pharma companies
- To raise customers’ preference for their products, pharma companies can act on three components:
 - Corporate reputation
 - The perceived quality of proposed services
 - The perceived benefits of brand attributes
- These three components should be strongly linked between themselves by customers
- Field Force Teams play an important role to leverage these three components

Source: “Building prescriber loyalty”, J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

¹ See Smart Pharma Consulting position paper “Best-in-Class Medical Reps” published in April 2017 and “Best-in-Class Pharma Marketers” published in March 2017

To boost the preference of physicians for their marketed brands, Pharma Marketers can leverage the three components of their Brand Preference Mix (BPM)

Step 3: Strategic Model – Activation of BPM levers

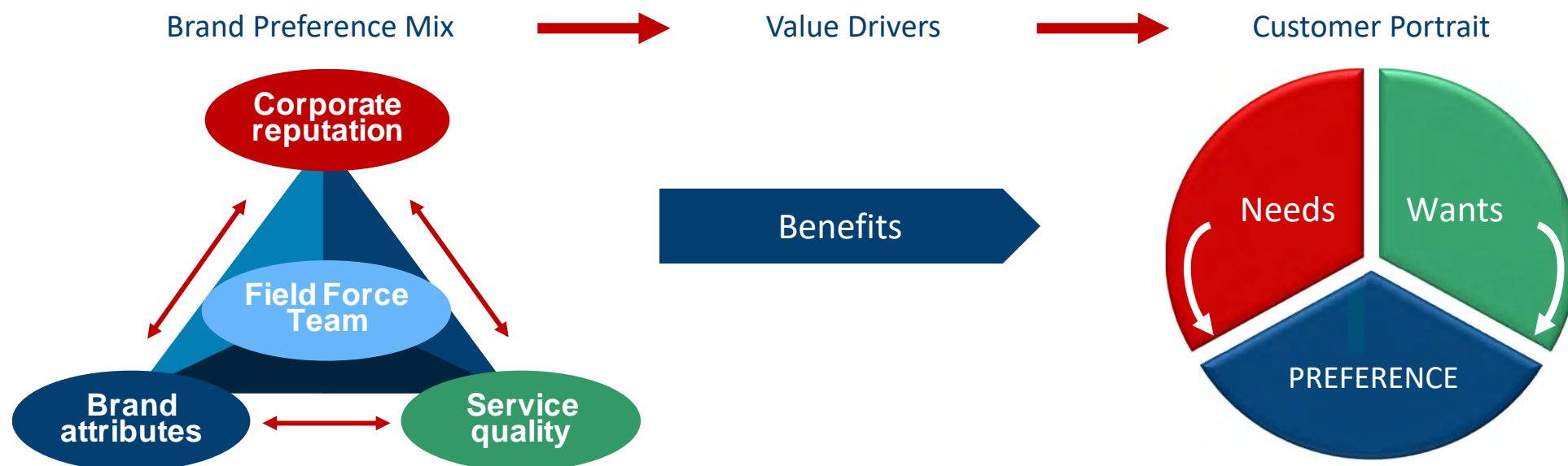


Source: "Building prescriber loyalty", J.-M. Peny et al., SCRIP Magazine, September 1993 – Smart Pharma Consulting

¹ See Smart Pharma Consulting position paper "Best-in-Class Medical Reps" published in April 2017

Field Force Teams must put into perspective the value drivers related to the three components of the Brand Preference Mix to gain/strengthen customers preference

Step 4: Key Tactics – Principles



- The 3 components of the Brand Preference Mix are characterized by features which provide the “reasons to believe”
- These features must bring unique and valuable benefits to customers
- The Field Force Team purpose is to make customers aware of these benefits so that they properly use their products

Customers’ preference will be driven by their:

- Needs: “I need a treatment for this disease that is effective and safe” [fact-based]
- Wants: “I want to prescribe the treatment because I feel more secure [emotional]

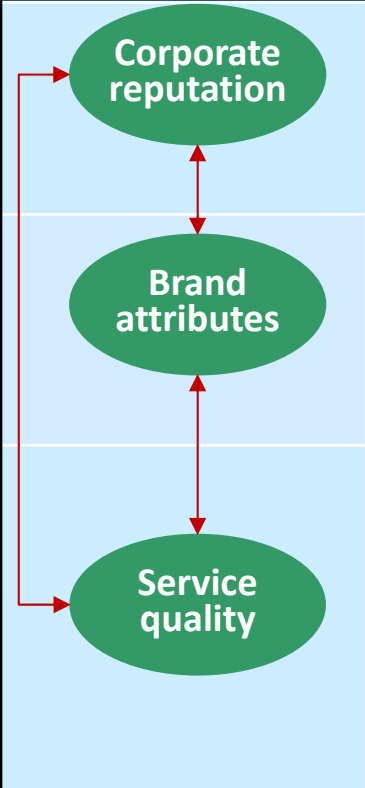
But limited by their:

- Fears: “I am used to another treatment and don’t wish to change my habits” [fact-based & emotional]

Source: Smart Pharma Consulting, adapted from the book “Pharma Marketing Tool Box” 2015

Features of each component of the Brand Preference Mix should be expressed as benefits to customers in order to strengthen their preference to the brand

Step 4: Key Tactics – Customers Preference Path (1/3)

Brand Preference Mix (BPM)	Features of the BPM component	Benefits to customers
	<ul style="list-style-type: none"> • What to say and what to do to build an appealing image (e.g. values, initiatives, achievements, strategic priorities, etc.) and establish the company as a reliable player? • How should these initiatives be carried out? • How to make the brand perceived positively different from competition? • How to highlight these attributes in an effective and efficient way? • To whom these differentiating points should be communicated? • What services should be developed to create a strong positive difference vs. competition? • How to make sure these services are highly valued by customers? <i>[Are they useful / interesting / convenient / well executed?]</i> • How should these services be implemented in an optimal manner? <i>[How to ensure the in-field people collaborate effectively and efficiently to deliver highly valued services?]</i> 	<p>The benefits the customers are likely to draw¹ should be identified for each feature of each component of the Brand Preference Mix,</p>

Source: Smart Pharma Consulting, adapted from the book "Pharma Marketing Tool Box" 2015

¹ Benefits could be: functional, financial, emotional and/or self-expressive

Field Force Teams must contribute to enhance customers preference to their brands by positively differentiating the components of the BPM they value the most

Step 4: Key Tactics – Customers Preference Path (2/3)

Brand Preference Mix (BPM)	Features of the BPM components	Benefits to customers	Desirability level ¹	Exclusivity level ¹
Corporate reputation (CR)			<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total
			<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total
Brand attributes (BA)			<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total
			<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total
Service quality (SQ)			<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total
			<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Total

Source: Smart Pharma Consulting, adapted from the book "Pharma Marketing Tool Box" 2015

¹ Should be selected only the benefits that are at least moderately desirable and partially exclusive

The exclusive and desirable benefits associated to the components of the BPM should be expressed by customer type or, even better, by individual customer

Step 4: Key Tactics – Customers Preference Path (3/3)

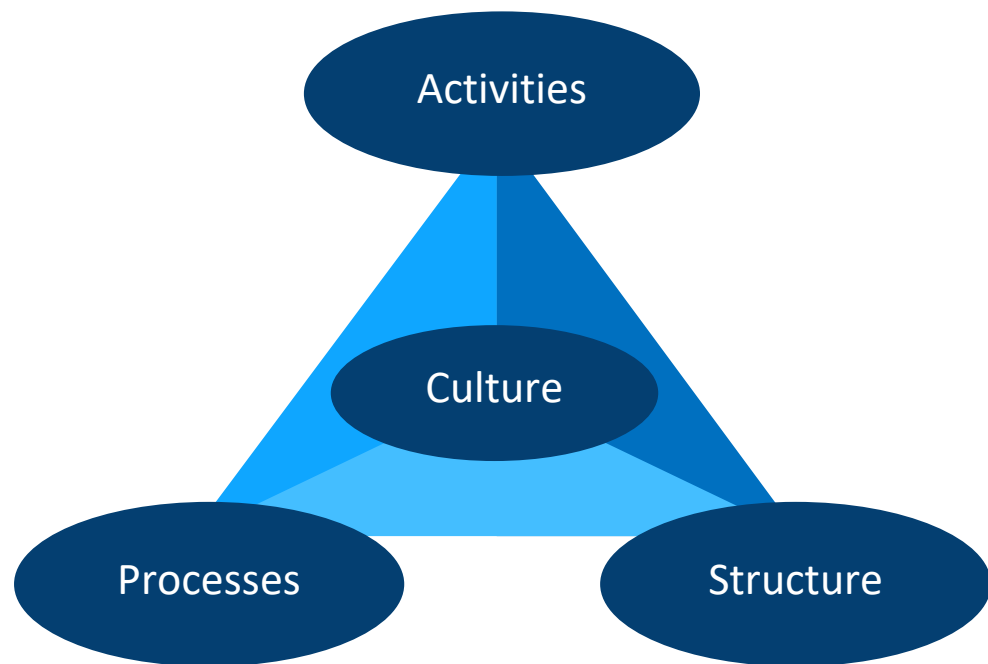
Customer type ¹	BPM ²	Value proposition (exclusive & desirable benefits)
	Corporate Reputation	
	Brand Attributes	
	Service Quality	
	Corporate Reputation	
	Brand Attributes	
	Service Quality	
	Corporate Reputation	
	Brand Attributes	
	Service Quality	

Source: Smart Pharma Consulting, adapted from the book "Pharma Marketing Tool Box" 2015

¹ Physicians, Pharmacists, Patients, Payers, Policy makers, Patient advocacy groups, etc.
² Indicate on which component of the BPM (corporate reputation, brand attributes, service quality) the value proposition is built

The Field Force organization model should be designed to support the execution of the crafted strategy and tactics in the most effective and efficient way

Step 5: Key Tactics – Organizational Model – The Organizational Triangle



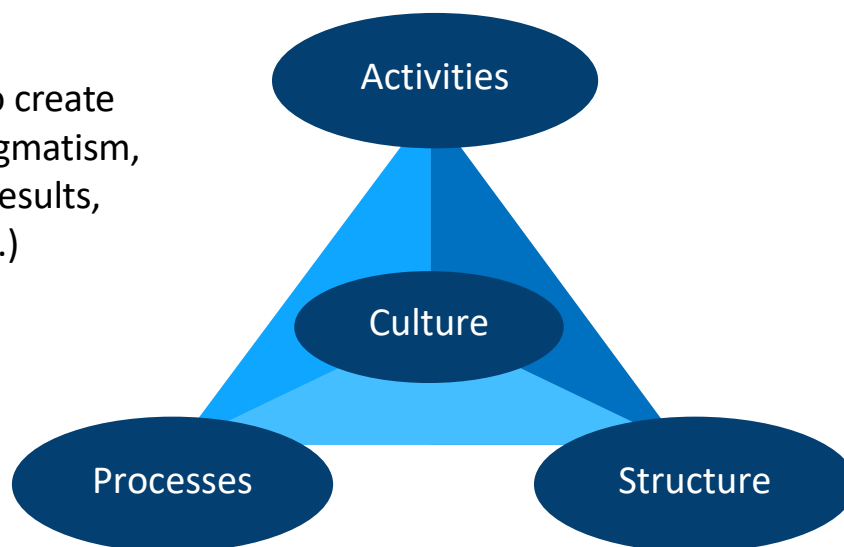
- The **organization model** should be designed to best **support** the implementation of the **strategy** and the corresponding **tactics**
- The organizational model developed by Smart Pharma Consulting is built on four dimensions:
 - **Activities** of collaborators
 - **Structure** and **headcount**
 - **Key processes**
 - **Cultural traits**
- These **four dimensions** should be **consistent** and regularly **adjusted**, qualitatively and quantitatively, to ensure an **optimal support of the strategy**

The organization must be designed to enable quick and easy adjustments to environment changes, and to get collaborators aligned to boost customer preference

Step 5: Key Tactics – Organizational Model – Activation of the four levers

Lever #1: What should be the Field Force Team key activities (and the required competencies)?

Lever #4: What culture do we want to create within the Field Force Team (e.g., pragmatism, proactivity, empowerment, tangible results, cross-functional working method, etc.)



Lever #3: What are the key business processes (interactions, decision making, execution and performance monitoring) and are they efficient?

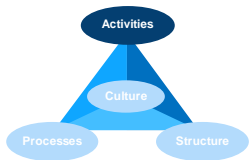
Lever #2: What structure (organigram & FTEs)¹ will best support Field Force Teams to achieve their tasks efficiently?

Sources: Smart Pharma Consulting

¹ Including chain of command and span of control dimensions

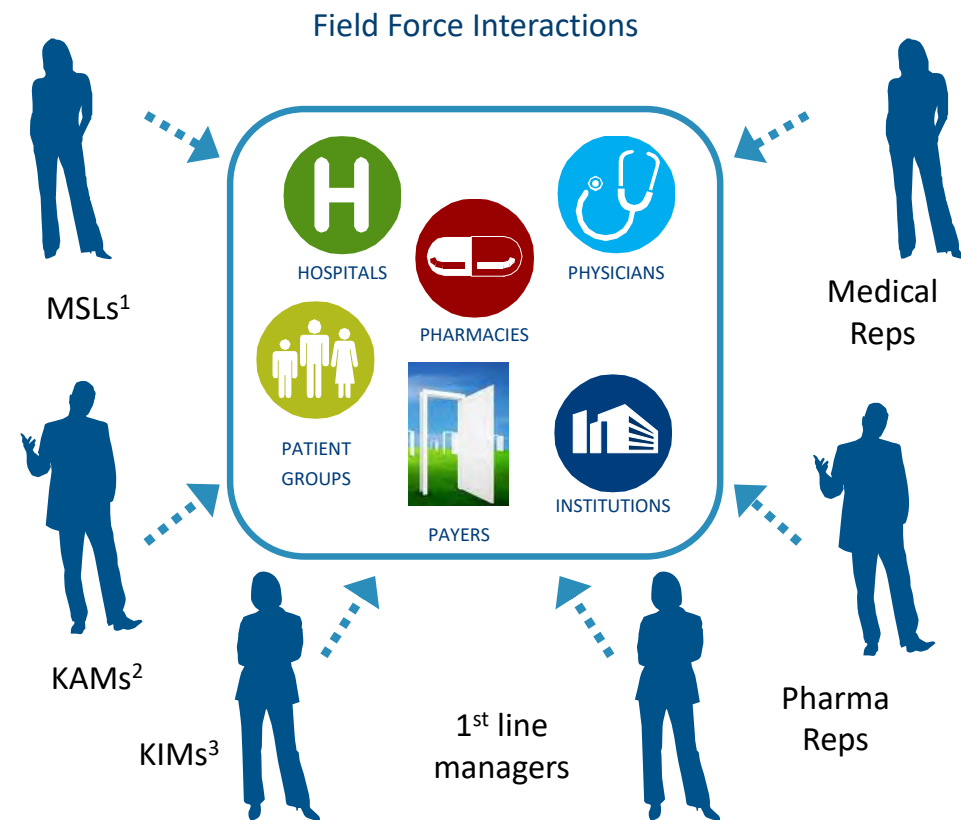
Field Force Teams activities should be regularly adjusted to secure a regular access to customers and to boost their preference to the brands marketed by the company

Step 5: Key Tactics – Organizational Model – Key activities (1/2)



Principles

- Activities of Field Force Teams should be systematically streamlined:
 - Activities having no significant impact to raise the value of the marketed brands should be stopped
 - Customers shared by different Field Force functions (e.g., MSLS and medical reps) would require a clear co-positioning to avoid duplication and a thoughtful coordination of activities to leverage potential synergies which will be driven by sharing competencies, and/or costs
- To secure access to customers and influence them, Field Force Teams should, better than competitors:
 - Acquire a high level of market insights⁴
 - Highlight the image⁵ of the company they work for
 - Propose and deliver highly valued services
 - Exhibit the benefits offered by the marketed brands
 - Use customers preferred communication channels
- Ambitious capability building programs would be required

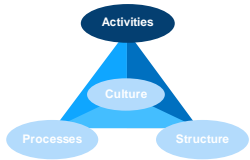


Sources: Smart Pharma Consulting

¹ Medical Science Liaison – ² Key Account Managers – ³ Key Institution Managers – ⁴ Meaning: have an excellent knowledge and a good understanding of the healthcare system, the key market stakeholders (health authorities, competitors, customers) – ⁵ See Smart Pharma Consulting position paper “How to create a superior Pharma Corporate reputation” published in August 2016

The development of Field Force Teams competencies can be structured and prioritized with the help of the Smart Index tool

Step 5: Key Tactics – Organizational Model – Key activities (2/2)



The Smart Index

- The **Smart Index** is a tool which structures the development of competencies around 3 components:

$$\text{Smart index} = \text{Knowing} \times \text{Understanding} \times \text{Behaving}$$

Knowing

Precise – Reliable – Relevant

knowledge of facts & figures re. the market, the company, with a special emphasis on customers and their influencers

Understanding

In-depth & Robust

analytical skills and fact-based decision making

Behaving

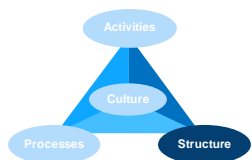
Planning, Organizing, Directing & Monitoring

to guarantee the quality of execution, leverage potential synergies and keep colleagues engaged

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

There is no magic numbers, the Field Force size depends on external and internal factors, the impacts of which are specific to each company and each product

Step 5: Organizational Model – Structure (1/3)



Field Force sizing: Driving Factors

External factors

Authorities

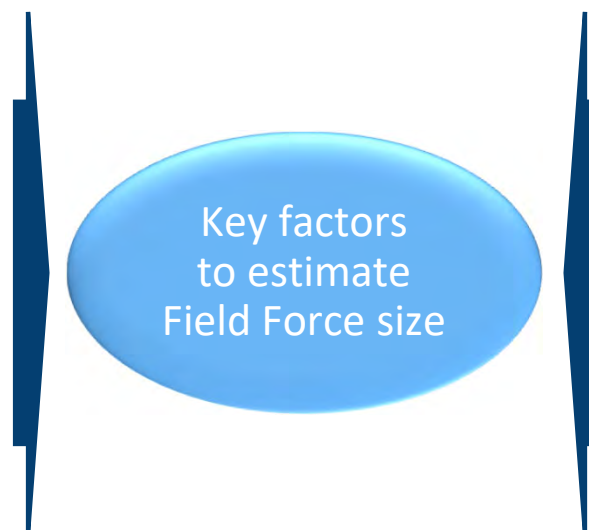
- Regulations re. Field Force activities (charter)
- Limitation of interactions with HCPs
- Refusal of institutions to interact with pharma companies

Customers

- Number of HCPs and other customers (e.g., influencers such as PAGs, patients, payers)
- Opinion and behavior vis-à-vis the company, its products and services
- Inclination of customers to change their opinion and behavior under the influence of Field Force Teams

Competition

- Number of targeted customers
- Types, content and frequency of interactions per targeted customer
- Number of in-field FTEs



Internal factors

Products

- Number of brands for presentation
- Product life cycle stage (pre-launch, launch, growth, maturity, decline)

Organization

- Number of field days
- Types, content and frequency of interactions¹
- Number of daily interactions
- Number of interactions per customers
- Cost per in-field collaborator and per interaction

Skills

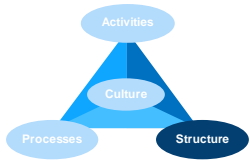
- Quality of contact
- Contact productivity
- Territory management

Source: Smart Pharma Consulting based on "Pharma Marketing Tool Box" published in 2016

¹ Including: face-to-face calls, mailings and e-mailings, contacts during medical meetings, congresses, project collaborations, etc.

The Smart Simulator helps to estimate the optimal Field Force resources and the best structure by adjusting coverage and frequency by customer and by product

Step 5: Organizational Model – Structure (2/3)



Field Force sizing: The Smart Simulator

Overview	Smart Simulator: Hospital and retail lines activity	
	FTE 2018*	FTE after simulation
GPs	78	79
Diabetologists	5	6
Neurologists	24	24
Hospital pharmacists	7	5
Retail pharmacists	37	11
Nurses	1	2
Total FTE	152	128
Simulation vs. 2018:	-24	

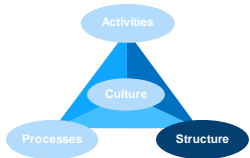
Illustrative

*Based on the number of calls planned by the company in 2018 (assuming 900 calls per year per sales rep)

- The Smart Simulator is an enabling tool to help pharma companies evaluate the impact of external and internal factors, either qualitative or quantitative, which will influence the size of their Field Force
- Thus, the sizing, expressed as FTEs, will depend on:
 - The number of customers for whom interactions with the Field Force is likely to have a significant positive impact on the performance of marketed products
 - The types of interactions customers are open to
 - The optimal number of interactions to be carried out for each customer
 - The time related to the implementation of these interactions
 - The combined activities, and possible synergies amongst different in-field collaborators¹
- The Smart Simulator, as any simulator, gives a preliminary estimate which must be completed by a qualitative analysis, customer by customer

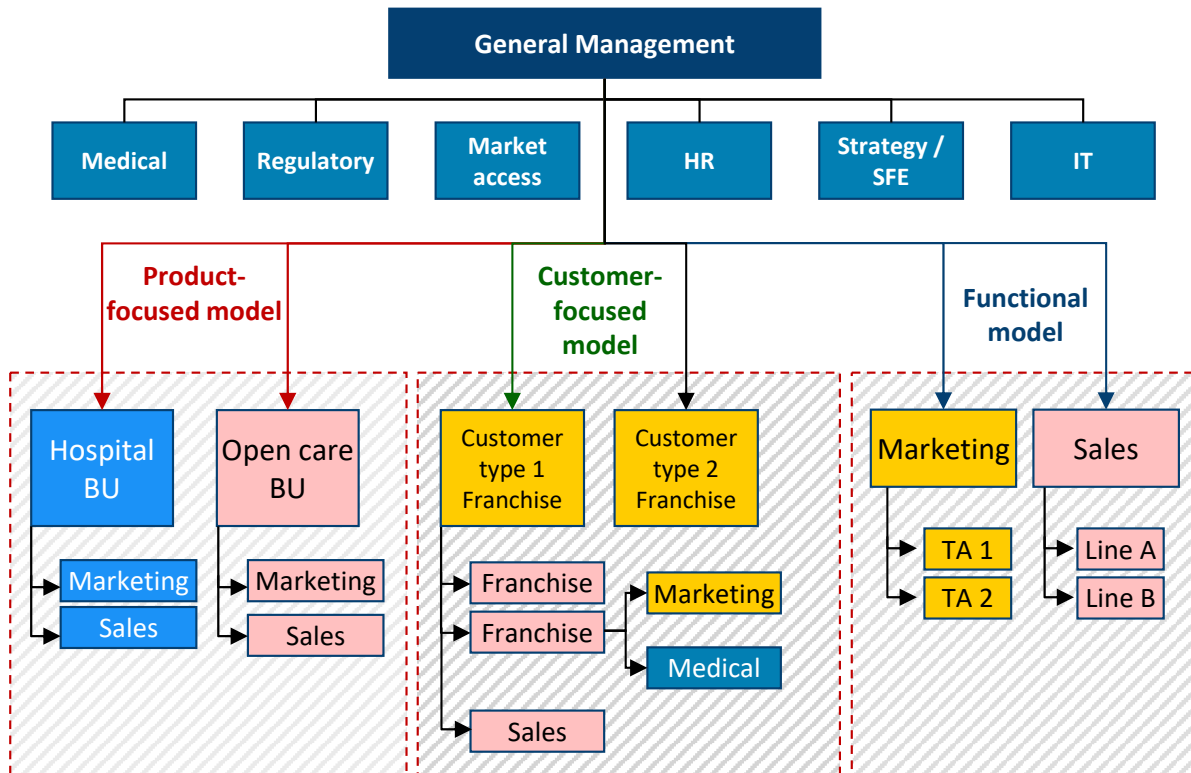
The preferred structure should be built around customers, remain lean and agile, favoring collaborations across departments and with the support functions

Step 5: Organizational Model – Structure (3/3)



Organization Chart

Typical structure of pharmaceutical companies

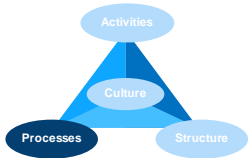


- In the **Product-focused model**, products drive the structure:
 - For “strict” hospital use, activities are organized in BUs or franchises, gathered or not under a common “Hospital Management” structure, and covering different therapeutic areas (TAs)
 - For mix products, companies display hospital dedicated med reps, reporting to open care BUs, and supporting detailing of open care products at hospital
 - Hospital and open care organizations are operationally independent, but share common supporting resources
- The **Customer-focused model** is shaped around customers by franchise, each of them containing marketing and medical resources, supported by sales forces
- The **functional model** is less frequent among pharma companies, irrespective of their size

Sources: Smart Pharma Consulting

High market sensitivity, simple and short processes, cross-departments coordination and cooperation will contribute to better serve customers

Step 5: Organizational Model – Processes (1/3)



Customer-centricity Organization: The 4 Cs

- Customer-focused organization (silos around customers vs. brands)
- Knowledge- and experience-sharing
- Harmonization of activities

- Skills to develop and deliver high value solutions
- Ability to explore and discover customer insights (deep knowledge of their needs, wants, behaviors)
- Motivated and empowered collaborators



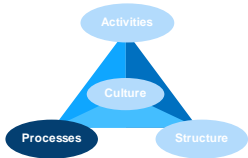
- Project teams including members from various departments centered around customers
- Shared customer database
- Introduction of metrics to foster cultural change

- Partnership with external players to propose unique and highly valued offerings to customers

Sources: Adapted from R. Gulati (HBR 2007) - Smart Pharma Consulting analyses

To create value for field forces, and therefore for the company, head office functions should maintain a business-driven balance between support and control

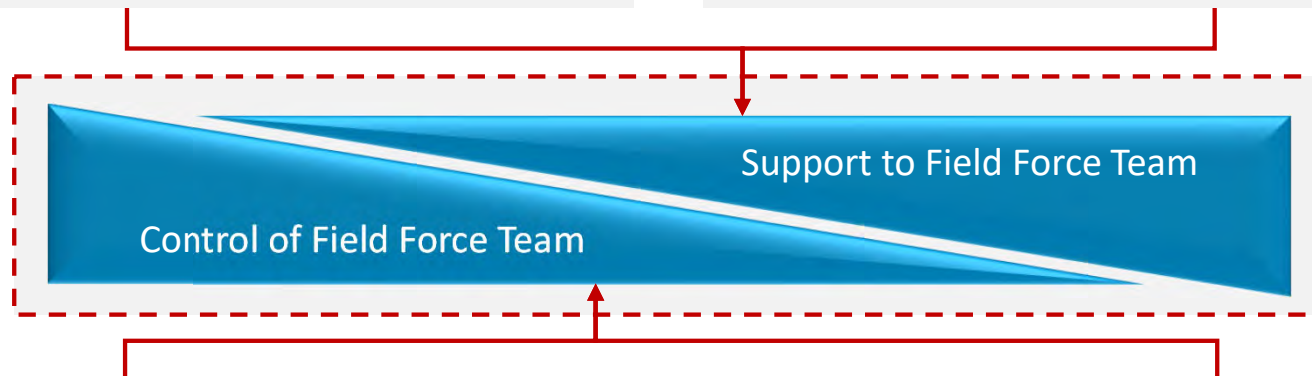
Step 5: Organizational Model – Processes (2/3)



Balanced Support & Control of Field Force Teams

- Ad hoc capabilities missing at Field Force level
- Complementary resources (e.g., if understaffing)
- Strategic directions and priorities, whenever required

- Support to facilitate in-field activities, to address scientific, legal, HR issues, etc.
- Competence and experience sharing across BUs and from head office to in-field functions

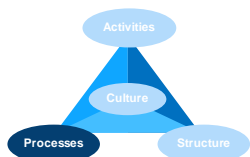


- Business-relevant metrics (automation, dashboards, standardized score cards)
- Selected number of KPIs (key performance indicators) and KEIs (key execution indicators)

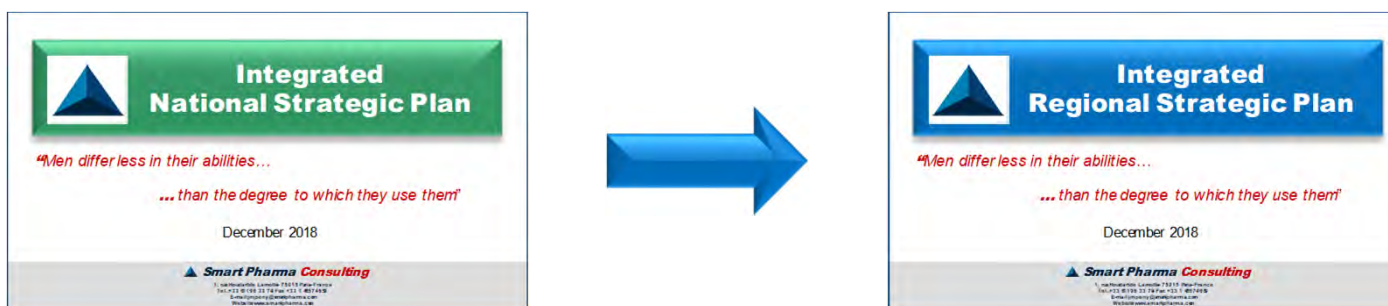
- Monitoring of compliance (e.g., HR policy, people management, marketing & sales practices, etc.)
- Monitoring of the level of organizational agility and suggestions of solutions to fill up the gaps (if any)

The activities of in-field collaborators interacting with the same customers should be integrated in a single strategic plan, including separated sections

Step 5: Organizational Model – Processes (3/3)



Integrated Regional Strategic Plan



Medical Section

- Collaborators: MSLS
- Key clients: national and regional KOLs
- Key objectives: build strong and sustainable relationships with KOLs to develop advocacy
- Key activities: interactions with KOLs, scientific lectures at congresses, symposia, staff meetings, support of research clinical trials, training of speakers and collaborators from marketing and sales teams, support of Key Institution Managers (KIMs) and Key Account Managers (KAMs) while meeting their clients, competitive intelligence initiatives

Marketing & Sales Section

- Collaborators: brand managers, area managers, medical representatives
- Key clients: physicians, retail and hospital pharmacists
- Key objectives: strengthen brand preference
- Key activities:
 - Marketers: crafting of a brand preference strategy leveraging brand attributes, perceived quality of associated services and corporate reputation
 - Sales forces: medical calls, invitations to medical meetings, congresses and proposal for services likely to strengthen brand preference

Access & Adherence Section

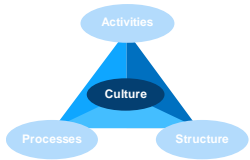
- Collaborators: Key Account Managers (KAMs) and Key Institution Managers (KIMs)
- Key clients: regional health authorities, regional payers, hospital directors, hospital purchase managers, PAGs², etc.
- Key objectives: facilitate the hospital listing, and improve patient adherence
- Key activities: development of medico-economic studies to facilitate the market access of brands and support of projects to improve patients' adherence, to promote the proper use of drugs

Sources: Smart Pharma Consulting

¹ In compliance with the national regulations and the companies' internal policies – ² Patient Advocacy Groups

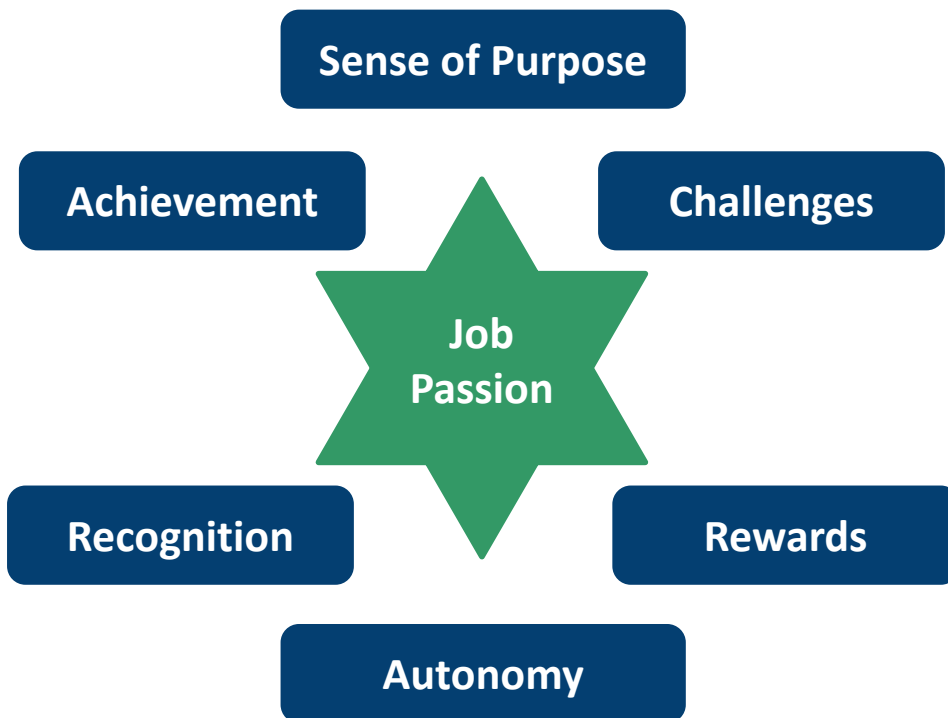
Stimulating Field Force members passion for their job is a key performance driver, especially in a context where customers are increasingly reluctant to meet them

Step 5: Organizational Model – Culture (1/2)



Stimulation of Job Passion¹

Job passion is influenced by **six key drivers**:



Passion is expressed by:



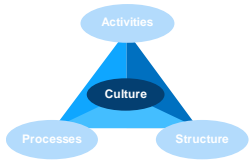
“Pleasure in the job puts perfection in the work” - Aristotle

Sources: Smart Pharma Consulting

¹ See Smart Pharma Consulting position paper “Be a Smart Manager, Not just a Good one” published in June 2017

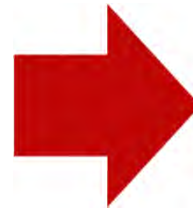
Managing by mutual benefits will give Field Force Teams a sense of purpose which will increase the probability to get their full and sustainable engagement

Step 5: Organizational Model – Culture (2/2)



Management by Mutual Benefits¹

MBO ² (Management By Objectives)
<ul style="list-style-type: none"> ▪ Definition of objectives agreed by both management and employees ▪ Well-adapted to vertical management models ▪ However, by focusing on results, the way to achieve them (the planning) can be overlooked and lead to suboptimal efficiency ▪ Does not favor innovation nor flexibility



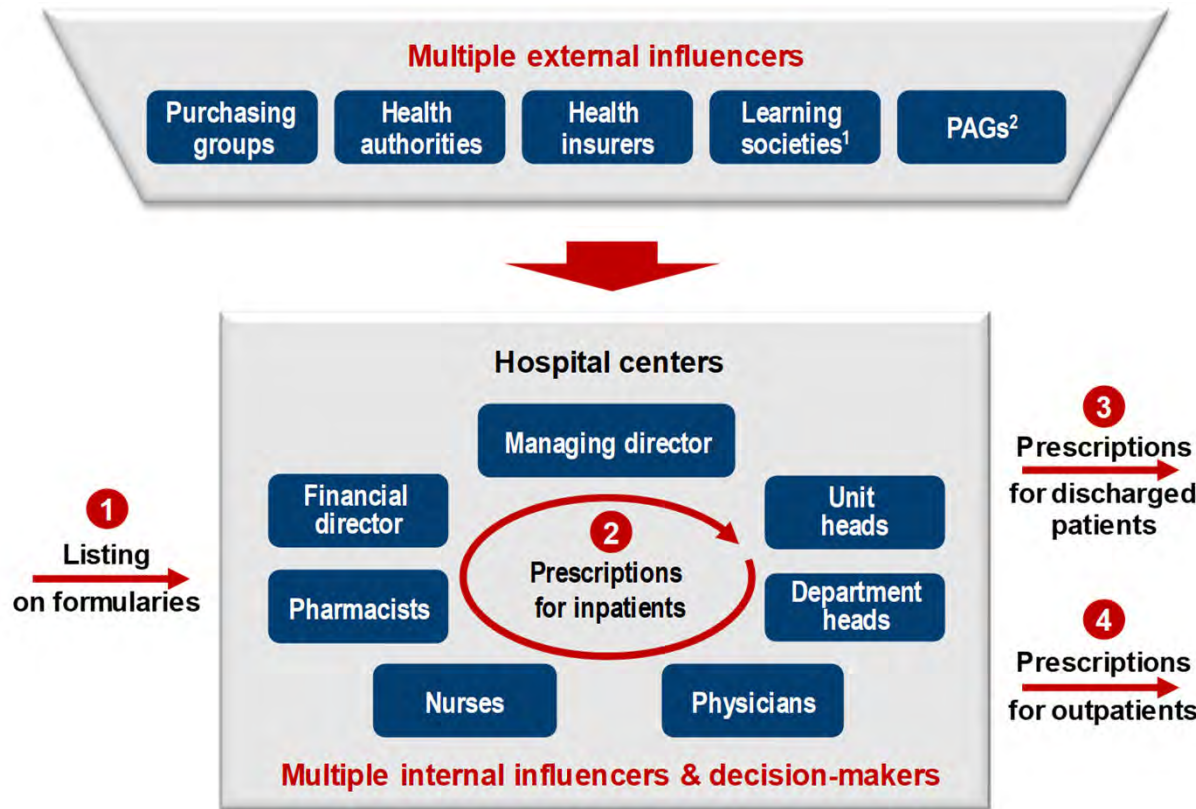
MBMB (Management By Mutual Benefits)
<ul style="list-style-type: none"> ▪ Creates mutual benefits and value by fulfilling the respective expectations of employees and employers ▪ Maximize the probability to obtain the full engagement of employees ▪ Requires from managers to (better) satisfy collaborators ... ▪ ... to create favorable conditions to secure a higher quality of execution that will lead to better results

Sources: Smart Pharma Consulting

¹ See Smart Pharma Consulting position paper “Be a Smart Manager, Not just a Good one” published in June 2017 – ² The term was coined by Peter Drucker in 1954 in the book “The practice of Management”

The Field Force strategy and organization must have a favorable impact on one or several of the key performance drivers of products prescribed at hospital level

Step 6: Expected Outcomes – Hospital Market Segment



- The expected results from the Field Force strategy, its related tactics and supporting organization will come from their – direct or indirect – positive impact on the following performance drivers:
 1. Listing on formularies³
 2. Prescription for inpatients⁴
 3. Prescription for discharged patients⁴
 4. Prescription for outpatients⁴
- Maintaining access to HCPs is a key challenge that must be addressed by ensuring high quality interaction, from customers perspective
- The actions to activate these drivers will depend on:
 - Each hospital specificities (e.g., strategic priorities, procurement process and policy, degree of complexity, power games)
 - Product portfolio competitive position
 - Value of services offered to date
 - Corporate reputation

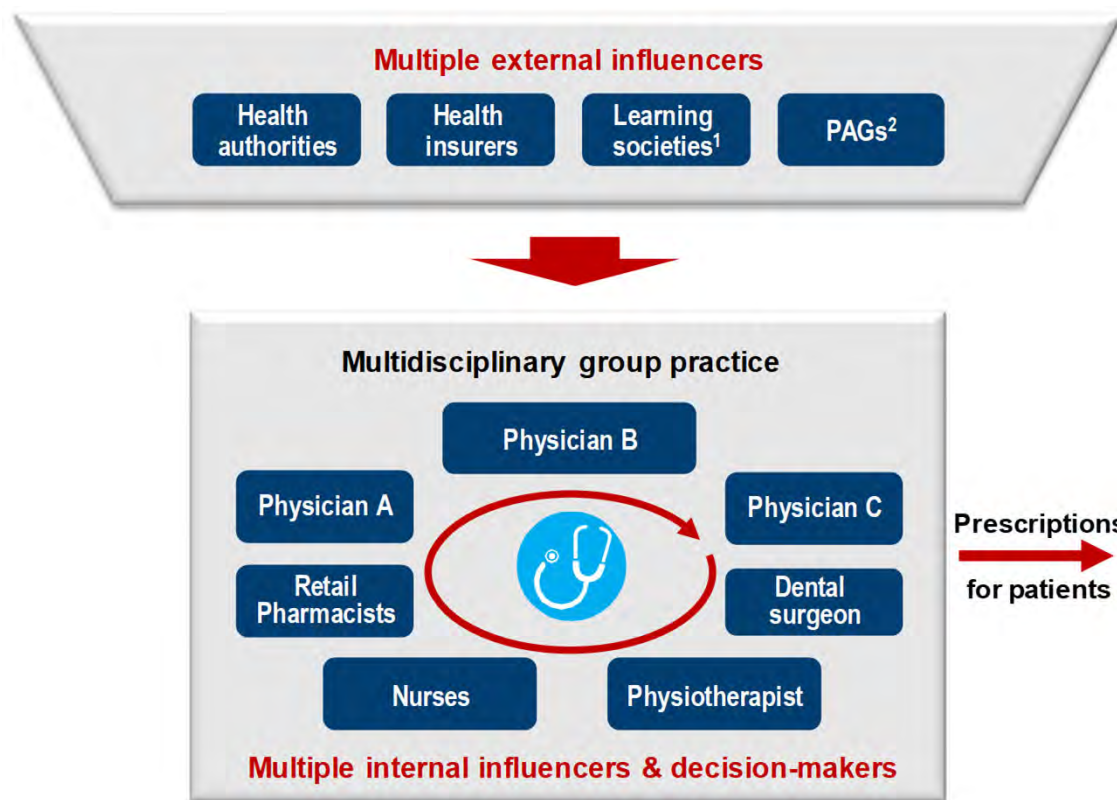
● Key performance drivers for pharma companies

Sources: Smart Pharma Consulting

¹ Through the therapeutic guidelines they may publish – ² Patient Advocacy Groups – ³ Under the direct responsibility of KAMs – ⁴ Under the direct responsibility of medical reps

Field Force Teams operating on the open care market must secure access to customers and raise their brand preference by ensuring highly valued interactions

Step 6: Expected Outcomes – Open care Market Segment



- On the open care market, the expected outcome from the implementation of the customer strategy and of the supporting Field Force organization is to:
 - Secure a regular access to health care professionals (HCPs) which has become more and more difficult, especially in health centers
 - Raise the preference of HCPs in favor of the marketed products by leveraging the three components of the Brand Preference Mix³
 - Maintain a favorable opinion and behavior of stakeholders who are likely to influence HCPs and patients
- To address these challenges, the Field Force Team members will have to:
 - Ensure high value interactions
 - Coordinate their activities to leverage potential synergies
 - Be flexible enough to adjust themselves to the external and internal changes

Sources: Smart Pharma Consulting

¹ Through the therapeutic guidelines they may publish – ² Patient Advocacy Groups – ³ See Smart Pharma Consulting position paper “Best-in-Class Pharma Marketers” published in March 2017

To measure the efficacy and efficiency of a Field Force Team, it is recommended to monitor the activities, they carry out with KEIs¹ and their related impact with KPIs²

Step 6: Expected Outcomes – Measurement Tools

1 What is the objective?	2 What is the target?	3 KEIs ¹	4 KPIs ²
<ul style="list-style-type: none"> ▪ Create / reinforce awareness ▪ Generate interest ▪ Develop brand preference ▪ Increase share of prescription ▪ Increase compliance ▪ Limit substitution rate ▪ Get the brand listed ▪ Fine tune the profile of the customer 	<ul style="list-style-type: none"> ▪ Physicians (e.g., KOLs, specialists, GPs) ▪ Pharmacists (e.g., retail or hospital) ▪ Patients ▪ Nurses ▪ Influencers (e.g., health authorities, “politics”, patient advocacy groups, public health insurance, private health insurance, professional associations) 	<ul style="list-style-type: none"> ▪ % of the target covered by the Field Force Team ▪ % of the target influenced by the Field Force Team ▪ % of the target having a positive opinion of the services offered³ ▪ Number of interactions (e.g., by customer, by in-field collaborator) ▪ Implementation time required vs. planned ▪ Actual vs. budgeted cost 	<ul style="list-style-type: none"> ▪ Brand Preference Mix index (i.e., corporate reputation, product attributes, service quality) ▪ % of hospitals having listed the brand ▪ Price negotiation ▪ Sales level and evolution ▪ Share of prescription ▪ Change in the number of treatment initiations ▪ Return on investment

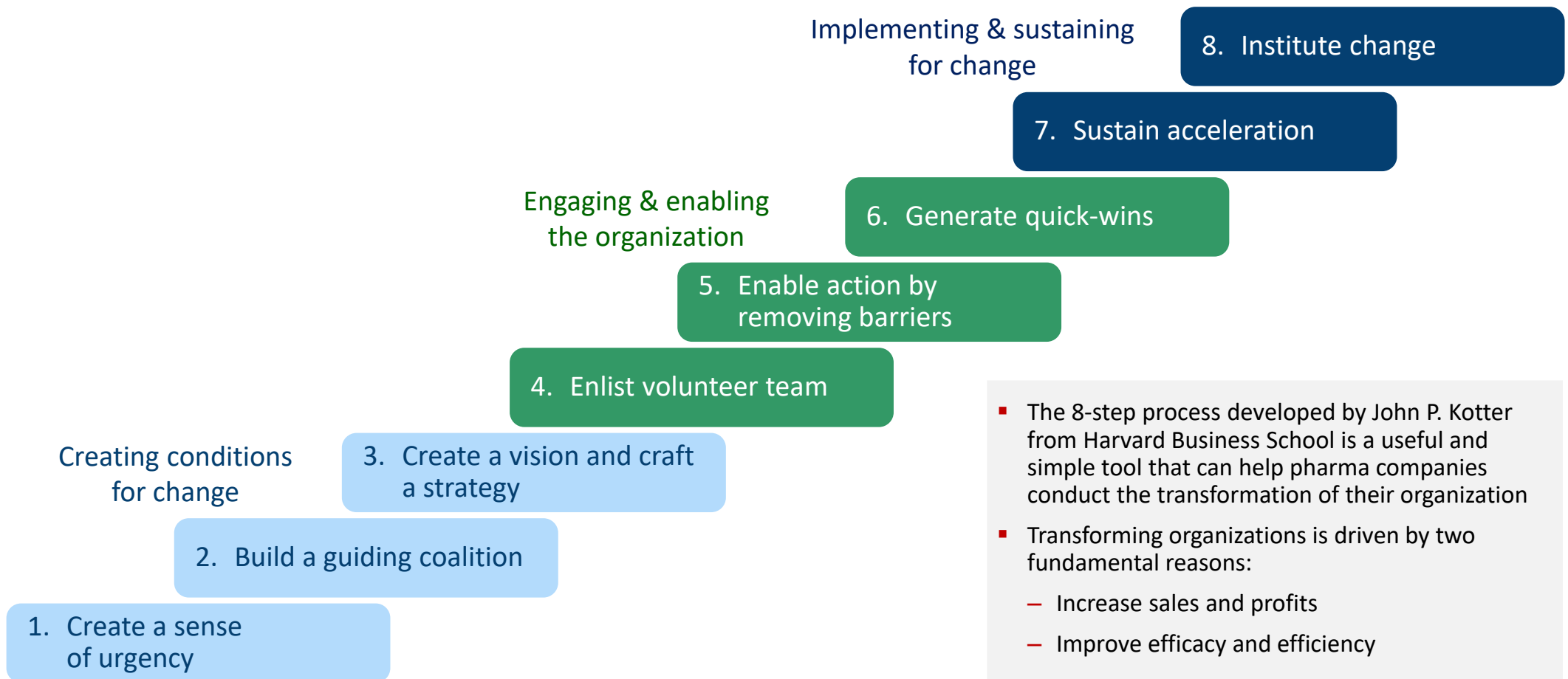
“If it cannot be measured, it cannot be managed” – Peter Drucker

Source: Smart Pharma Consulting based on “Pharma Marketing Tool Box” published in 2016

¹ Key Execution Indicators – ² Key Performance Indicators – ³ Based on: usefulness, interest, convenience, quality of execution)

Pharma companies having no choice but to transform themselves to boost their performance, they can follow the 8-step process for leading change

The 8-Step Process for Leading Change: Principle



The careful implementation of these eight steps is important because it provides pharma companies with a robust framework to facilitate the change process

The 8-Step Process for Leading Change: Implementation

1. Create a sense of urgency

- From competitive environment and company performance, people must see (facts) and feel (emotions) the necessity to transform the company
- Most managers must be able to describe opportunities for collaborators

2. Build a guiding coalition

- A “transformation team” with a strong leader must be set up
- This “guiding coalition” must be strongly convinced of the need to change...
- ... and form a powerful close-knit group in terms of reputation, influence, etc.

3. Create a vision and craft a strategy

- A clear vision people adhere to and...
- ... a good understanding of the strategy to make it a reality will help envision the benefits of the change for individuals and the company
- Leaders play a key role at this stage

4. Enlist volunteer team

- To make change happen, a large team of advocate and role models who “walk the talk” and drive in the same direction to achieve the vision, must be built

5. Enable actions by removing barriers

- Structures and processes that obstruct the change effort should be removed
- Risk taking and innovative ideas should be encouraged

6. Generate quick-wins

- Quick wins are essential to boost the credibility of the change process and keep the momentum going

7. Sustain acceleration

- Activities, structures, processes and cultural traits which do not fit with the new vision must be changed
- Change leaders should be hired, promoted, developed

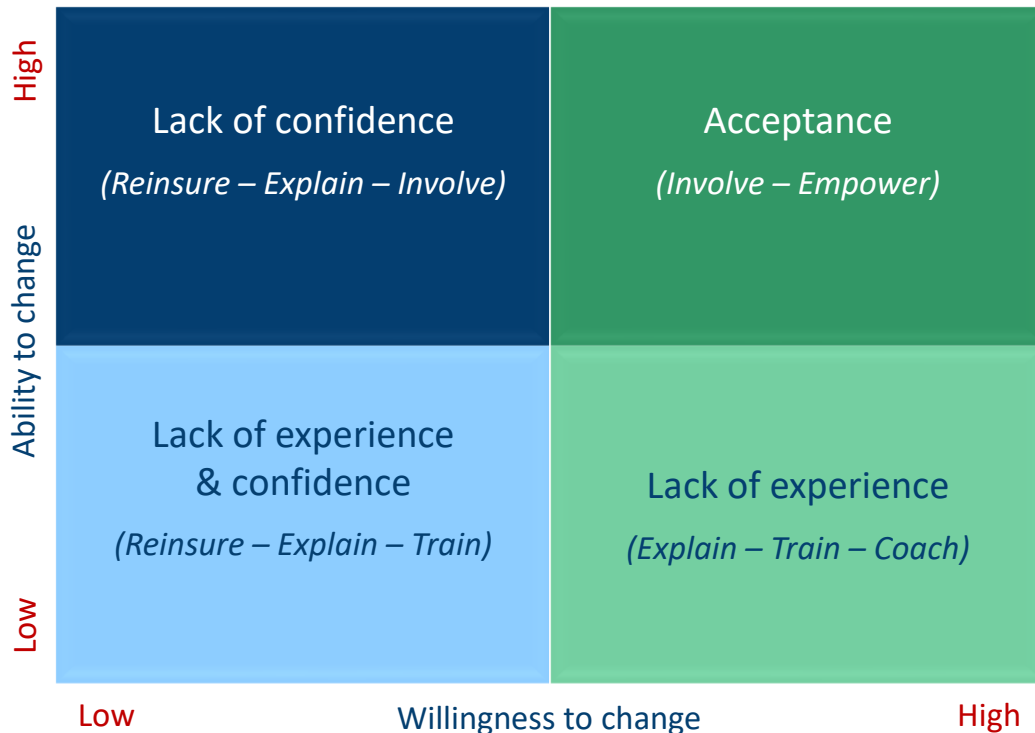
8. Institute change

- How have new activities, structures, processes and cultural traits helped improve performance should be shown and institutionalized to make the change stick?

Change management requires to pay a special attention to resisters and apply the appropriate techniques to address the root causes of their resistance

Management of Resistance to Change

Resistance to Change Matrix



Techniques for Reducing Resistance to Change

- **Education & communication**
 - In case of misinformation, but may not work if lack of trust and credibility
- **Participation**
 - When resisters are able to contribute
- **Facilitation & support**
 - When resisters are fearful and anxious
- **Negotiation**
 - When resistance comes from a powerful group, but can open doors for others to apply pressure too
- **Manipulation & co-optation**
 - When a powerful group endorsement is needed, but can backfire and cause to lose credibility
- **Coercion**
 - When a powerful group endorsement is needed, but may be illegal, backfire and cause to lose credibility

Source: Source: Smart Pharma Consulting – Stephen P. Robbins et al 2017

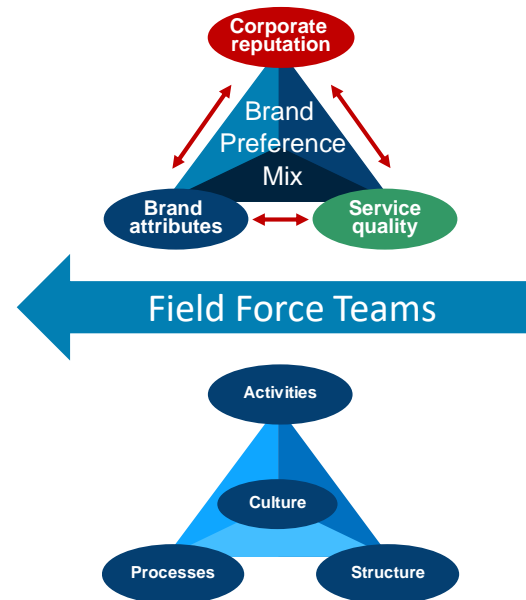
The Smart Field Force Framework helps pharma companies better align their strategy and their organization to optimize their performance

Smart Field Force Framework Recommendations

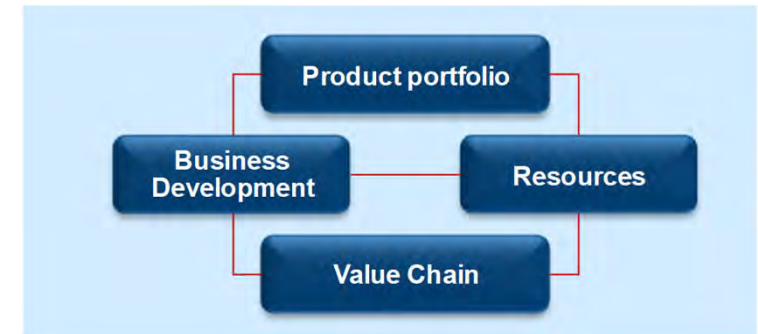
Competitive Landscape Analysis



- Policy makers want to develop a more effective and efficient healthcare system
- Payers' priority is to better control healthcare expenditure by cutting prices and limiting access to patients
- PAGs fight to get an earlier and broader access to innovative treatments and get better therapeutic outcomes
- HCPs need more time to treat patients and to remain well informed of innovations and new medical practices



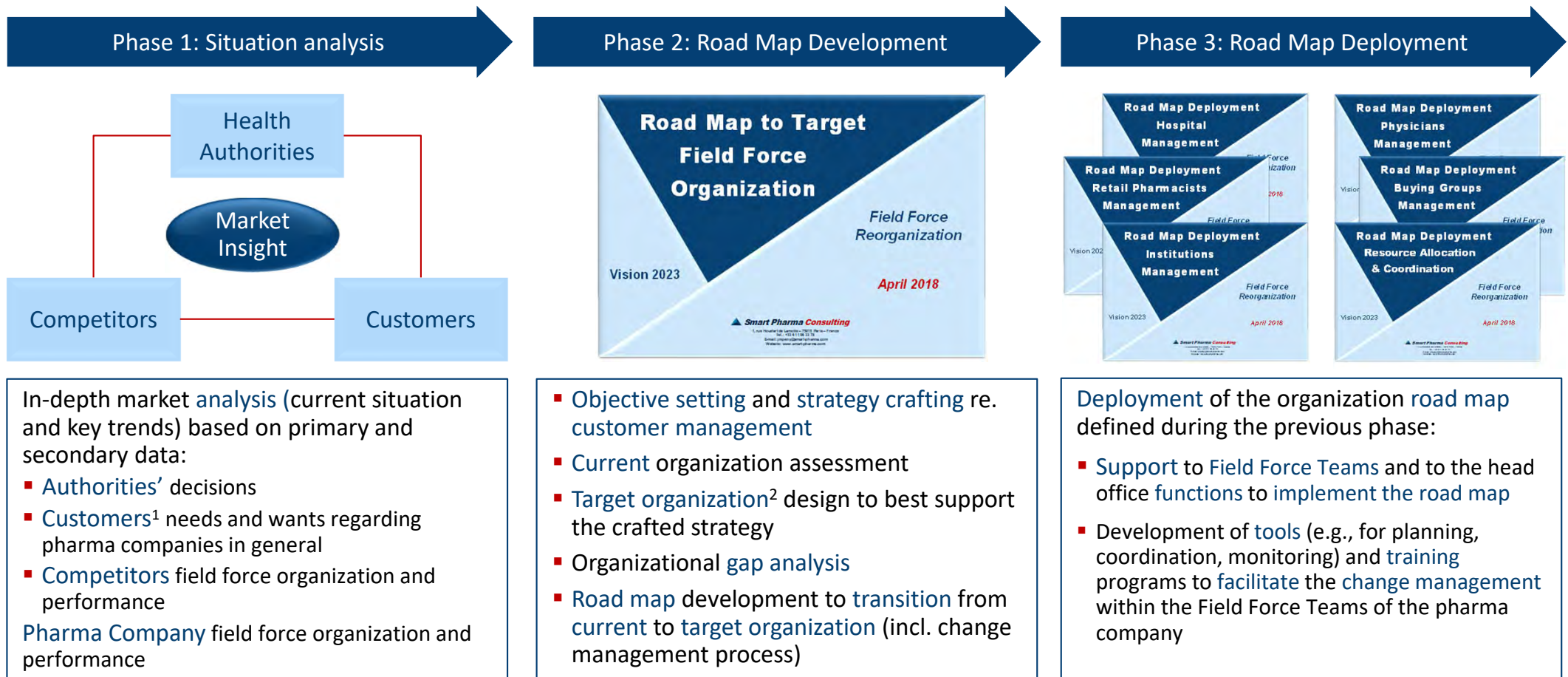
Company Assets Assessment



- Strategy should be focused at enhancing customers preference to their brands with the help of the Brand Preference Mix
- Organization should be designed so that:
 - Activities are carried out by highly competent people working in multidisciplinary teams
 - Field Force Teams are structured around customers / customer groups
 - Processes are kept simple to guarantee agility, flexibility and leanness
 - Passion for their job is developed and cultivated amongst Field Force Teams

The following method to reorganize Field Force Teams is one example of the services proposed by Smart Pharma Consulting to help pharma companies

Example of Method to Reorganize of Field Force Teams



Sources: Smart Pharma Consulting

¹ Including: hospital and retail pharmacists, hospital and office-based physicians (specialists or GPs), PAGs, regional health authorities / payers – ² Taking into account the four following dimensions: Activities – Processes – Structure – Culture

7. Management



**Be a Smart Manager
Not just a good one!**

BEST-IN-CLASS SERIES

The Seven Tips you can't ignore

"The Smart Manager knows where, why and how to go"

POSITION PAPER June 2017



**Excellence
in Execution**

BEST-IN-CLASS SERIES

Application to
Pharma Companies

*"Excellence is not a skill.
It is an attitude"*
Ralph Marston

POSITION PAPER June 2019



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**Storytelling
in Business**

BEST-IN-CLASS SERIES

The Survival Kit

*"The most powerful person
in the world is the storyteller"*
Steve Jobs

POSITION PAPER June 2015

Be a Smart Manager Not just a good one!

————— BEST-IN-CLASS SERIES —————

The Seven Tips you can't
ignore

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

This position paper introduces our concept of Smart Manager, demonstrates its superiority and recommends tips to switch from a Good Manager to a Smart Manager

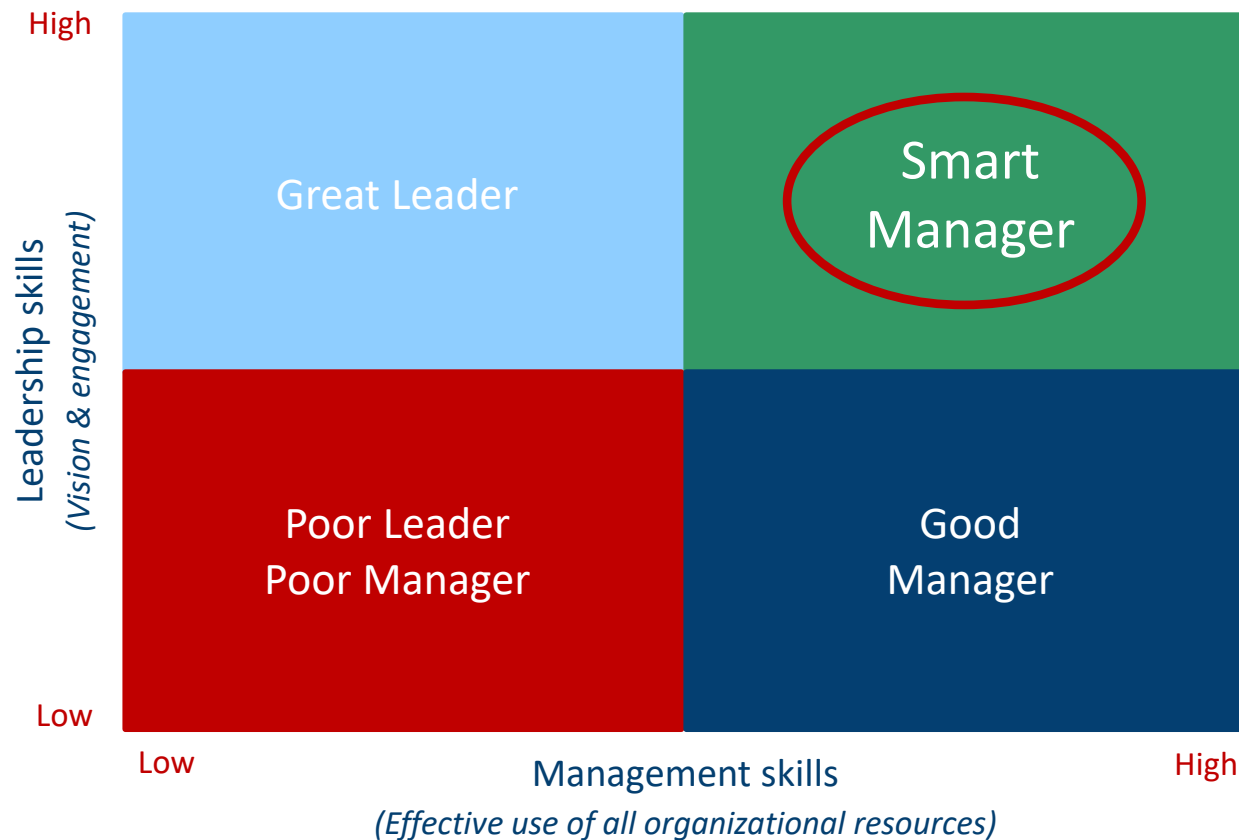
Introduction

- So many things – often contradictory and rarely applicable – having been said and published about management that it has become **difficult** to **write something new** and **pragmatic**
- Nevertheless, Smart Pharma Consulting has decided to **face the challenge of**:
 - Demonstrating **why** being a **Good Manager** is **not sufficient**...
 - ... and **why** each manager **must strive to be a Smart Manager**
 - Proposing **seven tips** to become a **Smart Manager**
- Our **recommendations** are based on **reference articles** and on our **own experience** of consultant and manager
- In this position paper, **we propose concepts, methods and tools** amongst which several have been **developed and tested by Smart Pharma Consulting**

“Management is the art of getting things done through people” – Mary Parker Follet

The Smart Manager is a visionary who can keep his collaborators engaged and motivated while meeting company’s objectives in an efficient manner

The Manager / Leader matrix



- Leaders show the way to their collaborators by creating and communicating a vision and through their assertiveness. They excel at inspiring and engaging people so that they will strive willingly to reach organizational goals
- Good Managers can plan, organize and monitor the work of organization members, using all available organizational resources to reach a given organizational goal
- Smart Managers combine the skills and competencies of leaders and of good managers. They are also specifically characterized by the following dimensions:
 - High agility of mind to adjust to external and internal changes
 - Perceptual acuity to see change coming
 - Quality of judgment to formulate and select the appropriate solutions
 - Credibility to get decisions accepted by collaborators

The Smart Manager, as we define it, is a Good Manager who knows and understands strategic issues in which its actions and its collaborators actions are framed

The Smart Manager – Definition

Good Managers

A good Manager is responsible for **planning, organizing, directing** or **monitoring** the work of collaborators, while **developing** them, and taking **corrective actions**, when necessary, to **achieve** – in the most **efficient manner** – the **objective set**

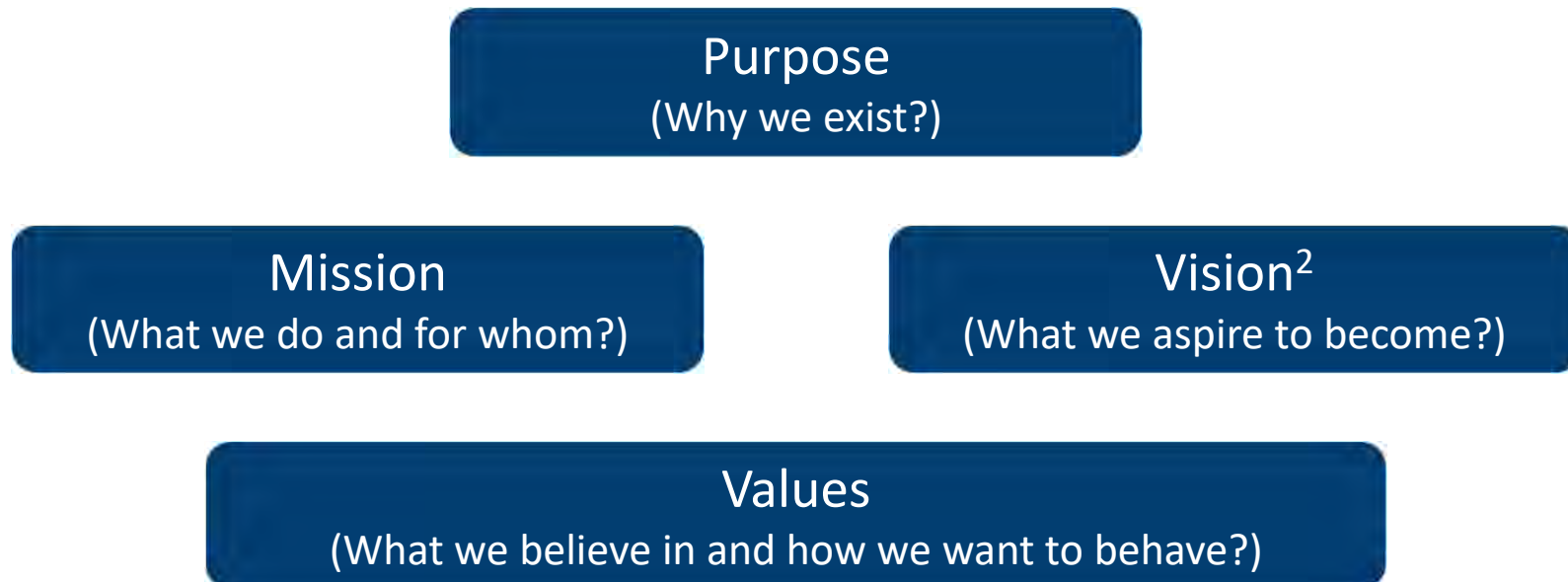
Smart Managers

A Smart Manager **knows** and **understands** the **environment**, can **contribute** to and **express** the **purpose**, the **mission**, the **vision** and the **values** of the company; to **engage** his collaborators, give a **meaning** to their **actions** and **frame** them **within** a **clear strategy** to achieve the **shared objective set**

The Smart Manager should be able to participate to the elaboration of purpose, mission, values, vision statements; and ensure they are understood and applied

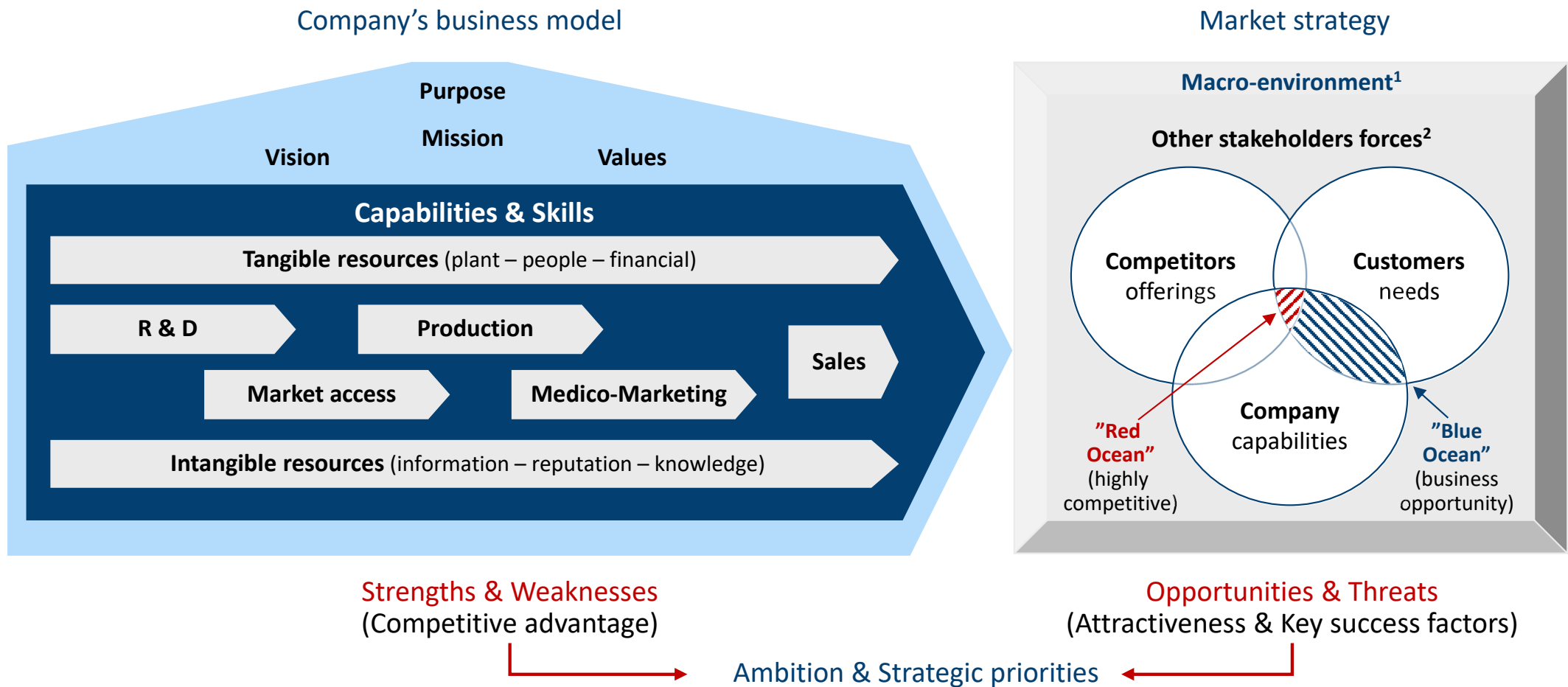
Tip #1 – Participate to setting Purpose – Mission – Values – Vision

- The Smart Manager **contributes** to develop the company: Purpose – Mission – Vision – Values
- He **translates** them at the level of its scope of responsibility¹...
- He makes sure his **collaborators understand, share and comply with** them in their **daily activities**



The Smart Manager participates to the crafting of the market strategy and ensures the resources of the company he works for, are efficiently mobilized

Tip #2 – Contribute to the strategy crafting



Sources: Adapted after C. Kim et R. Mauborgne 2005 – D.J. Collis, HBR April 2008, M. Porter 1985 – Smart Pharma Consulting

¹ Political, legal, economic, socio-demographic and technological factors –
² Including suppliers, new entrants, substitutes, complements

The Smart Manager will manage by mutual benefits (MBMB) to give a sense of purpose to his collaborators and thus to get their full and sustainable engagement

Tip #3 – Manage By Mutual Benefits

MBO¹

(Management By Objectives)

- Definition of **objectives** agreed by both management and employees
- Well-adapted to **vertical management** models
- However, by focusing on results, the way to achieve them (the planning) can be overlooked and lead to **suboptimal efficiency**
- Does not favor innovation nor flexibility



MBMB

(Management By Mutual Benefits)

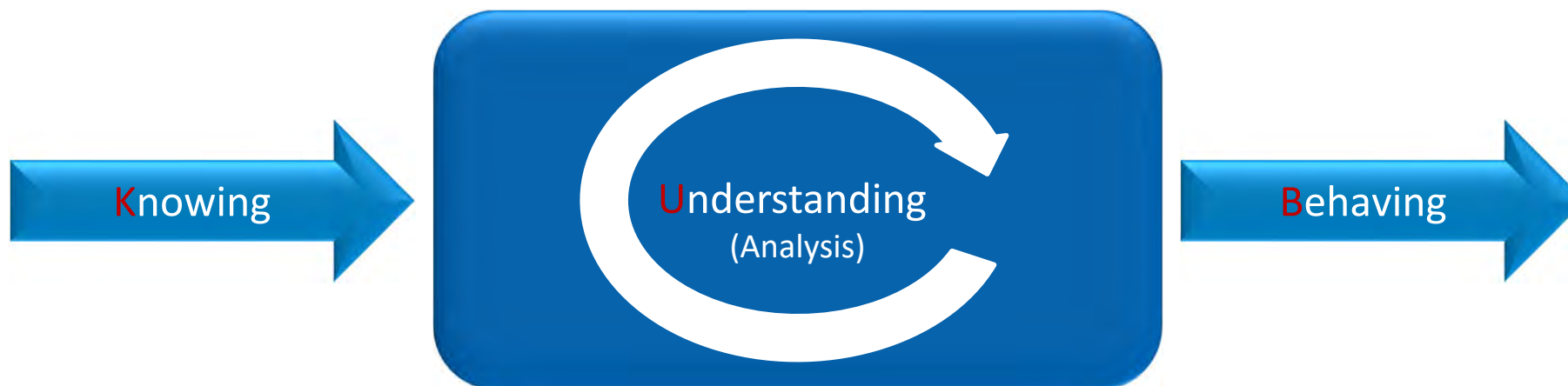
- Creates **mutual benefits** and **value** by **fulfilling** the respective **expectations** of employees and employers
- Maximize the probability to obtain the **full engagement** of employees
- Requires from managers to (better) satisfy collaborators ...
- ... to create **favorable conditions** to secure a **higher quality** of execution that will lead to **better results**

The Smart Manager should use the Smart Index to develop his own competence as well as the ones of his collaborators in a structured and efficient manner

Tip #4 – Use the Smart Index (1/2)

- The **Smart Index** is a tool which structures the development of competences around 3 components:

Smart index = **K**nowing x **U**nderstanding x **B**ehaving



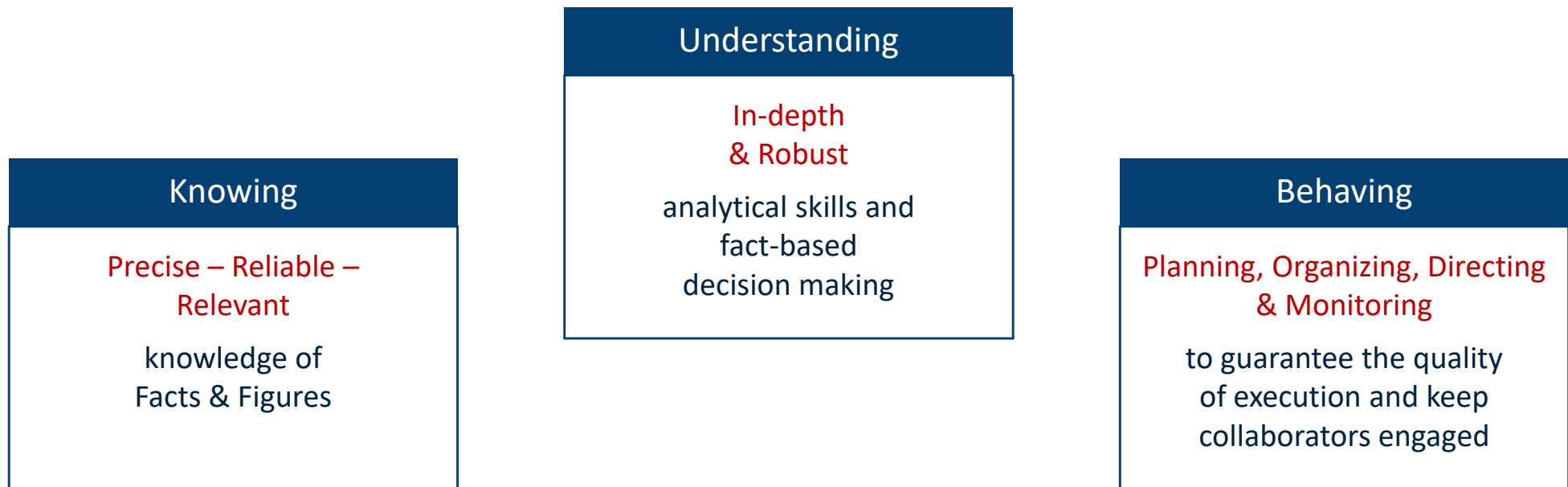
“Any fool can know. The point is to understand” – Albert Einstein

The Smart Manager differs from the Good Manager,
mainly by his much higher analytical and behavioral skills

Tip #4 – Use the Smart Index (2/2)

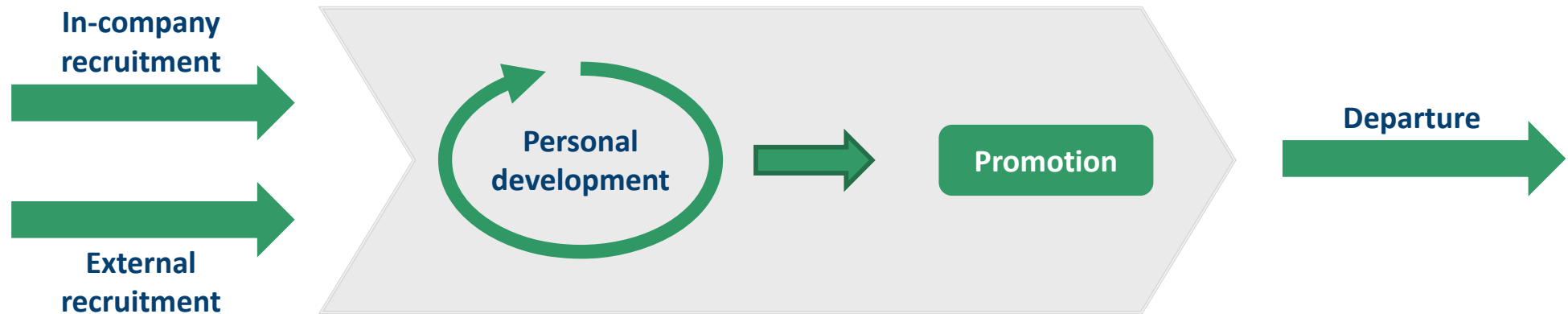
- Managers should focus their efforts on one or several components of the **Smart Index**:

Smart index = **K**nowing x **U**nderstanding x **B**ehaving



The Smart Manager can attract the best performers, to develop them and make them feel strongly engaged, while granting them the level of autonomy they deserve

Tip #5 – Manage dynamically collaborators



- Scout and recruit gifted people
- Highlight the mutual benefits expected from collaboration

- Give them a sense of purpose
- Develop & motivate them
- Grant autonomy based on ability

- Do not keep those who under-perform
- Make sure all departures occur in a fair and nice way

“Alone we go faster, together we go further” – African proverb

A Smart Manager creates the conditions to stimulate the passion of his collaborators for their job, which will prompt them to give their best to achieve their objectives

Tip #6 – Stimulate job passion

Job passion is influenced by **six key drivers**:



Passion is expressed by:



"Pleasure in the job puts perfection in the work"

Aristotle

The Smart Manager will adopt a management model considering the business constraints, the company’s goal, the strategic priorities and the collaborators’ skills

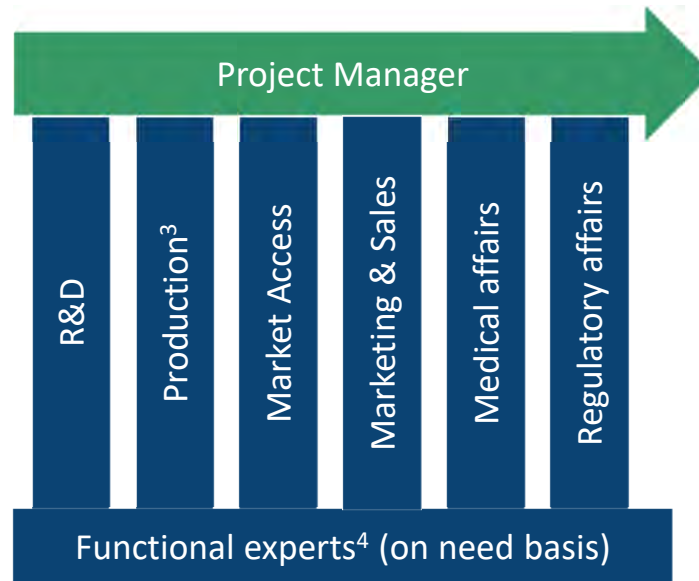
Tip #7 – Adopt the right management model – Typology

Vertical Management Model¹
(Hierarchical management)



Effective but too rigid to adapt to situational changes

Horizontal Management Model¹
(Transversal management)



Adapted to multifunctional tasks but problems of prioritization

Concentric Management Model²
(Decentralized management)



Adapted to fast-moving situations but requires a change in mindset

Sources: Smart Pharma Consulting

¹ These two models co-exist in most of big and mid pharma companies – ² This type of model is of interest in situations requiring flexibility, adaptability and more responsiveness to change – ³ Including logistics – ⁴ Finance, Human resources, Procurement, etc.

This “Command & Control” management model is efficient, facilitating decision-making and monitoring, but often too rigid to efficiently adapt to situational changes

Tip #7 – Adopt the right management model – Vertical Management Model

The vertical management model is hierarchical, with managers passing information and orders from the top to the bottom. The chain of command is well-defined, and the level of control is in general high

Roles & Responsibilities of Managers



Sources: Smart Pharma Consulting

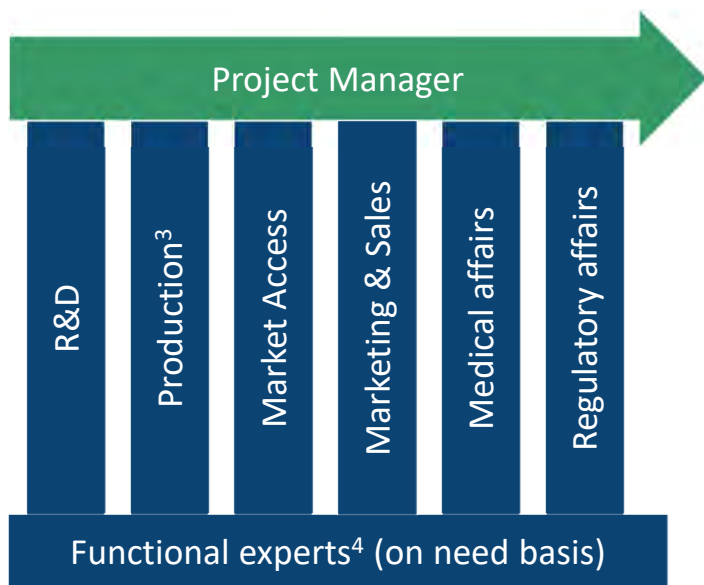
¹ R&D, Production, Market Access, Marketing & Sales, Medical affairs, Regulatory affairs, Finance, Human resources, procurement, etc.

Project managers role is to specify, organize and plan the execution of projects, while creating and sustaining the engagement of team members until their closing

Tip #7 – Adopt the right management model – Horizontal Management Model¹

The horizontal management model has a less-defined chain of command, and the priority is given to work in teams around projects or specific tasks, led by project managers or team leaders, respectively

Roles & Responsibilities of Project Managers



- Project management requires the mobilization of financial and expert resources from different departments² on an *ad hoc* basis to achieve a clearly defined objective
- Project Managers, like managers of the Vertical Management Model, must plan, organize, direct and monitor the work of functional experts that have been assigned to the project and take corrective actions, whenever required
- Thus, they animate the project team (definition of roles and responsibilities, consciousness raising, mobilization, communication, delegation, control) to carry out the project to its term within the time and budget constraints set
- Functional experts report, during the project, to the Project Manager whose authority flows horizontally across departments boundaries, but they also continue to report to the head of their department whose authority flows downwards (vertically)

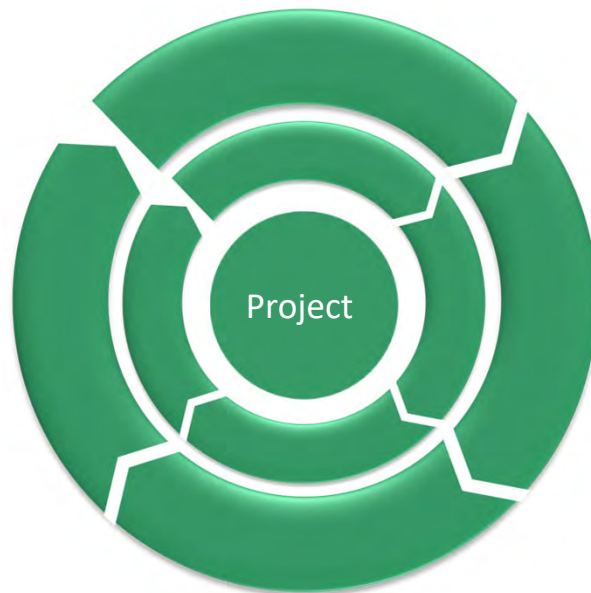
Concentric management model, like holacracy, is a hybrid model ensuring reliability of hierarchical organizations and adaptability of self-managed organizations

Tip #7 – Adopt the right management model – Concentric Management Model

This is a decentralized model of management which organizes companies around the work that needs to be done instead of people who do it. It makes companies more flexible, more adaptable and more responsive to change

Roles & Responsibilities

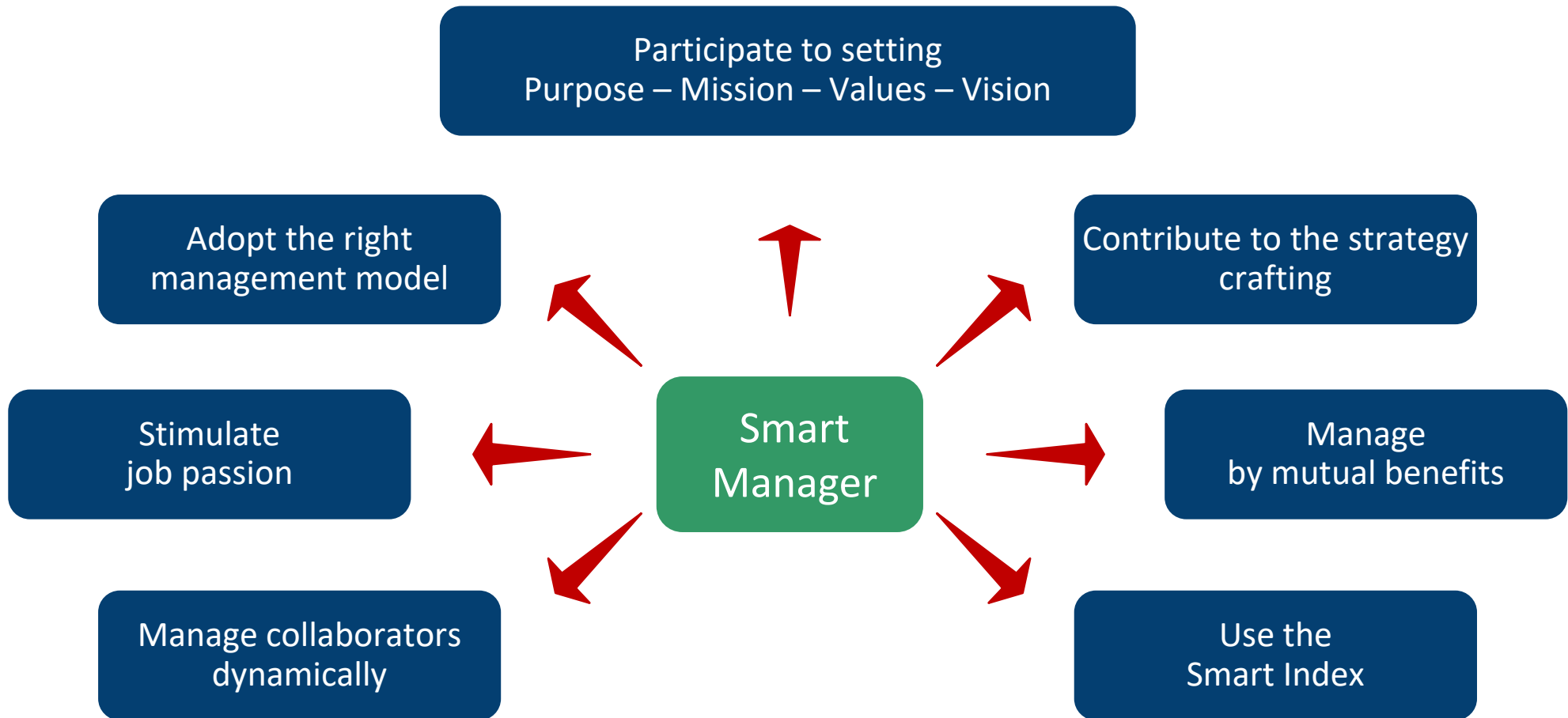
Holacracy¹



- A “constitution” sets the rules of the game and redistributes responsibilities
- Holacracy is organized as a series of nested teams (circles) made up of a set of roles, grouped together around specific project teams, departments, business units, support functions, etc.
- Roles’ definition is constantly updated and clarified based on the day-to-day needs of the teams
- The people who know the most the work to be done are empowered
- People fill multiple roles, and thus are members of several teams
- Teams have their own governance which is an ongoing process
- Issues are added to the agenda when any team member senses a gap between how things are and how they could be addressed in a consensus manner
- Holacracy creates fast and agile organizations to solve tactical issues

Becoming a Smart Manager requires a permanent effort that should be focused, in priority, at excelling in each of the seven tips that have been proposed

Seven tips to become a Smart Manager



Smart Pharma Consulting can help pharma companies transform Good Managers into Smart Managers through various modes of collaboration

Smart Pharma Consulting Services



Excellence in Execution

— BEST-IN-CLASS SERIES —

Application to Pharma Companies

*“Excellence is not a skill.
It is an attitude”*

Ralph Marston

Excellence in execution is essential to turn a strategy into a business success

1. Introduction

- If the quality of R&D remains the primary success driver of innovative pharmaceutical companies, the quality of their medical, marketing and sales departments is also of utmost importance to turn new products into commercial successes
- The great majority of drugs face strong competition, which requires the crafting of a solid medical, marketing and sales strategy to boost customer preference and hence optimize corporate revenues
- However, business successes or failures are more dependent on the quality of the strategy execution than on the chosen strategy
- The purpose of this position paper is to propose principles and practical recommendations to help pharma companies excel in executing their strategy

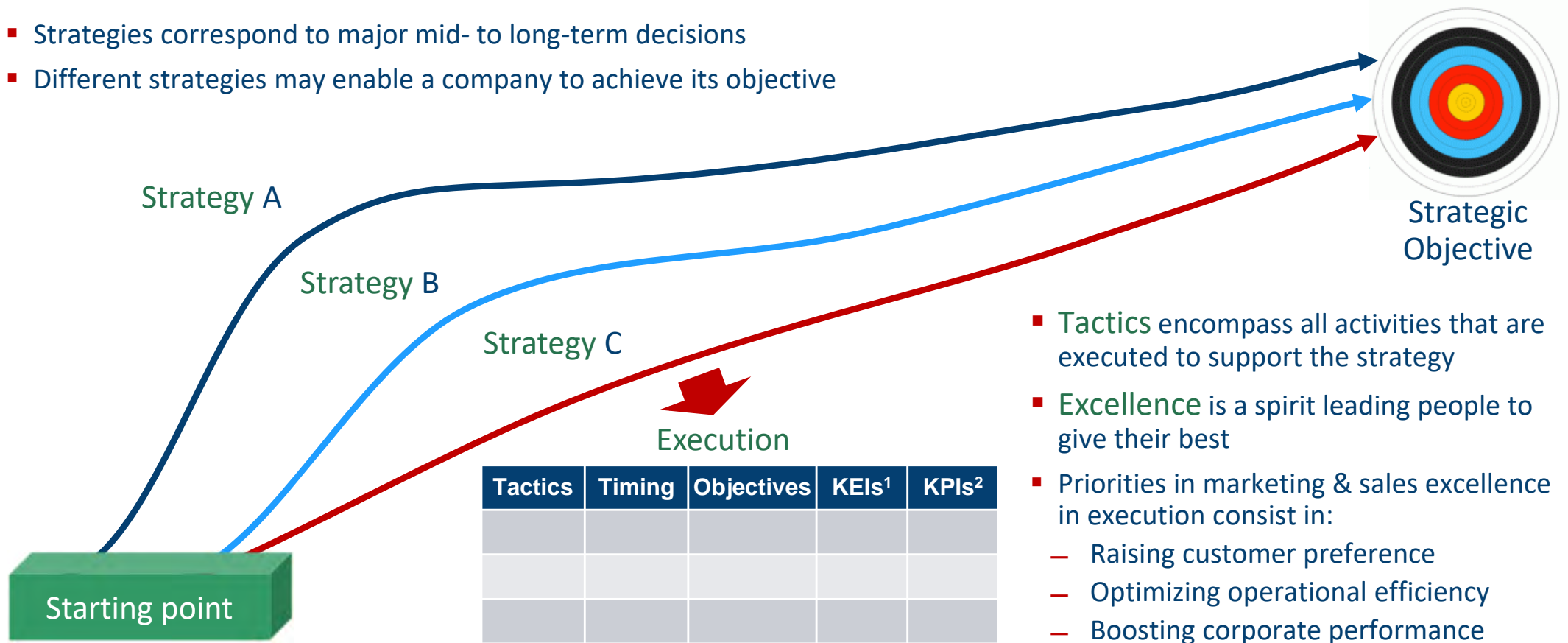
“Strategy is about execution” – Sanjiv Anand

Excellence, when applied to strategy execution, contributes to drive customer preference, optimize operational efficiency and corporate performance

1. Introduction

Strategy – Tactics – Execution – Excellence

- Strategies correspond to major mid- to long-term decisions
- Different strategies may enable a company to achieve its objective



- Tactics encompass all activities that are executed to support the strategy
- Excellence is a spirit leading people to give their best
- Priorities in marketing & sales excellence in execution consist in:
 - Raising customer preference
 - Optimizing operational efficiency
 - Boosting corporate performance

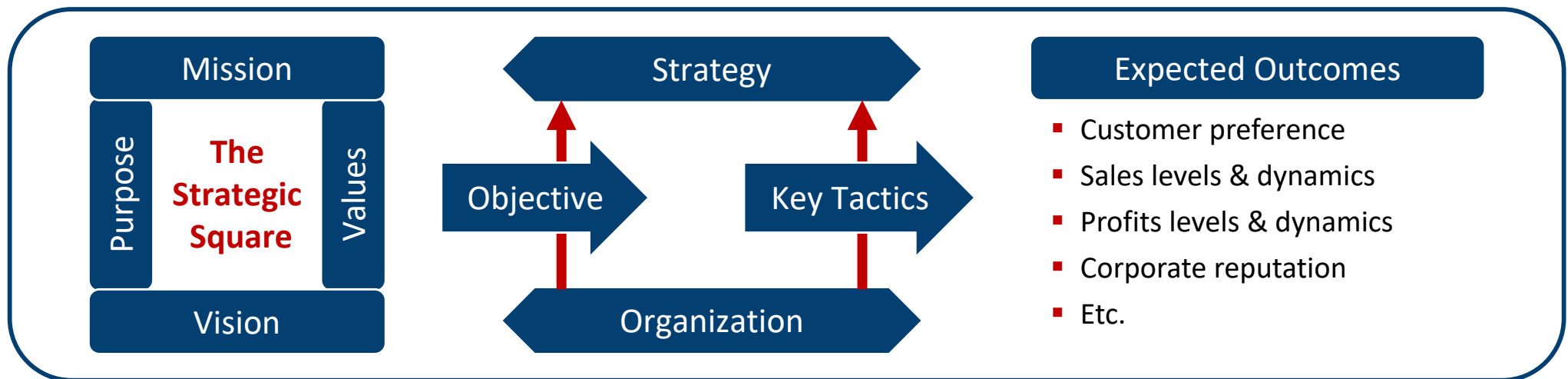
Sources: Smart Pharma Consulting

¹ Key Execution Indicators – ² Key Performance Indicators

The Smart Strategic Model helps to align the “Strategic Square” to the strategic objective and then to craft the best strategy and the corresponding tactics supported by the right organization

1. Introduction

The Smart Strategic Model™ – Principles



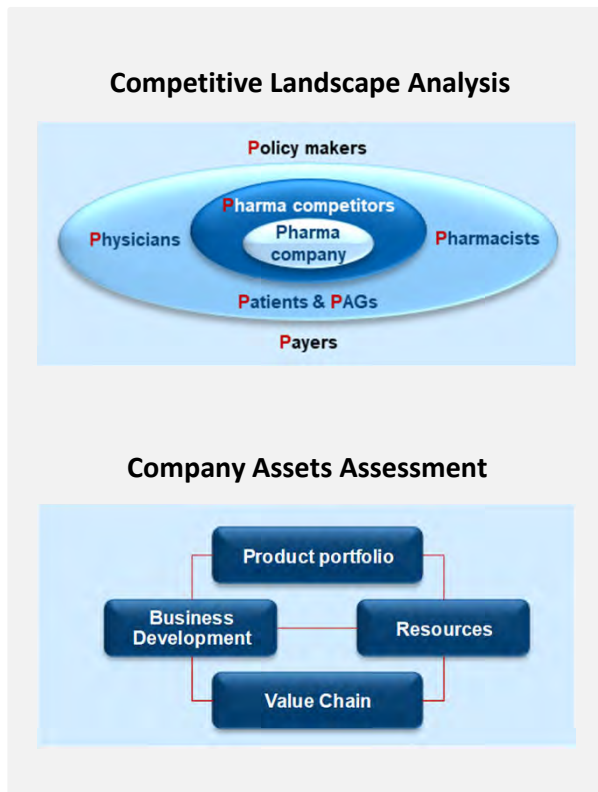
- **Purpose:** Why do we exist?
- **Vision:** What do we aspire to become?
- **Mission:** What do we do and for who?
- **Values:** What do we believe in and how do we behave?
- **Objective:** What do we want to achieve?
- **Strategy:** Where to play and how to play to win?
- **Organization:** What activities, processes, structure¹ and culture we put in place to execute the strategy?
- **Key tactics:** How are we going to execute the strategy?
- **Performance:** What have we quantitatively and qualitatively² achieved and what are the gaps and why, if any?

The strategy should be crafted according to the analyzed situation and trends, and the strategic objective set, prior to the design/adjustment of the organization

1. Introduction

The Smart Strategic Model™ – Strategy & Organization

Situation & Trends Analysis



Strategy Crafting



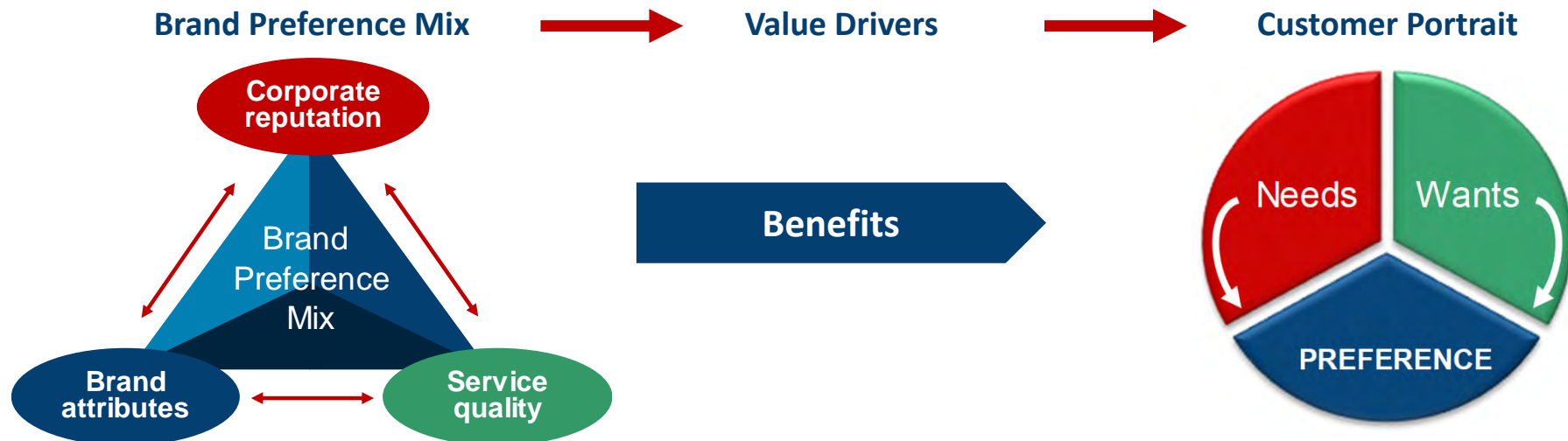
Organization Design



Medical, Marketing & Sales departments must put into perspective the value drivers related to the three components of the Brand Preference Mix to gain/strengthen customer preference

1. Introduction

The Smart Strategic Model™ – Key Tactics (1/2)



- The 3 components of the Brand Preference Mix must be activated...
- ... to bring **superior benefits** to customers than competitors do
- Marketing & Sales activities aim at **promoting** these **benefits** and **convincing** customers to **recommend, buy or use** the proposed **products**

Customer preference is **driven by** their:

- **Needs:** “I need a treatment for this disease that is effective and safe” [**fact-based**]
- **Wants:** “I want to prescribe this treatment because I feel more secure” [**emotional**]

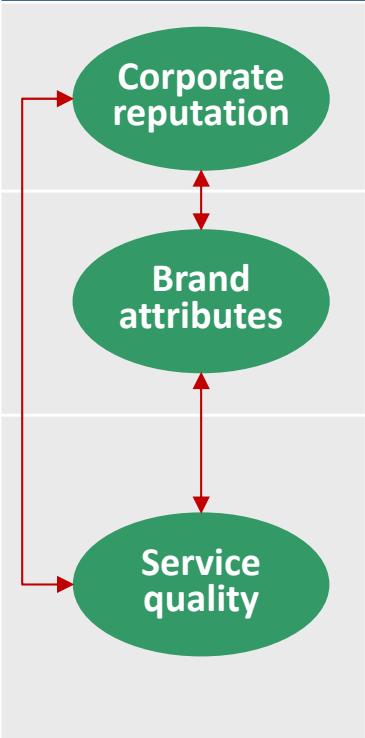
But **limited by** their:

- **Fears:** “I am used to another treatment and do not wish to change my habits” [**fact-based & emotional**]

Features of each pillar of the Brand Preference Mix should be expressed as benefits to customers in order to strengthen their preference to the brand

1. Introduction

The Smart Strategic Model™ – Key Tactics (2/2)

Brand Preference Mix (BPM)	Features of the BPM pillars	Benefits to customers
 <p>Corporate reputation</p> <p>Brand attributes</p> <p>Service quality</p>	<ul style="list-style-type: none"> • What to say and do to build an appealing image and establish the company as a reliable player? • How should these initiatives be carried out? • How to differentiate positively the brand from competition? • How to highlight these attributes in an effective and efficient way? • To whom these differentiating points should be communicated? • What services to develop to create a superior difference vs. competition? • How to make sure these services are highly valued by customers? <i>[Are they useful / interesting / convenient / well executed?]</i> • How should these services be executed to meet excellence? 	<p>The benefits the customers are likely to draw¹ should be identified for each feature of each component of the Brand Preference Mix</p>

Sources: Smart Pharma Consulting

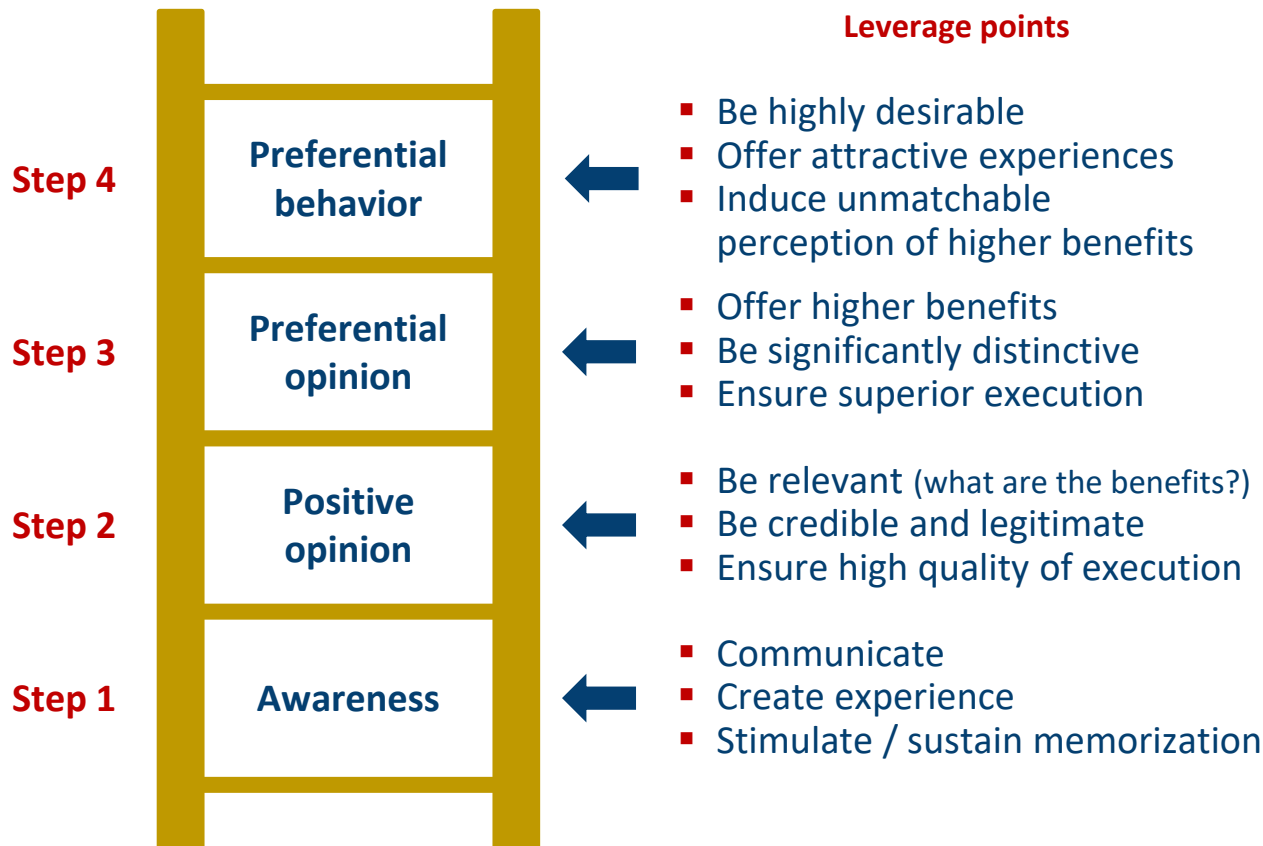
¹ Benefits could be: functional, financial, emotional and/or self-expressive

The Preference Ladder shows where do customers stand and how to make them move up to the ultimate preferential behavior step

1. Introduction

The Smart Strategic Model™ – Expected Outcomes

Leverage points



- To induce a preferential behavior in favor of their products, Marketing & Sales departments must make their customers climb the Preference Ladder

- While defining:
 - **Activities** to be executed
 - Quality **standards** of execution
 - **Communication** priorities

It is key to monitor where each customer stands on the Preference Ladder and fine tune how to make them move up

Strategy and execution must be perfectly aligned to lead to success

1. Introduction

Strategy to Execution Alignment



- Strategy and execution are closely intertwined since, to achieve an objective, it is necessary to choose:
 - A strategy (approach) and
 - The activities to be executed to implement that strategy



Case study: Starbucks



- Howard Schultz, former CEO of Starbucks, wanted his coffee shops to be the “third place” for conviviality beyond home and workplace
- Starbucks has managed to deliver its promise by:
 - Creating a warm layout and decor in its stores
 - The warm and friendly behavior of its employees who know how important they are to succeed

“Strategy without action is a daydream. Action without strategy is a nightmare”

Excellence is a spirit leading people to give their best to beat competitors, to exceed customer expectations, in an efficient manner, to optimize corporate performance

2. Definitions

Excellence vs. Perfection

EXCELLENCE



- The pursuit of excellence is focused on the reason for a task and the results to make it a success
- Excellence is related to:
 - Doing the right things (i.e. focus on what matters), making it more productive than perfectionism
 - Looking for continuous improvement to deliver outstanding quality to outperform the competition
- There is no fear attached to excellence

~~PERFECTION~~



- If perfection is the ultimate goal, the business environment moves too fast to achieve it
- Perfection is related to do things right
- Looking for perfection is inefficient due to the inordinate amount of time required
- Perfectionism has shown to cause anxiety and procrastination by fear of failure and thus to reduce people performance

“Strive for excellence, not perfection”

Excellence in execution is the ability to carry out a plan in an outstanding and better manner than your competitors so that to generate customer preference

3. Why is Excellence in Execution so Important?

Excellence in Execution



“The thing that keeps a business ahead of the competition is excellence in execution” – Tom Peters

- If the right strategy is needed to achieve companies’ objectives, it is not sufficient
- To produce its effect, the strategy must be well executed
- Thus, looking for excellence in execution is imperative to create and increase the preference of customers
- Execution excellence does not only boost sales, but it also reduces costs by improving operational efficiency
- According to John Kotter from Harvard Business School, 70% of strategies fail because of poor execution
- Achieving excellence in execution is challenging because it requires to have the right tactics in place, the right capabilities and the right behaviors

“When a strategy looks brilliant, it’s because of the quality of execution” – Rosabeth Moss Kanter

Poor medical, marketing and sales execution is mainly due to inadequate strategy, lack of customer insights, insufficient coordination and absence of efficient monitoring system

4. Reasons for Poor Execution in the Pharma Industry

10 factors preventing Excellence in Pharma Medical, Marketing & Sales Execution

#1

Brand strategy crafted at the global level is not necessarily relevant to local markets

#2

Unclear understanding of the brand strategy by medical, marketing and salespeople

#3

Insufficient customer insights (knowledge and understanding of their wants and needs)

#4

Poor quality of interactions with HCPs which are seen as useless and not interesting

#5

Inefficiency of first line managers to develop frontline collaborators competence¹

#6

Low enthusiasm from medical, marketing and sales teams who are insufficiently connected

#7

Activities carried out without prior evaluation of their likely impact on customers

#8

Non-systematic evaluation of the impact of key activities on customer level of preference

#9

Suboptimal collaboration and cooperation between medical, marketing and sales teams

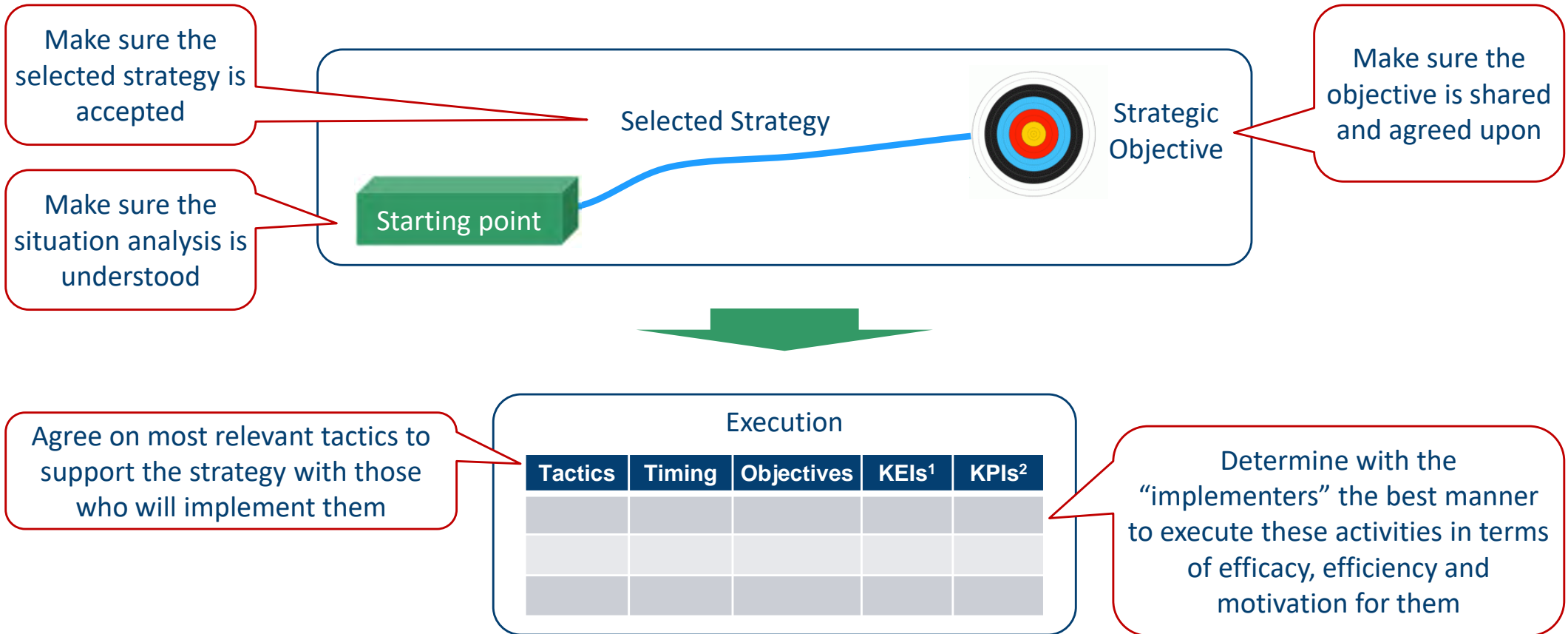
#10

Lack of boldness from the regulatory department to accept innovative ideas

Alignment on the objective, the selected strategy and the corresponding tactics, of collaborators involved in execution will make it more relevant and more efficient

5. How to develop a Smart Execution Excellence Model?

Introduction (1/2)



Sources: Smart Pharma Consulting

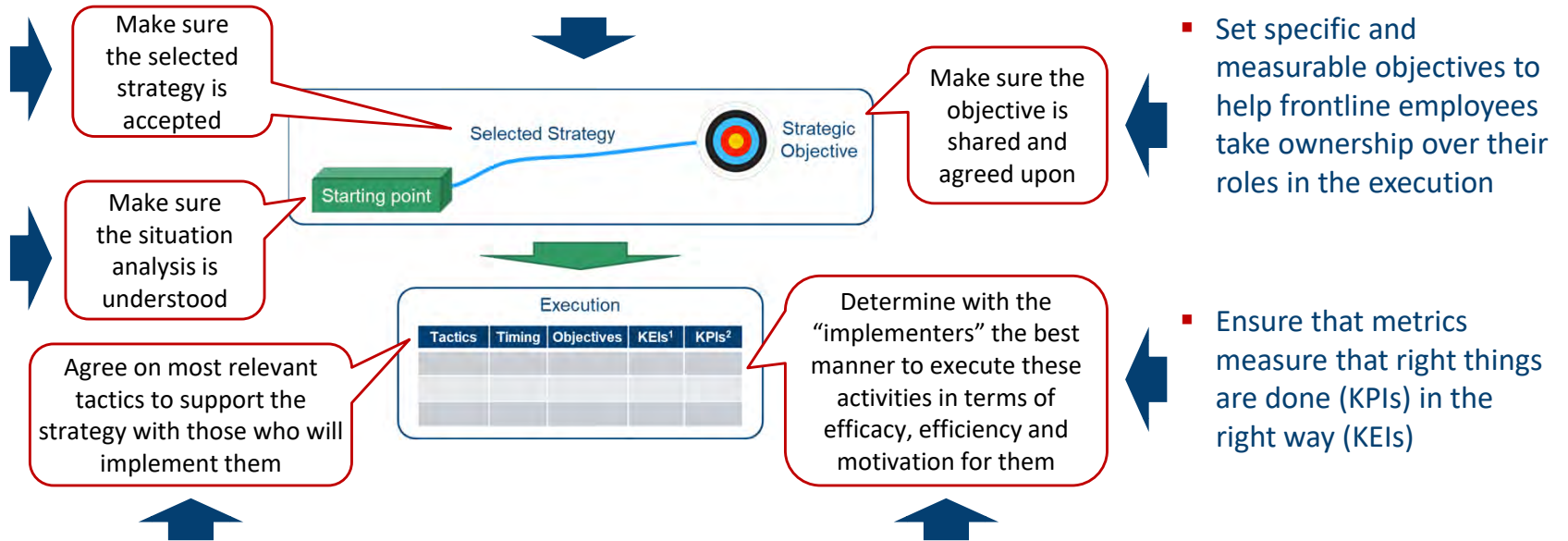
¹ Key Execution Indicators – ² Key Performance Indicators

Excellence in execution requires a participative and collaborative approach, to focus on the most important activities, to develop competence and to ignite passion of collaborators

5. How to develop a Smart Execution Excellence Model?

Introduction (2/2)

A holistic approach to strategy and execution is required for a perfect alignment



- Involve employees in crafting the strategy to facilitate their buy-in, and make the execution both easier and smoother
- Empower employees to develop their sense of ownership and figure out how best to meet the objective
- Share values to make decisions aligned with the strategy

- Set specific and measurable objectives to help frontline employees take ownership over their roles in the execution

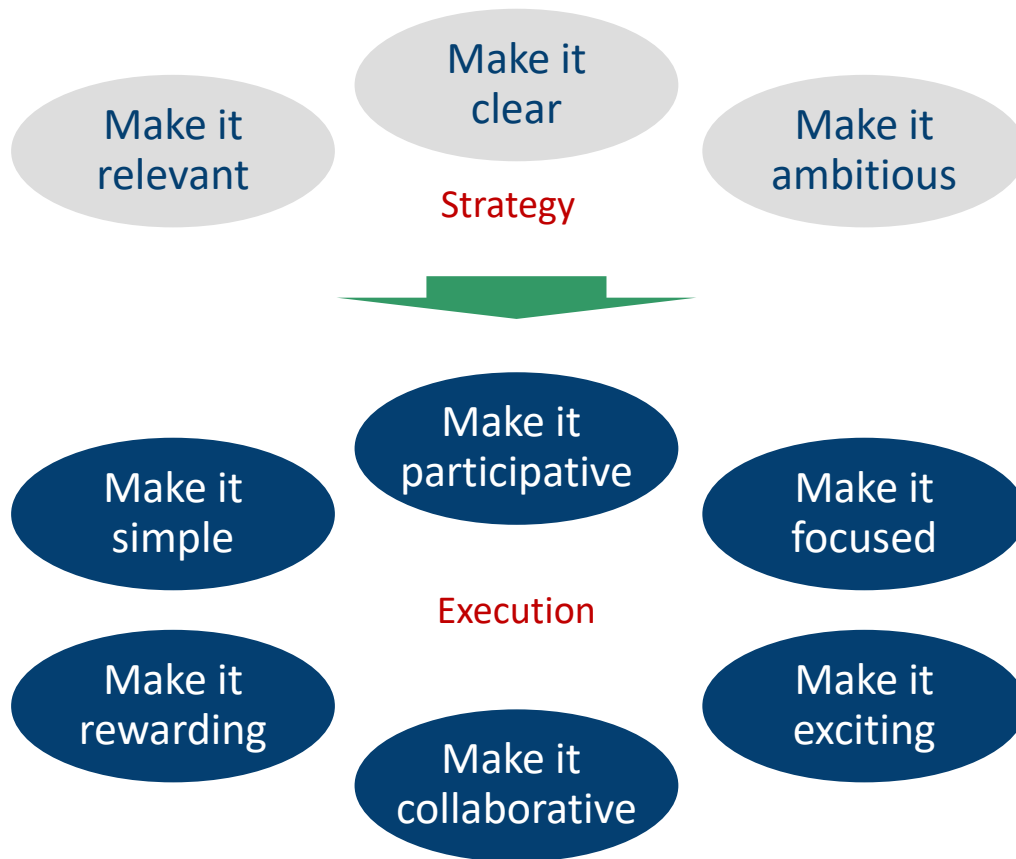
- Ensure that metrics measure that right things are done (KPIs) in the right way (KEIs)

- Ensure excellence in execution is focused on the most critical activities to achieve the strategic objective, which must be broken down in tactical objectives and thus in cross-team and/or individual objectives
- Build plans which are practical (i.e., clear, concrete, familiar), flexible and adapted to market or company changes
- Leaders must define the ways of working, how to exercise operational monitoring, inspire and mobilize the most talented employees

Nine guiding principles to be applied and five key questions to be answered should help the implementation of a Smart Execution Excellence Model

5. How to develop a Smart Execution Excellence Model?

Nine guiding principles



Five key execution-related questions

- 1. What to do?**
Select the most relevant activities
- 2. Why to do it?**
Document the rationale to carry out these activities
- 3. How to do it?**
Define the best practices and the best organization
- 4. How well it has been done?**
Monitor the quality of execution
- 5. How close are we from the objective?**
Monitor the performance

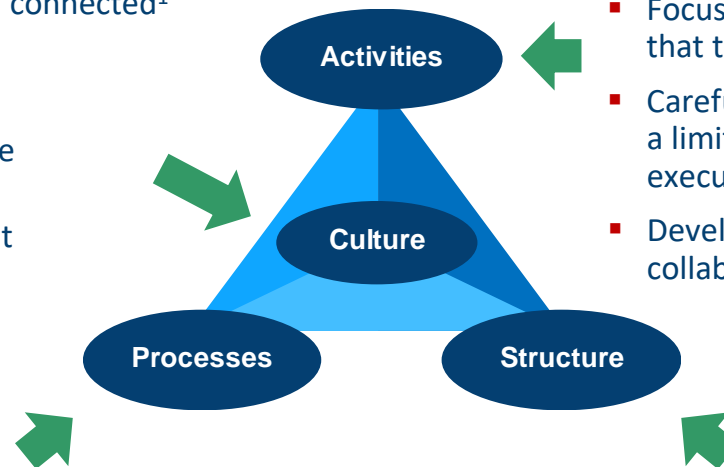
To achieve Excellence in Execution, companies must design a holistic organizational system that will foster the search for excellence by all its collaborators, front line and back-office ones

5. How to develop a Smart Execution Excellence Model?

Key organizational recommendations

- Develop a culture of superior customer satisfaction to gain customer preference and increase market share
- Develop a powerful vision so that people feel connected¹
- Install a participative culture²
- Engrain a culture of excellence
- Create a working atmosphere that will engage collaborators to give their best
- Encourage pro-activity, agility and experiment to find new solutions to excel in execution

- Facilitate and motivate cooperation and collaboration across multifunctional teams
- Develop enabling tools to:
 - Align objective, strategy and tactics
 - Measure the quality of execution and the impacts of activities
 - Reinforce the cohesion of the teams
 - Learn from experience
- Streamline processes and set up standards of excellence
- Define a process to facilitate participation of collaborators



- Provide direction and resources for achieving strategic objectives
- Focus on activities that best support the strategy and that the company excels at
- Carefully plan the execution of key activities and select a limited number of metrics to monitor the quality of execution and the impact of activities
- Develop the skills of managers and of their collaborators in charge of executing activities

- Design an adaptative structure that can be easily modified according to the changing environment
- Set up flat and lean organizational chart to favor accountability and empowerment
- Simplify structures by eliminating needless complexity
- Delineate lines of authorities and decision rights

Sources: Adapted from Scott A. Snell "In search of Execution" SHRM (2016) by Smart Pharma Consulting

¹ Set clear performance expectations, hold them accountable, give them regular feedbacks, reward their performance, share outcomes, etc. – ² Solicit ideas and inputs, listen to people, select and implement their most appropriate suggestions

The lunchbox delivery system carried out by dabbawalas is considered as one of the best-in-class model of service excellence in logistic for its level of accuracy and its timeliness

6. Case Study: The Mumbai Dabbawalas

Description of the Business Model (1/2)



Dabbawala in Mumbai area

- The dabbawalas deliver ~130,000 lunchboxes per day, in Mumbai area, from homes and restaurants to people at work
- The lunchboxes are picked up in the morning, delivered predominantly using bicycles and railway trains by 1:00 pm



Lunchboxes distribution by handcarts

- Lunchboxes are labeled using a system of signs symbols, numbers, letters and colors indicating:
 - Where the lunch has been picked up
 - Which station it will be sent to
 - The final address of the owner
- This old-fashioned distribution system is more effective than Deliveroo or Uber Eats
- It is recognized as one of the world’s most efficient logistics systems



Lunchbox coding system

- The cost for the service is ~ € 6 per month
- The dabbawalas belong almost exclusively to the Varkari community, which worships the Hindu god Vithala who teaches that “giving food is a great virtue”
- They are organized in a cooperative of 5,000 semiliterate partners, are self-employed and paid the same, around € 190¹ per month, and receive in addition tips from their customers

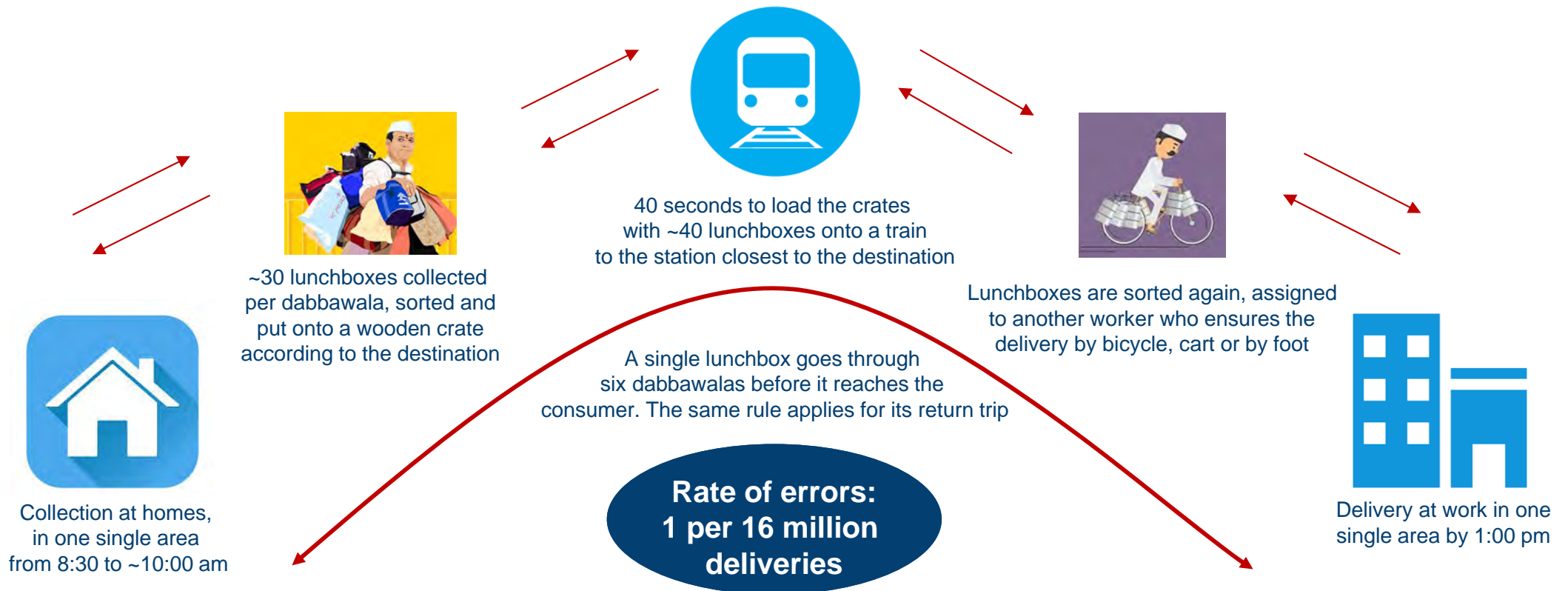
Sources: Sources: “How Dabbawalas became the world’s best food delivery system” by Emma Henderson, Independent (2017) – Smart Pharma Consulting analysis

¹ Which is considered as a good salary in India, especially for unskilled labour

The low-tech distribution system carried out by the dabbawalas has been graded “Six Sigma”, meaning that the rate of mistakes is fewer than 3.4 per million transactions

6. Case Study: The Mumbai Dabbawalas

Description of the Business Model* (2/2)



Sources: “Mumbai’s models of service excellence” by Stefan Thomke, HBR (2012) – Smart Pharma Consulting analysis

* Description of the delivery system: <https://www.youtube.com/watch?v=USb0eXtT2vs>

The efficacy of the dabbawalas distribution system is based on the perfect alignment of their organization, their management and culture which tend to reinforce one another

1. Introduction

Analysis of the Business Model

Activities

- Each dabbawalla is responsible for his allocated group of customers
- Workers with more than 10-year experience serve as supervisors¹
- Tight schedule helps synchronize everyone and imposes discipline

Structure

- 200 units of 20-25 groups of dabbawalas are headed by a supervisor
- Flat structure ensuring agility
- 2 committees² tackle operational and organizational issues

Process

- Simplicity is key³
- Each group is autonomous
- 2-3 extra workers per group stand by in case of emergency
- Adherence to processes and to quality standards is mandatory
- Performance is based on schedule and proper lunchbox delivery

Culture

- Dabbawalas remain in their group for their entire working life, which creates strong ties
- Most of them have the same culture
- They are proud to deliver food to people and have a strong sense of belonging

Dabbawalas mission: “Delivering food on time every time”

Sources: “Mumbai’s models of service excellence” by Stefan Thomke, HBR (2012) – Smart Pharma Consulting analysis

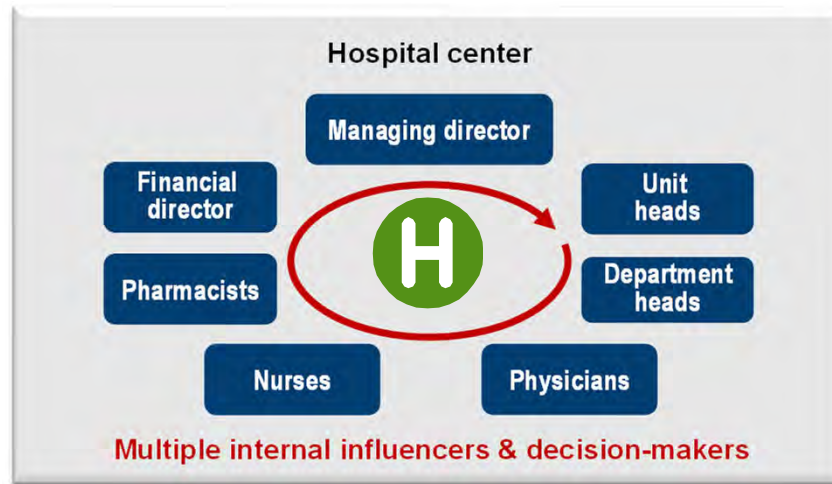
¹ There are 635 supervisors amongst the 5,000 dabbawalas – ² The Operational Committee and the Charitable Trust – ³ As shown by the coding system, the standardization of lunchboxes size and shape

To get physicians to prefer a brand is becoming more complex, both in hospital and open care markets, due to increased price sensitivity and the multitude of influencers

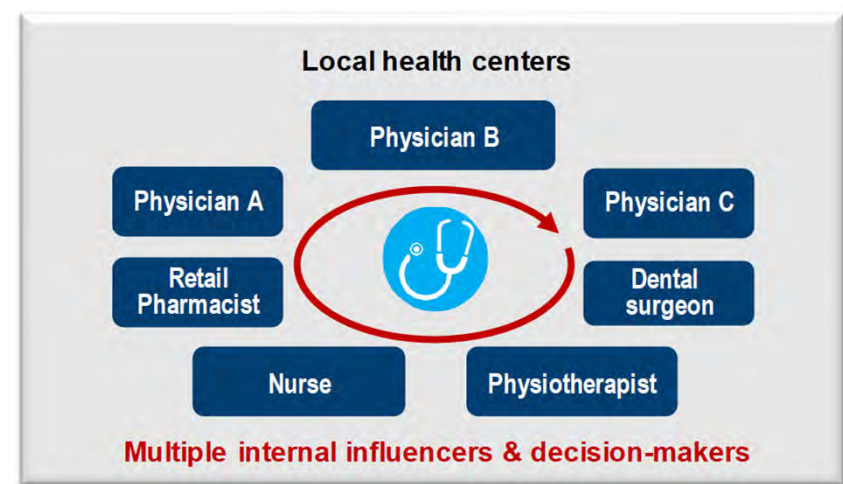
7. Pharma Medico-Marketing & Sales Application

Situation analysis (1/2)

Hospital market segment



Open care market segment



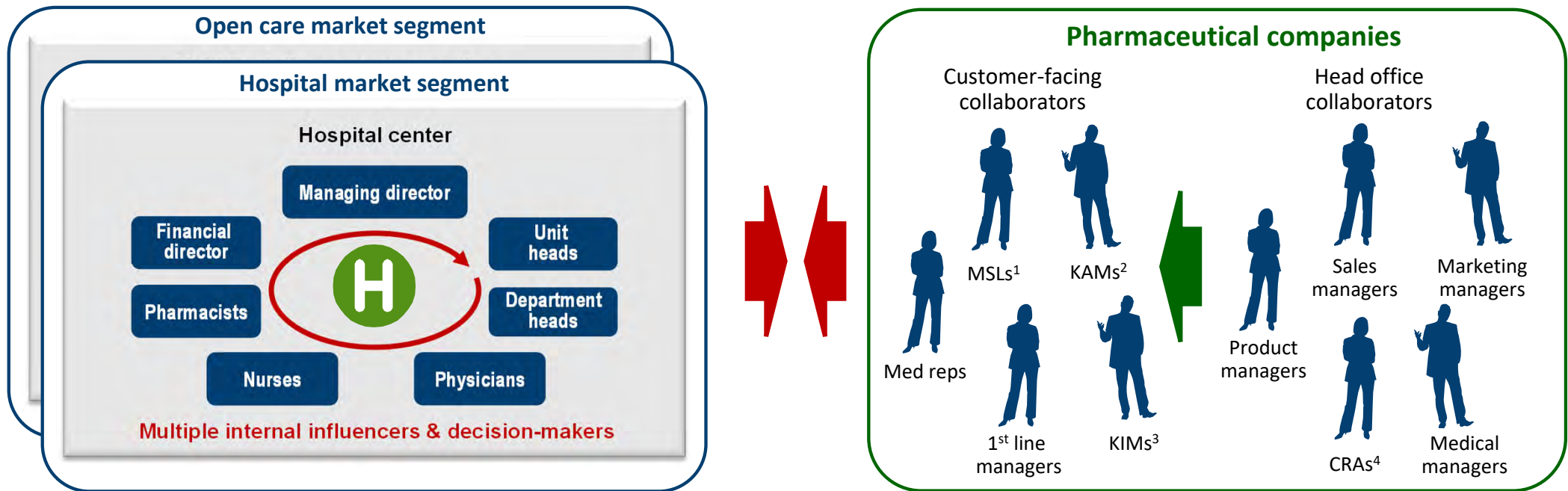
- Prescribing decisions are more and more made in concertation, following protocols, and through the influence and pressure of various stakeholders
- The access to HCPs at hospital centers by Field Forces has become a burning issue

- Office-based physicians prescribing behavior is more and more under the influence of health authorities, payers or other HCPs
- Access to HCPs on the open care market segment has become a major issue for Field Forces

Pharma companies must adopt an efficient organization to deal with bigger accounts, more and more price-sensitive, in which decision-making processes are complex

7. Pharma Medico-Marketing & Sales Application

Situation analysis (2/2)

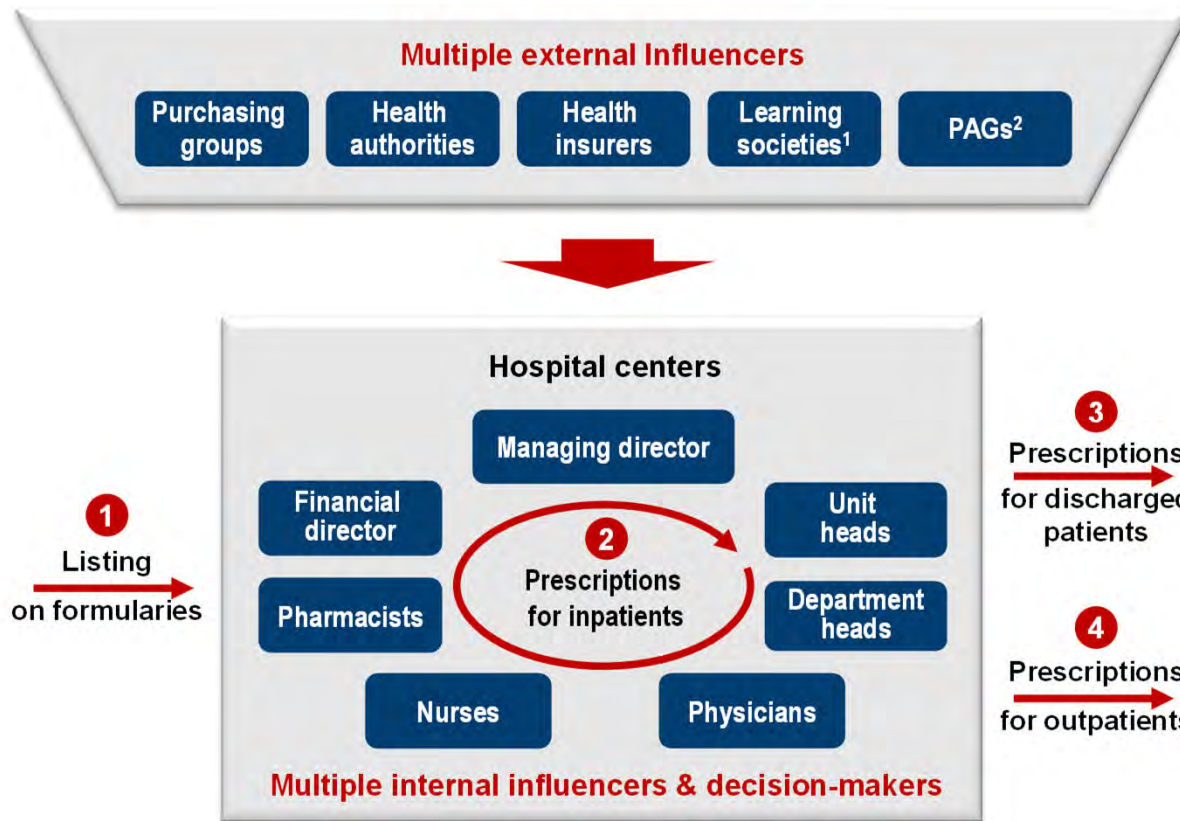


- Pharma companies have to address two key issues:
 - To protect, as much as possible, the price of their drugs
 - To move from a B-to-C to a B-to-B business model in which the prescribing decision is made by multiple stakeholders having different views and objectives

Irrespective of the hospital key account, the strategy crafted by pharma companies should have a favorable impact on one or several of its four key performance drivers

7. Pharma Medico-Marketing & Sales Application

Strategy Crafting on the Hospital Market



- To boost their performance at hospital center level, pharma companies should activate one or several of the following key performance drivers:

- The listing on formularies³
- The prescription for inpatients⁴
- The prescription for discharged patients⁴
- The prescription for outpatients⁴

- These drivers will be selected according to the objective set and the actions to activate them will depend on:

- Each hospital specificities (e.g., strategic priorities, procurement process and policy, degree of complexity, power games)
- Product portfolio competitive position
- Value of services offered to date
- Corporate reputation

● Key performance drivers for pharma companies

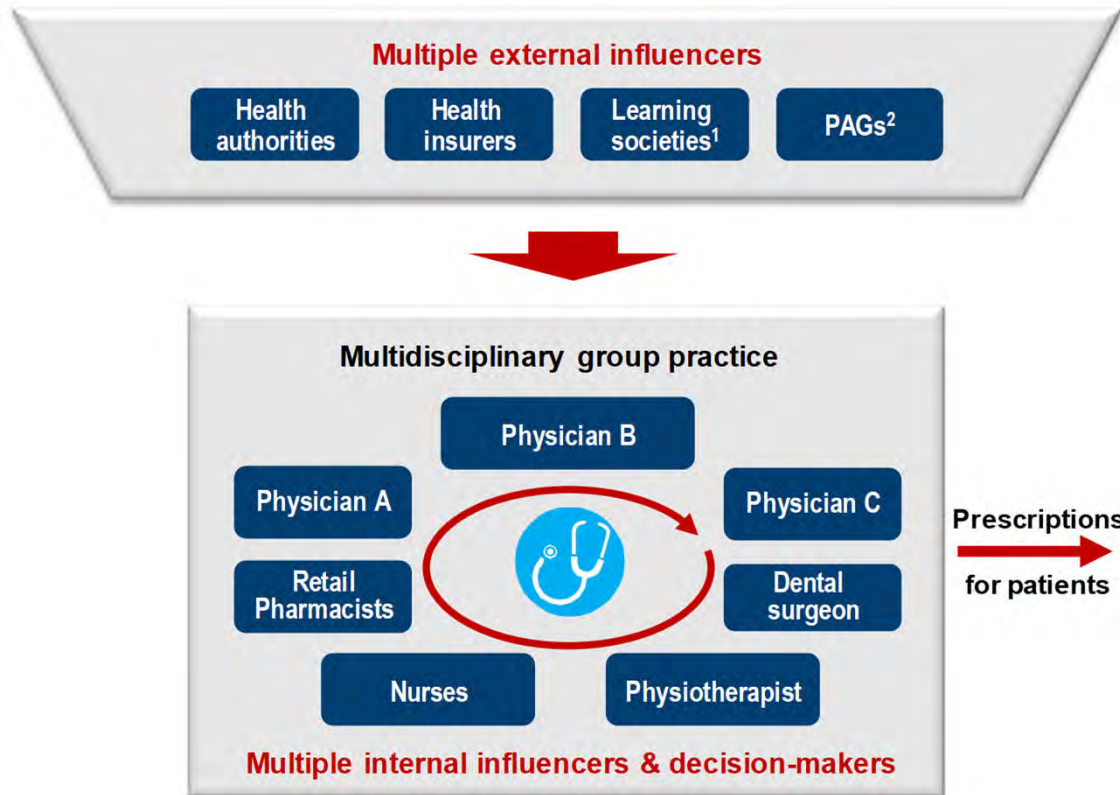
Sources: Smart Pharma Consulting

¹ Through the therapeutic guidelines they may publish – ² Patient Advocacy Groups – ³ Under the direct responsibility of KAMs – ⁴ Under the direct responsibility of medical reps

Field Force Teams operating on the open care market must secure access to customers and raise preference to their brand by ensuring highly valued interactions

7. Pharma Medico-Marketing & Sales Application

Strategy Crafting on the Open care Market



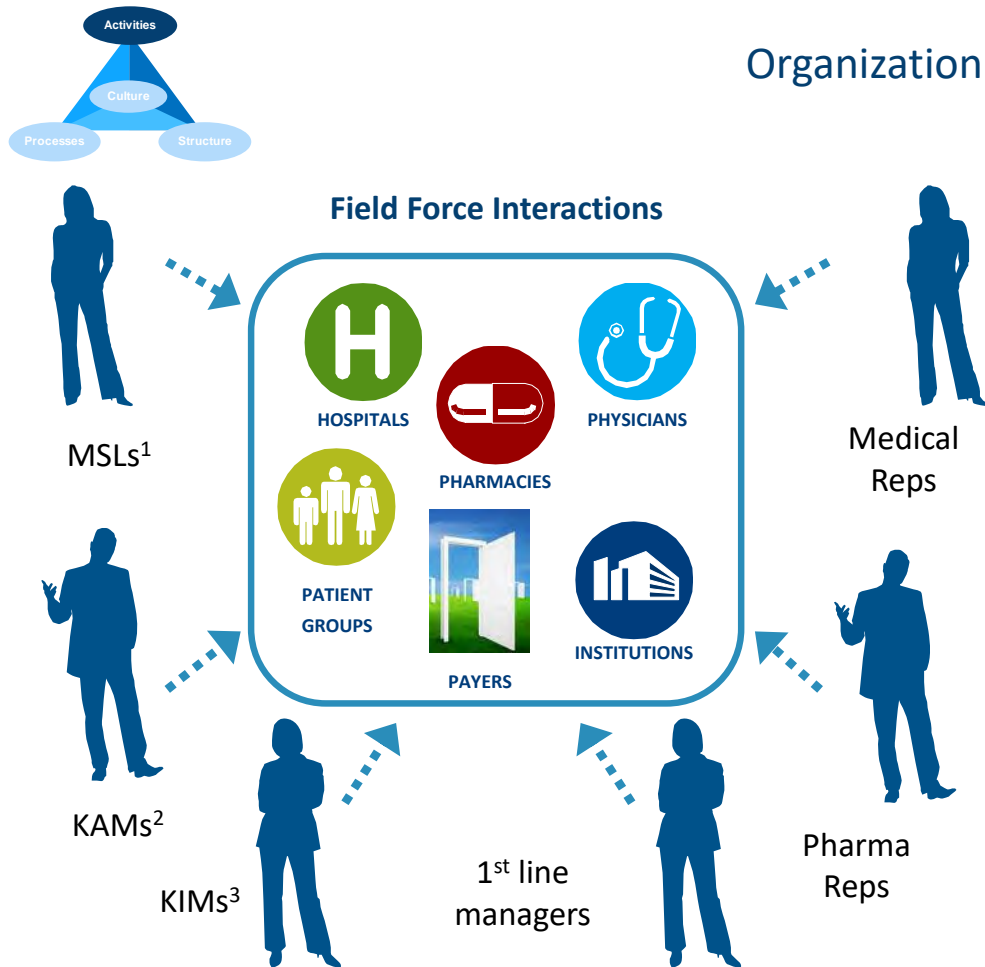
- The expected outcome from customer strategy on the open care market is to:
 - Secure regular access to HCPs which is particularly difficult in health centers
 - Raise HCPs preference in favor of marketed products by leveraging the three components of the Brand Preference Mix³
 - Maintain a favorable opinion and behavior of stakeholders who are likely to influence HCPs and patients
- To address these challenges, the Field Force Team members will have to:
 - Ensure highly valued interactions
 - Coordinate their activities to leverage potential synergies
 - Be flexible enough to adjust themselves to the external and internal changes

Sources: Smart Pharma Consulting

¹ Through the therapeutic guidelines they may publish – ² Patient Advocacy Groups – ³ See Smart Pharma Consulting position paper “Best-in-Class Pharma Marketers” published in March 2017

Field Force Teams activities should be regularly adjusted to secure a regular access to customers and boost their preference to the brands marketed by the company

7. Pharma Medico-Marketing & Sales Application



- Activities of Field Force Teams should be systematically streamlined:
 - Activities having no significant impact to raise the value of the marketed brands should be stopped
 - Customers shared by different Field Force functions (e.g. MSLs and medical reps) require a clear co-positioning to avoid duplication and a thoughtful coordination of activities to leverage potential synergies which will be driven by sharing competencies and/or costs
- To secure access to customers and influence them, Field Force Teams should, better than competitors:
 - Acquire a high level of market insights⁴
 - Highlight the image⁵ of the company they work for
 - Propose and deliver highly valued services
 - Exhibit the benefits offered by the marketed brands
 - Use customer preferred communication channels
- Ambitious capability building programs would be required

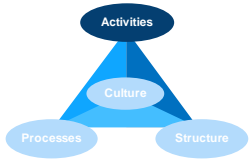
Sources: Smart Pharma Consulting

¹ Medical Science Liaison – ² Key Account Managers – ³ Key Institution Managers – ⁴ Meaning: have an excellent knowledge and a good understanding of the healthcare system, the key market stakeholders (health authorities, competitors, customers) – ⁵ See Smart Pharma Consulting position paper “How to create a superior Pharma Corporate reputation” published in August 2016

The development of Field Force Teams competencies can be structured and prioritized with the help of the Smart Index tool

7. Pharma Medico-Marketing & Sales Application

Organization – Key activities (2/2)



- The **Smart Index** is a tool which structures the development of competencies around 3 components:

$$\text{Smart index} = \text{Knowing} \times \text{Understanding} \times \text{Behaving}$$

Knowing

Precise, reliable & relevant knowledge of facts & figures re. the market, the company, with a special emphasis on customers and their influencers

Understanding

In-depth & robust analytical skills and fact-based decision making

Behaving

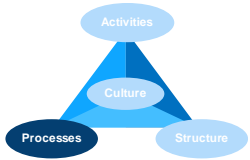
Planning, organizing, directing & monitoring to guarantee the quality of execution, leverage potential synergies and keep colleagues engaged

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

High market sensitivity, simple and short processes, cross-departments coordination and cooperation will contribute to serve customers better

7. Pharma Medico-Marketing & Sales Application

Organization – Processes (1/6)



- Customer-focused organization (silos around customers vs. brands)
- Knowledge- and experience-sharing
- Harmonization of activities

- Skills to develop and deliver high value solutions
- Ability to explore and discover customer insights (deep knowledge of their needs, wants, behaviors)
- Motivated and empowered collaborators



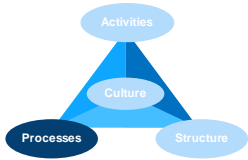
- Project teams including members from various departments centered around customers
- Shared customer database
- Introduction of metrics to foster cultural change

- Partnership with external players to propose unique and highly valued offerings to customers

To create value for field forces, and therefore for the company, head office functions should maintain a business-driven balance between support and control

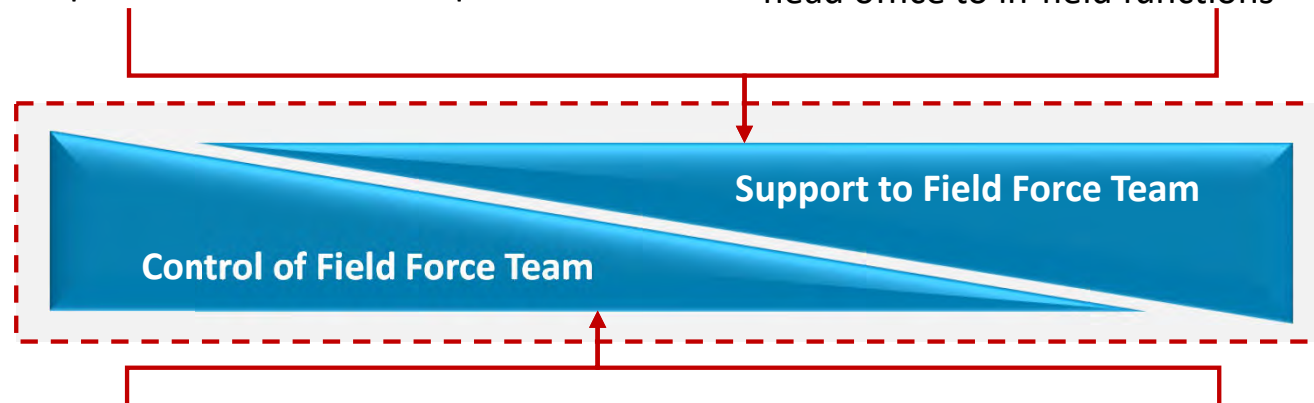
7. Pharma Medico-Marketing & Sales Application

Organization – Processes (2/6)



- *Ad hoc* capabilities missing at Field Force level
- Complementary resources (e.g., if understaffing)
- Strategic directions and priorities, whenever required

- Support to facilitate in-field activities, to address scientific, legal, HR issues, etc.
- Competence and experience sharing across BUs and from head office to in-field functions



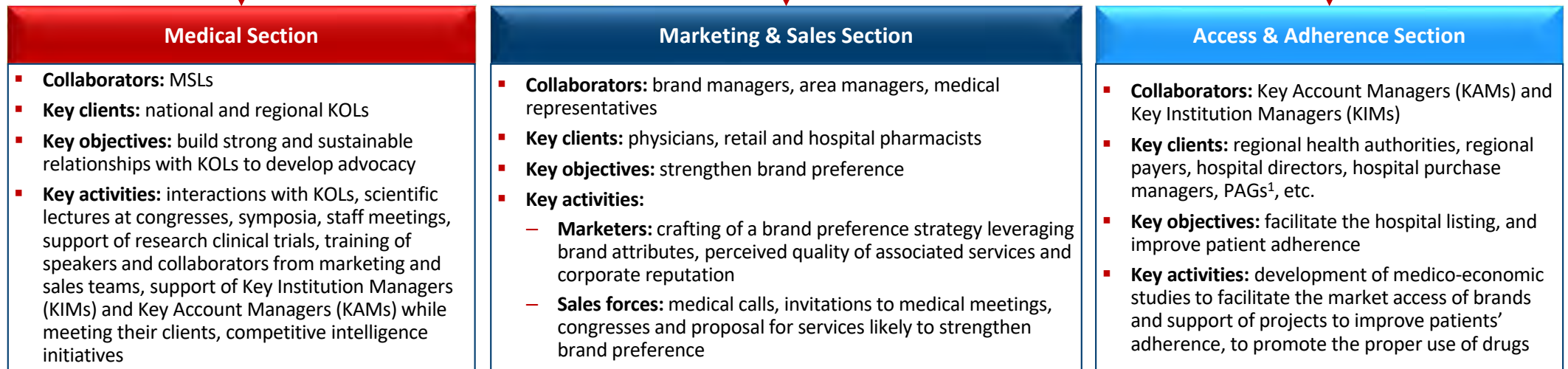
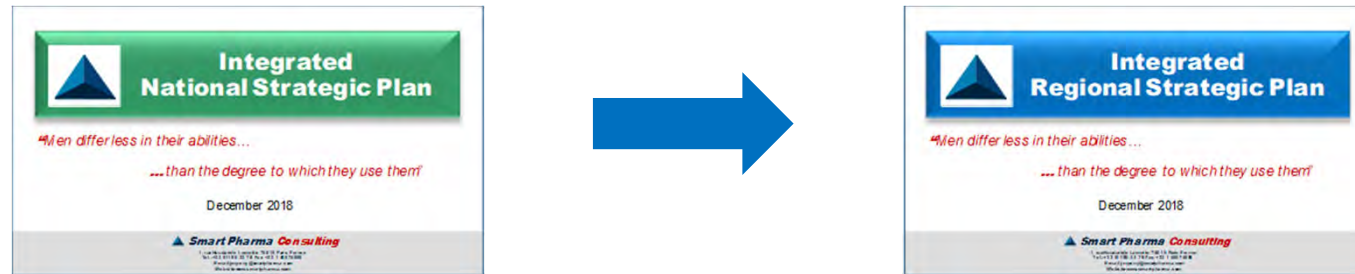
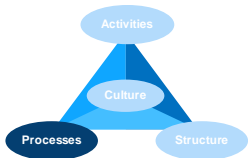
- Business-relevant metrics (automation, dashboards, standardized score cards)
- Selected number of KPIs (key performance indicators) and KEIs (key execution indicators)

- Monitoring of compliance (e.g., HR policy, people management, marketing & sales practices, etc.)
- Monitoring of the level of organizational agility and suggestions of solutions to fill up the gaps (if any)

The activities of in-field collaborators interacting with the same customers should be integrated in a single strategic plan, including separated sections

7. Pharma Medico-Marketing & Sales Application

Organization – Processes (3/6)

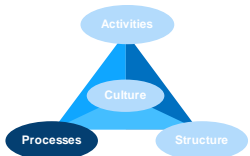


Sources: Smart Pharma Consulting

Four questions would need to be answered before deciding to implement any activity, which should then be monitored with KPIs and KEIs

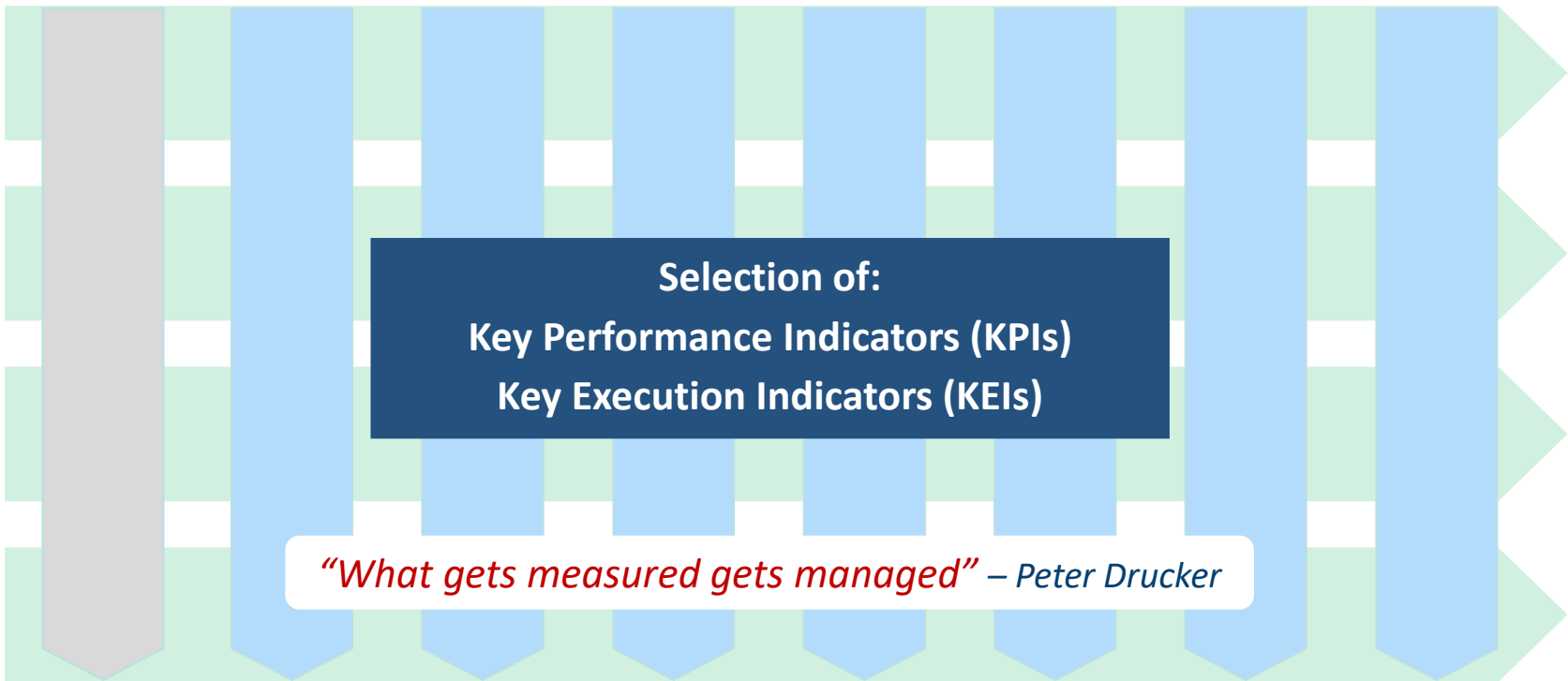
7. Pharma Medico-Marketing & Sales Application

Organization – Processes (4/6)



Calls to HCPs ¹	Services to hospitals	Services to HCPs	Services to Patients ²	Mailings/ E-mailings	Congress/ symposium/ meetings	Clinical studies	Publications
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- 1 What is the objective of the activity?
- 2 What is the activity target (nature and size)?
- 3 How should the activity be implemented?
- 4 What is the cost of the activity?



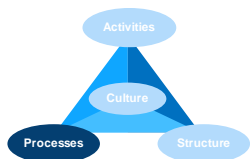
Sources: Smart Pharma Consulting

¹ Carried out by Medical representatives, MSLs, KAMs, etc. – ² Through Patient Advocacy Groups (PAGs) or HCPs

Before making the decision to invest in medico-marketing or sales operations, the expected impact should be clearly defined, as well as execution and performance indicators

7. Pharma Medico-Marketing & Sales Application

Illustrative



Organization – Processes (5/6)

What is the objective?	What is the target?	KEIs ¹	KPIs ²
<ul style="list-style-type: none"> ▪ Create / reinforce awareness ▪ Generate interest ▪ Develop brand preference ▪ Increase share of prescription ▪ Increase compliance ▪ Limit substitution rate ▪ Get the brand listed ▪ Fine tune the profile of the customer 	<ul style="list-style-type: none"> ▪ Physicians (e.g., KOLs, specialists, GPs) ▪ Pharmacists (e.g., retail or hospital) ▪ Patients ▪ Nurses ▪ Influencers (e.g., health authorities, “politics”, patient advocacy groups, public health insurance, private health insurance, professional associations) 	<ul style="list-style-type: none"> ▪ % of the target covered by the Field Force Team ▪ % of the target influenced by the Field Force Team ▪ % of the target having a positive opinion of the services offered ▪ Number of interactions (e.g., by customer, by in-field collaborator) ▪ Implementation time required vs. planned ▪ Actual vs. budgeted cost 	<ul style="list-style-type: none"> ▪ Brand Preference Mix index (i.e., corporate reputation, product attributes, service quality) ▪ % of hospitals having listed the brand ▪ Price negotiation ▪ Sales level and evolution ▪ Share of prescription ▪ Change in the number of treatment initiations ▪ Return on investment

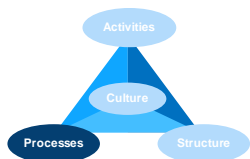
Source: “Pharma Marketing Tool box”, J.-M. Peny, Smart Pharma Consulting, 2015

¹ Key Execution Indicators – ² Key Performance Indicators

This type of tool is essential to prioritize and monitor the activities that are likely to contribute to reinforce the preference of customers for the brands

7. Pharma Medico-Marketing & Sales Application

Illustrative



Organization – Processes (6/6)

Activity Description	Activity Objective	Target (HCPs, patients, etc.)
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Key steps					Perceived benefit by the target		
Description	Responsible	Timing	Cost (K€)	Comments	Evaluation*		Rationale
					Usefulness & Interest	1 2 3 4 5	
					Execution	1 2 3 4 5	
					Overall	1 2 3 4 5	

Barriers		Rationale	KPIs (Key performance indicators)	KEIs (Key execution indicators)	Expected Impact on Brand Preference Mix	
Technical	L – M – H	• Implementation	Indicate the metrics and the expected achievement	Indicate the metrics and the expected achievement	Brand	
Regulatory	L – M – H	• Compliance			Service	
Economic	L – M – H	• Estimated cost and return			Reputation	

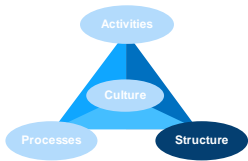
L: Low – M: Medium – H: High

* 1 & 2 below competitors – 3 as competitors – 4 & 5 above competitors

There is no magic numbers, the Field Force size depends on external and internal factors, the impacts of which are specific to each company and each product

7. Pharma Medico-Marketing & Sales Application

Illustrative



Organization – Structure (1/2)

Field Force sizing: Driving Factors

External factors

Authorities

- Regulations re. Field Force activities (charter)
- Limitation of interactions with HCPs
- Refusal of institutions to interact with pharma companies

Customers

- Number of HCPs and other customers (e.g. influencers such as PAGs, patients, payers)
- Opinion and behavior vis-à-vis the company, its products and services
- Inclination of customers to change their opinion and behavior under the influence of Field Force Teams

Competition

- Number of targeted customers
- Type¹, content and frequency² of interactions
- Number of in-field FTEs

Key factors to estimate Field Force size

Internal factors

Products

- Number of brands
- Product life cycle stage (pre-launch, launch, growth, maturity, decline)

Organization

- Number of field days
- Type¹, content and frequency² of interactions
- Number of daily interactions
- Number of interactions per customers
- Cost per in-field collaborator and per interaction

Skills

- Quality of contact
- Contact productivity
- Territory management

Source: "Pharma Marketing Tool box", J.-M. Peny, Smart Pharma Consulting, 2015

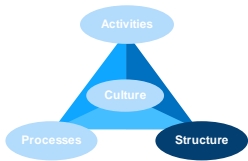
¹ Including: face-to-face calls, mailings and e-mailings, contacts during medical meetings, congresses, project collaborations, etc. – ² Per targeted customer

The preferred structure should be built around customers, remain lean and agile to favor collaborations across departments and with the support functions

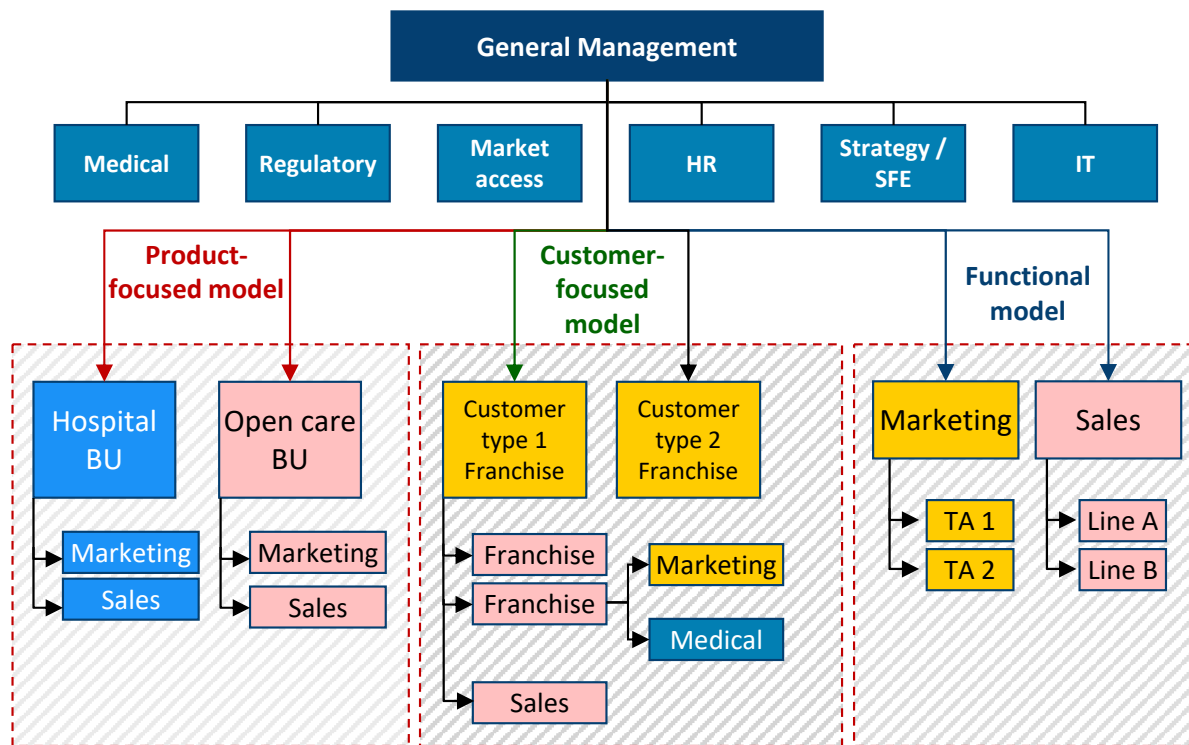
7. Pharma Medico-Marketing & Sales Application

Illustrative

Organization – Structure (2/2)



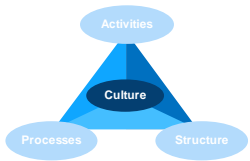
Typical structure of pharmaceutical companies



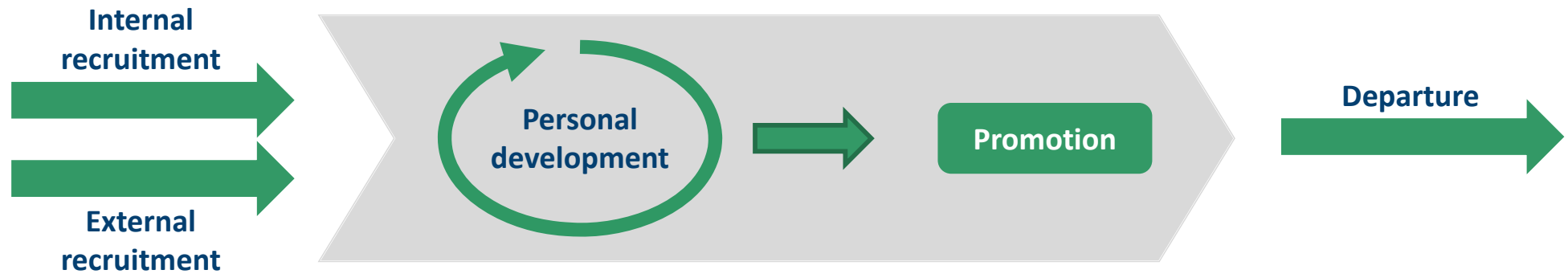
- In the **Product-focused model**, products drive the structure:
 - For “strict” hospital use, activities are organized in BUs or franchises, gathered or not under a common “Hospital Management” structure, and covering different therapeutic areas (TAs)
 - For mix products, companies display hospital dedicated med reps, reporting to open care BUs, and supporting detailing of open care products at hospital
 - Hospital and open care organizations are operationally independent, but share common supporting resources
- The **Customer-focused model** is shaped around customers by franchise, each of them containing marketing and medical resources, supported by sales forces
- The **Functional model** is less frequent among pharma companies, irrespective of their size

Employees should be managed dynamically, by attracting best performers, developing and making them feel strongly engaged, while granting them the level of autonomy they deserve

7. Pharma Medico-Marketing & Sales Application



Culture (1/3)



- Recruit **gifted people**
- Highlight the **mutual benefits** expected from collaboration

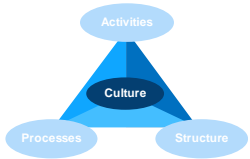
- Give them a **sense of purpose**
- **Develop & motivate** them
- Grant **autonomy** based on ability

- **Do not keep** those who **under-perform**
- Make sure all **departures** occur in a **fair and nice way**

“Alone we go faster, together we go further” – African proverb

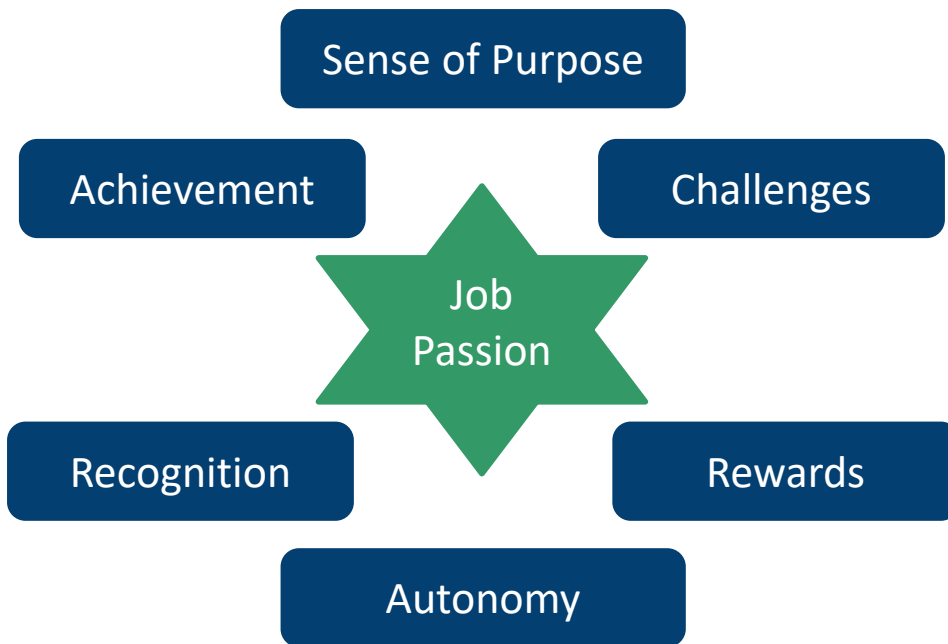
Stimulating Field Force members passion for their job is a key performance driver, especially in a context where customers are increasingly reluctant to meet them

7. Pharma Medico-Marketing & Sales Application



Culture (2/3)

Job passion is influenced by six key drivers



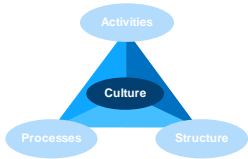
Passion is expressed by



“Pleasure in the job puts perfection in the work” – Aristotle

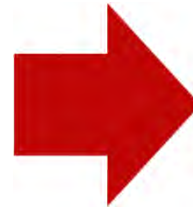
Managing by mutual benefits will give people a sense of purpose which will increase the probability to get their full and sustainable engagement

7. Pharma Medico-Marketing & Sales Application



Culture (3/3)

MBO ² (Management By Objectives)
<ul style="list-style-type: none"> ■ Definition of objectives agreed by both management and employees ■ Well-adapted to vertical management models ■ However, by focusing on results, the way to achieve them (the planning) can be overlooked and lead to suboptimal efficiency ■ Does not favor innovation nor flexibility



MBMB (Management By Mutual Benefits)
<ul style="list-style-type: none"> ■ Creates mutual benefits and value by fulfilling the respective expectations of employees and employers ■ Maximize the probability to obtain the full engagement of employees ■ Requires from managers to (better) satisfy collaborators ... ■ ... to create favorable conditions to secure a higher quality of execution that will lead to better results

Source: Smart Pharma Consulting benchmark study

¹ The term was coined by Peter Drucker in 1954 in the book "The practice of Management"

Excellence in Execution requires to set a shared objective, the relevant strategy to reach it and high standards of quality, and to ignite the passion of collaborators

8. Conclusion

6 Tips to boost Excellence in Execution

- 1 Set the **ambition** of delivering **product** and **service excellence** to customers, which are second to none
- 2 The **strategy** set should be **explained** to align, inspire and **motivate** people in charge of its execution to excel
- 3 The **structure** and **processes** should **facilitate / encourage** the search for **excellence** by all the collaborators of the company
- 4 The **team** in charge of execution should be capable, accountable and **passionate** about exceeding customer expectations
- 5 The executed activities should be **focused** on the **actions** the company excel at and that are the **most important** to support the strategy
- 6 The **activities** supporting the strategy should be carefully **planned** and **monitored** with execution and performance indicators

“Excellence is a set of beliefs, ways of thinking, a matter of discipline, and ways of focusing”

If you have ticked seven “Yes” boxes or more, you are on the right track to move closer to Excellence in Execution, but keep in mind that excellence is a moving target

8. Conclusion

Where do you stand on the Excellence in Execution Scale?



	YES	NO
1 You have a clear understanding of the Purpose – Vision – Mission – Values of the company and you share it	<input type="checkbox"/>	<input type="checkbox"/>
2 The medical, marketing and sales objectives are achievable , and the crafted strategy is appropriate	<input type="checkbox"/>	<input type="checkbox"/>
3 The organization is particularly well-designed to implement the strategy through your activities	<input type="checkbox"/>	<input type="checkbox"/>
4 You have the right means (human and financial resources) to implement the strategy	<input type="checkbox"/>	<input type="checkbox"/>
5 You have the right skills to meet customers expectations and raise their perceived value of your products	<input type="checkbox"/>	<input type="checkbox"/>
6 You know how to conduct projects in an effective and efficient way	<input type="checkbox"/>	<input type="checkbox"/>
7 You have built a good reputation with your customers	<input type="checkbox"/>	<input type="checkbox"/>
8 You are passionate about your job	<input type="checkbox"/>	<input type="checkbox"/>
9 You regularly measure the quality of execution and the impact of your actions	<input type="checkbox"/>	<input type="checkbox"/>
10 Your feel highly satisfied and proud when you manage to excel in the execution of an activity	<input type="checkbox"/>	<input type="checkbox"/>



Smart Pharma
CONSULTING

KPIs & KEIs for Success

— BEST-IN-CLASS SERIES —

The Survival Kit

POSITION PAPER

August 2018

KPIs & KEIs are both essential to optimize the business performance over time

1. Introduction

- The purpose of business indicators is to help improve performance through enhanced efficacy and efficiency
- “KPIs & KEIs for Success” highlights the value of measuring:
 - **Key Performance Indicators** (KPIs) related to objectives achievement
 - **Key Execution Indicators** (KEIs) related to activities to be carried out to reach these objectives
- In this document, we propose a method, tools and practical examples to facilitate the proper use of KPIs and KEIs in the context of the pharmaceutical industry

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

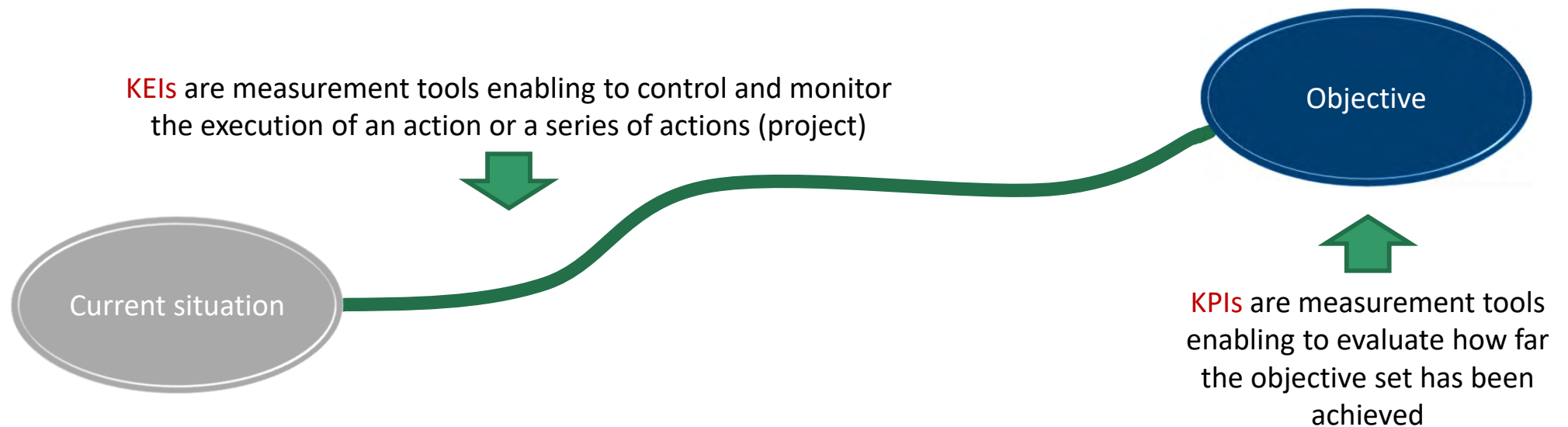
KPIs measure the degree of objective achievement and KEIs the excellence in execution

2. Definitions

KPIs vs. KEIs

For purposes of clarity and efficacy, it is essential to differentiate:

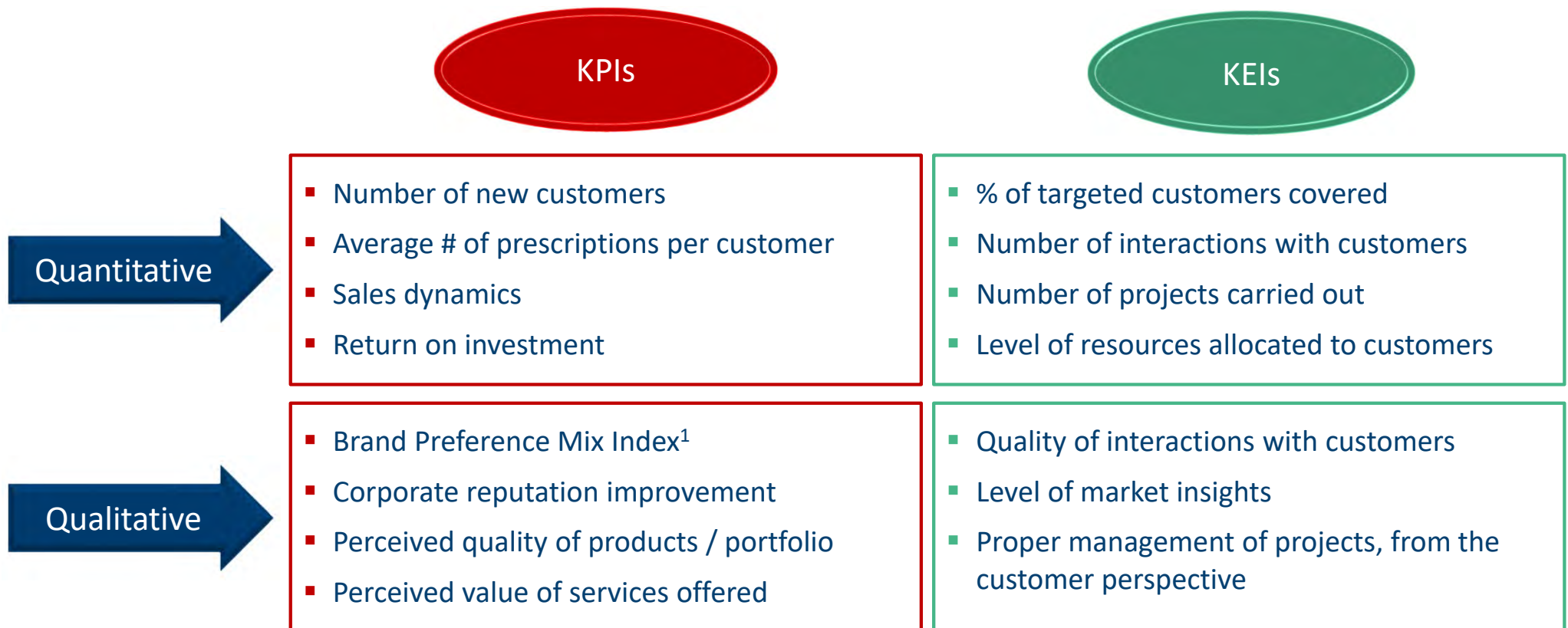
- Key Performance Indicators (KPIs) which measure the outcome of an activity or a project
- Key Execution Indicators (KEIs) which measure the quality of execution of an activity or of a project



KPIs and KEIs can be quantitative and/or qualitative

2. Definitions

Examples of KPIs & KEIs



**Business departments use different KPIs to measure their success
and KEIs to monitor the manner to achieve it**

2. Definitions

Examples of Potential Indicators by Business Activity

Illustrative



Sources: Smart Pharma Consulting after Bernard Marr & Co

KPIs and KEIs may be very different in nature

2. Definitions

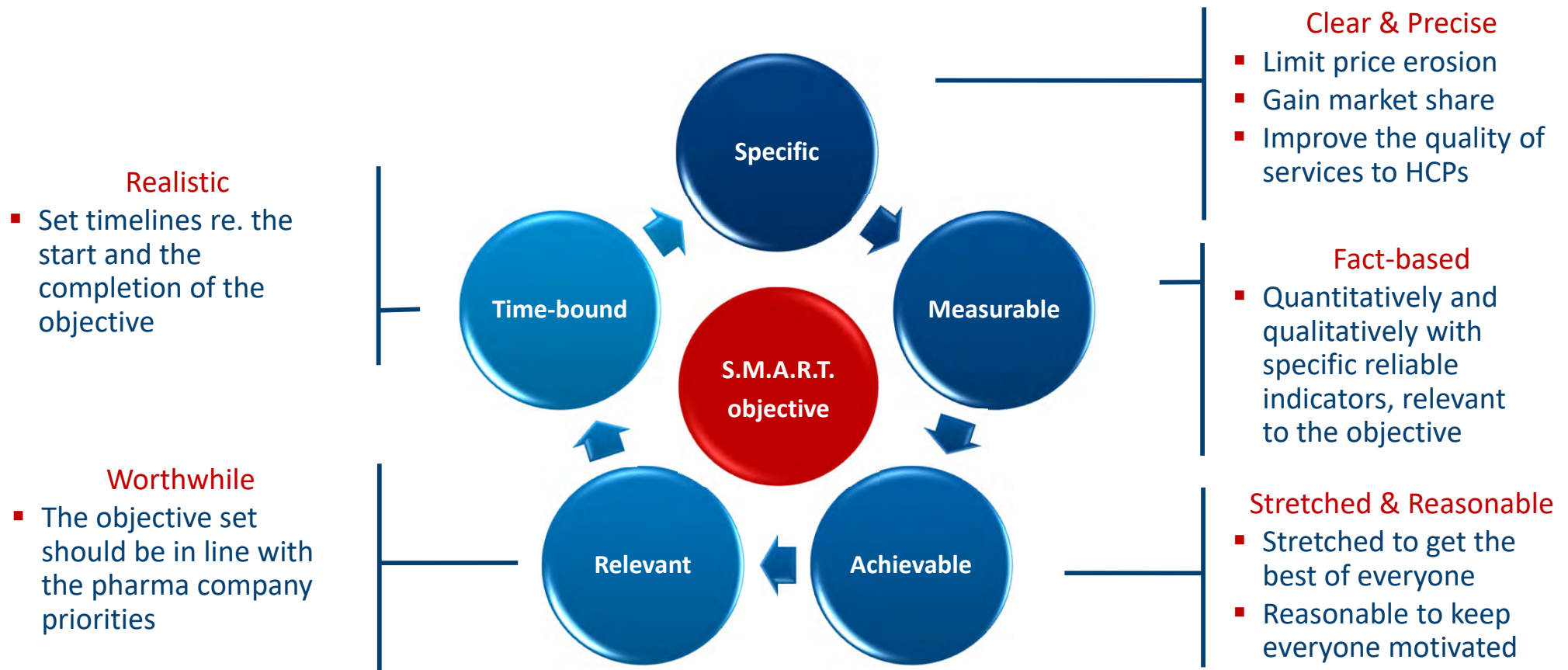
Typology of KPIs & KEIs

Typology	Definitions	Examples of KPIs	Examples of KEIs
Quantitative	Measure by counting, averaging numbers, calculating rates, ratios, etc.	Units sold per month	Number of customers met
Qualitative	Express opinions, traits, characteristics	Customers' satisfaction survey	Opinion of customers
Process	Measure the efficiency or productivity of a business process	Days of hospitalization to treat a patient with appendicitis	Compliance with project deadlines
Input	Measure assets and resources invested in or used to generate business results	Investments in a project to improve patient care	Actual vs. budgeted investment
Output	Measure the financial and non-financial results of business activities	Revenues – Numbers of new clients	Number of clients having a positive opinion of products
Leading	Measure activities that will have a significant impact on future performance	Pricing negotiated with payers	Quality of tendering planning
Lagging	Measure the output (success or failure) of past activities	ROI – profitability	Number of applications sent on time for tenders

While defining KPIs and KEIs, target performance and execution objectives should be S.M.A.R.T

2. Definitions

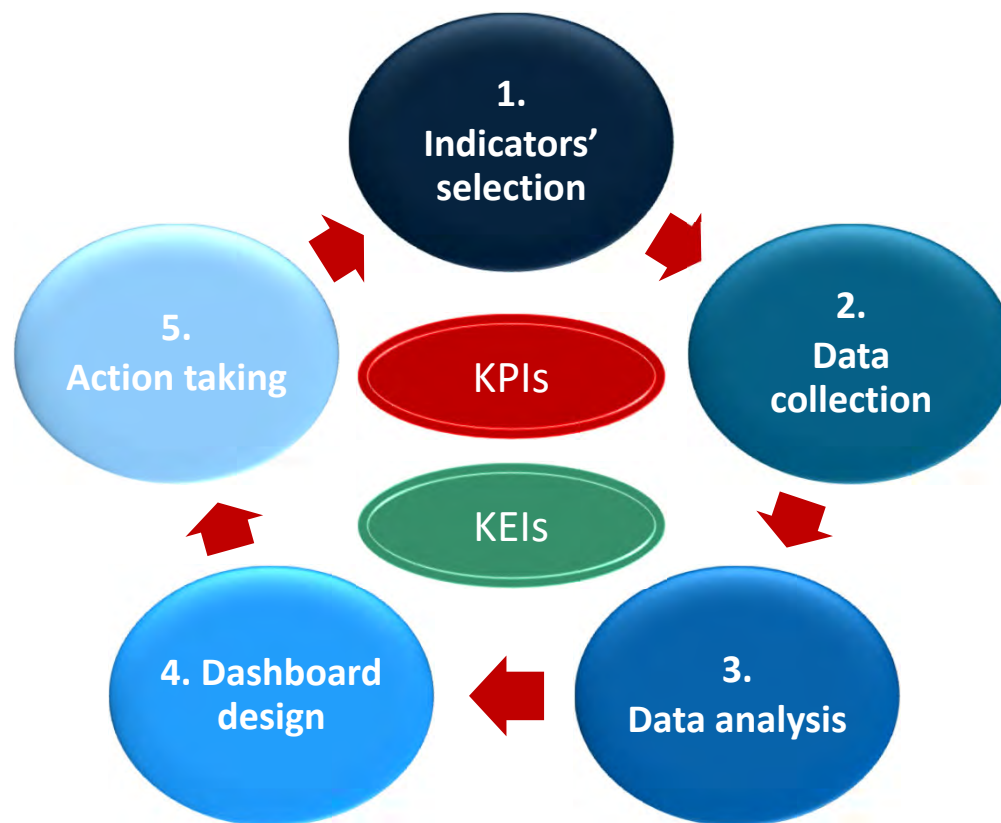
Objective Setting



The following wheel defines the key steps to make the best use of KPIs & KEIs

3. How to choose the right indicators?

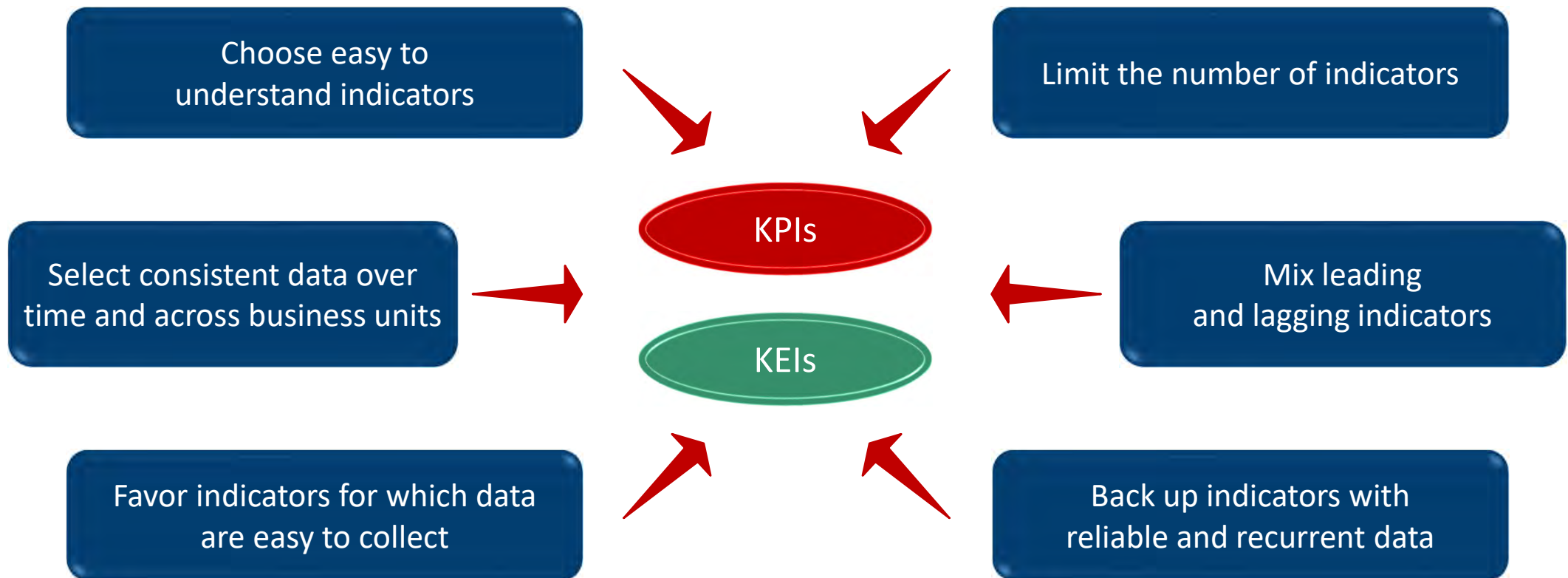
From Selection to Action: Introduction



The following tips will help select the metrics that make the best KEIs & KPIs

3. How to choose the right indicators?

From Selection to Action: 1- Indicators' selection (1/3)



Selection of KPIs & KEIs should be clearly put in the context of the objectives they are related to

3. How to choose the right indicators?

From Selection to Action: 1- Indicators' selection (2/3)

To select effective KPIs and KEIs, the following questions should be answered

Key questions

- What is the objective the KPIs & KEIs relate to?
- What is the performance issue to be addressed?
- What is the audience for the KPIs and KEIs?
- How will these indicators be used?

Examples

- ➔ ▪ *Improve customer preference to company products*
- ➔ ▪ *The degree of our customer preference*
- ➔ ▪ *Management committee / Market access team*
- ➔ ▪ *The KPIs & KEIs will be used to assess and report the impact of services on customer preference*

Selected KEIs & KPIs must reflect progress on specific challenges to be addressed

3. How to choose the right indicators?

From Selection to Action: 1- Indicators' selection (3/3)

Illustrative

Indicators	Formula	Insight	When to apply
Brand Preference Mix¹	<ul style="list-style-type: none"> Average response on a 10-point scale re. corporate reputation, brand image and perceived quality of associated services 	<ul style="list-style-type: none"> Provides a measure of customer level of preference 	<ul style="list-style-type: none"> Once or twice a year depending on the activity
Net Promoter Score	<ul style="list-style-type: none"> Average response on a 10-point scale to the question "Would you recommend this service or product to a friend?" 	<ul style="list-style-type: none"> Provides a measure of customer satisfaction 	<ul style="list-style-type: none"> Once or twice a year depending on the activity
Trust & Value	<ul style="list-style-type: none"> Multivariate formula measuring perception on a visual analog scale 	<ul style="list-style-type: none"> Understanding of what drives Trust & Value with HCPs and how the company performs 	<ul style="list-style-type: none"> Once a year
Number of client hospitals	<ul style="list-style-type: none"> Number of hospital where products are listed vs. the total number of targeted hospitals 	<ul style="list-style-type: none"> Evaluation of the performance vs. objective Measure of the impact of projects carried out with hospitals 	<ul style="list-style-type: none"> On-going measurement

Data collected should be reliable, actionable and reflect the priorities of the company

3. How to choose the right indicators?

From Selection to Action: 2 - Data Collection (1/2)

To collect data (qualitative or quantitative), the following questions should be properly answered

Key questions	Examples
<ul style="list-style-type: none"> What are the data to be collected? 	<ul style="list-style-type: none"> <i>Opinion of customers re. corporate reputation, service quality and product attributes</i>
<ul style="list-style-type: none"> What are the sources of data to be collected? 	<ul style="list-style-type: none"> <i>Survey of customers having benefited from a service in 2020</i>
<ul style="list-style-type: none"> How will the data be collected? 	<ul style="list-style-type: none"> <i>Through face-to-face customers interviews by a market research agency</i>
<ul style="list-style-type: none"> How will the performance level be determined? 	<ul style="list-style-type: none"> <i>With a 10-point visual analog scale</i>
<ul style="list-style-type: none"> What are the targets and performance thresholds? 	<ul style="list-style-type: none"> <i>Gain 2 points in 2020 vs. 2019</i>
<ul style="list-style-type: none"> How often should the data be collected and reported? 	<ul style="list-style-type: none"> <i>Data collected twice a year and reported once a year</i>

Sources: Smart Pharma Consulting after Bernard Marr & Co

For each indicator, the measure, the target, the source and the frequency should be defined

3. How to choose the right indicators?

From Selection to Action: 2 - Data Collection (2/2)

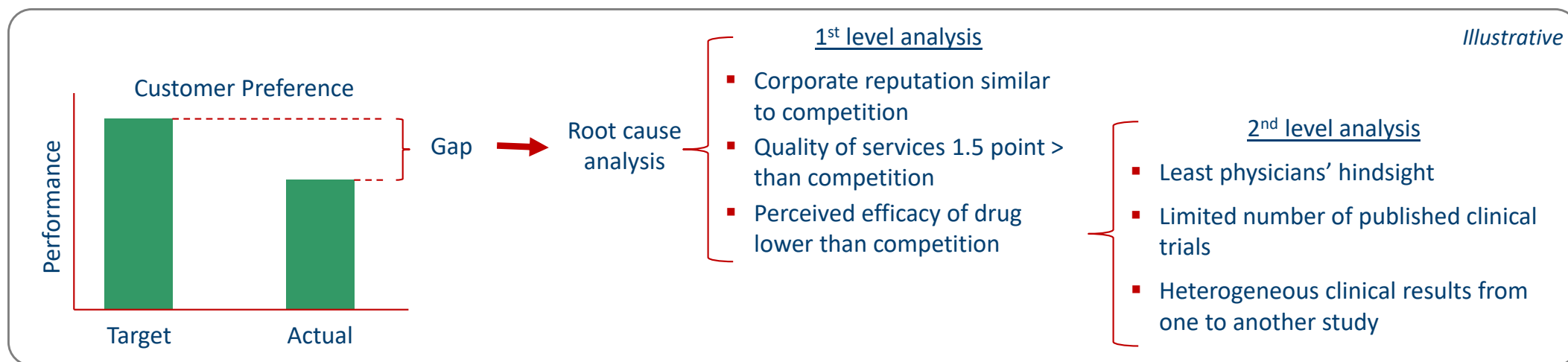
	KPIs	KEIs
Measure	Sales achieved vs. objective	# of customer interactions vs. objective
Target	100%	800 face-to-face contacts per annum
Source	Sales reports	Activity reports
Frequency	Monthly	Monthly

Analysis of data related to KEIs & KPIs enables to extract business insights

3. How to choose the right indicators?

From Selection to Action: 3 - Data analysis

- The proper analysis of KPIs & KEIs will require to link the collected data to the objective to be achieved or the industry benchmarks, respectively in terms of performance and quality of execution
- One of the generic approach consists to:
 - Compare actual to target performances
 - Measure and analyze the potential differences (either positive or negative): **gap analysis**
 - Look for the factors responsible for these gaps: **root cause analysis**¹



Display types will depend on analyses, audience and messages

3. How to choose the right indicators?





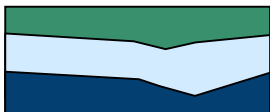
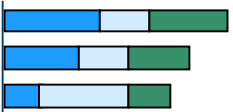

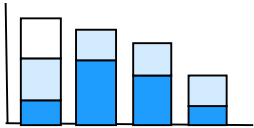


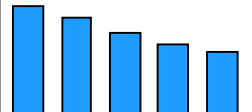
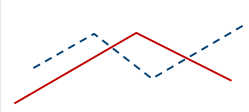
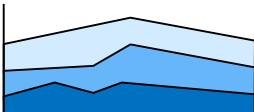
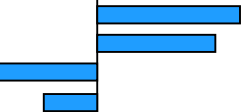
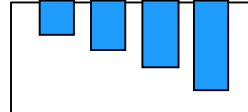
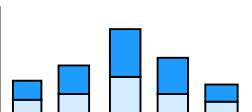
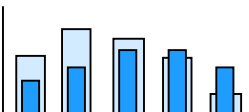

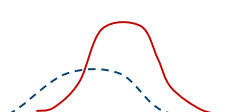
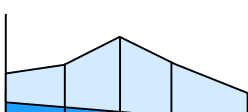
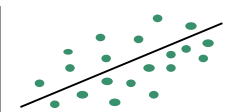

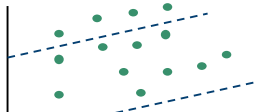
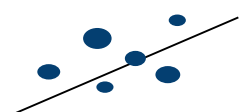
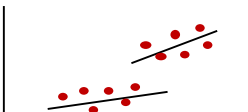
From Selection to Action: 4 - Dashboard Design (1/3)

- Quantitative and qualitative data should be carefully analyzed before choosing the type of graphics
- The choice of graphical display will depend on the analysis carried out, on the audience and on the message to be conveyed:
 - Type 1 : Composition => Share of business...
 - Type 2 : Ranking => Ranking of regions based on number of hospital where products are listed...
 - Type 3 : Evolution => Number of tenders won...
 - Type 4 : Distribution => Business distribution by region...
 - Type 5 : Correlation => Relation between projects carried out in hospitals and product listing...

The selection of displays should be done in an easy to interpret manner

3. How to choose the right indicators?

From Selection to Action: 4 - Dashboard Design (2/3)

Type	Model 1	Model 2	Model 3	Model 4	Model 5
Composition					
Ranking					
Evolution					
Distribution					
Correlation					

A dashboard is an efficient way of displaying multiple KPIs & KEIs in a singular view

3. How to choose the right indicators?

From Selection to Action: 4 - Dashboard Design (3/3)

Illustrative



- Dashboards provide at-a-glance views of indicators
- They contain series of graphics, charts, gauges and other visual indicators that can be monitored and interpreted
- The visualizations on a dashboard may come from one underlying dataset or many, and from one underlying report or many
- Dashboards should comply with 3 elements:
 1. Display “need-to-have” data only, to avoid distraction and remain focused on what is essential to perform
 2. Be well-structured, in a logical manner
 3. Easy to read and to interpret

A dashboard is an enabler to make decisions

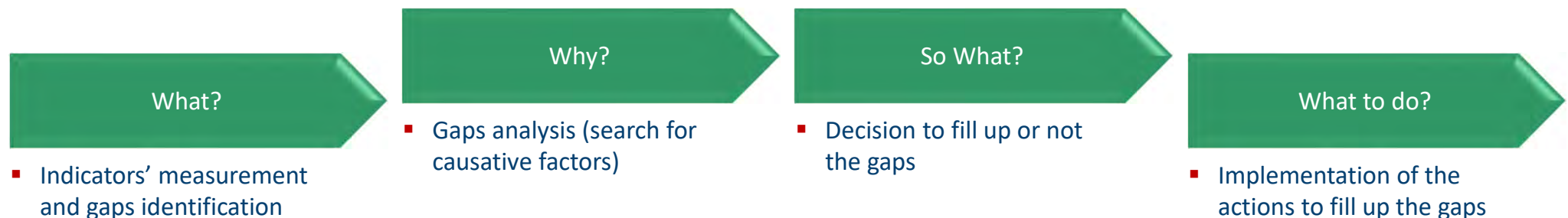


3. How to choose the right indicators?

From Selection to Action: 5 - Action Taking

- If KPIs show that performance is progressing as per plan, actions should be taken to secure the momentum or outperform the preset objective
- If the performance is below expectation, and the causative factors have been determined with the help of KEIs, the management should take actions to fill up the gaps
- If judged as non-attainable, the performance target may be revised

From observation to action



“KPIs change when objectives are met or if management focus shifts”

Selecting and using KPIs & KEIs is a difficult process requiring a deep thought

3. How to choose the right indicators?

Problems & Issues related to KPIs & KEIs

KPIs & KEIs may not yield what they were meant to provide for various reasons:

- The indicator is not related or relevant to the work being performed
- The rate of change in the indicator is too slow to produce a result that is actionable
- Turnaround time for actions needed to correct low performing indicators takes too long
- The responses or the processes needed to deal with indicators indicating a problem either do not exist or are inadequate
- The indicators are only loosely monitored by front line managers as opposed to being shared with the team as a whole
- Too many KPIs & KEIs selected leading to confusion and “noise”



KPIs & KEIs play the role of a compass to help companies achieve their objective, efficiently

4. Key learnings

- Targeted KPIs are an effective tool for driving project objective realization
- KEIs will help keeping activities (projects) on track to deliver the expected value (performance)
- Although industry standards matter, companies may choose different KPIs & KEIs from their competitors; what matters is how relevant the indicators are to the business
- Companies should also review their objectives and strategies regularly and make necessary adjustments on their KPIs & KEIs
- KPIs are important to help focus on common objectives...
- ... and ensure they stay aligned within the company priorities
- A well-designed set of KPIs should provide a clear indication of current levels of performance and help make better decisions that bring the business closer to achieving its strategic objectives

Time Management Programs

————— BEST-IN-CLASS SERIES —————

8 Practical Recommendations
to save 3 hours per Day

Time is a limited resource which must be used efficiently to achieve the objectives set



Introduction

Time at work

- Employees of companies receive a salary in exchange for their competence...
- ... which will be expressed during a finite period of time¹
- The issue for employers and employees is to make the best use of this limited resource
- Thus, the key question to be answered is:

“How to boost employees’ productivity by properly allocating time to meet their objectives?”

Time management at work

- We all run after time
 - To help you make a better use of your time, Smart Pharma Consulting proposes easy-to-implement method and tools
 - If properly executed, you and your teams can expect to:
 - Save more than three hours per day
 - Boost significantly efficiency and efficacy
- while improving quality of life

“Time management doesn’t give more time, just helps make a better use of it”

If one of these six statements reflects your situation, then read this document



Express Self-diagnosis

How well do you manage your time?

- 6. I am regularly stressed and exhausted by my workload
- 5. I work ~11 hours a day, and work regularly at home in the evening and during the week-ends
- 4. Due to lack of time, the quality of my work is not always up to the mark



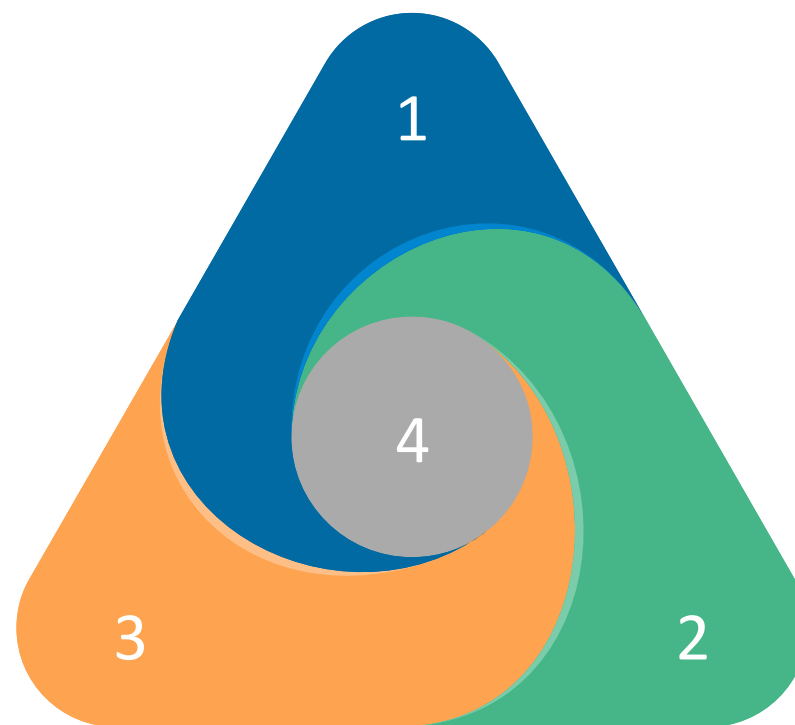
- 1. I don't have enough time to work on critical tasks¹
- 2. I must spend too much time on non-important tasks
- 3. I often complete tasks at the last moment and fail to meet deadlines

To better manage your working time, implement the following method



Method to Optimize your Time

A four-step easy-to-implement method



4. Tracking & sharing outcomes

Systematically track the impact of the applied solutions and convince your colleagues to adopt the same method

3. Planning & implementation

The solutions selected to improve time management will be carefully planned and rigorously applied

1. Situation analysis

During the first step, you will identify the main time wasters

2. Management of time wasters

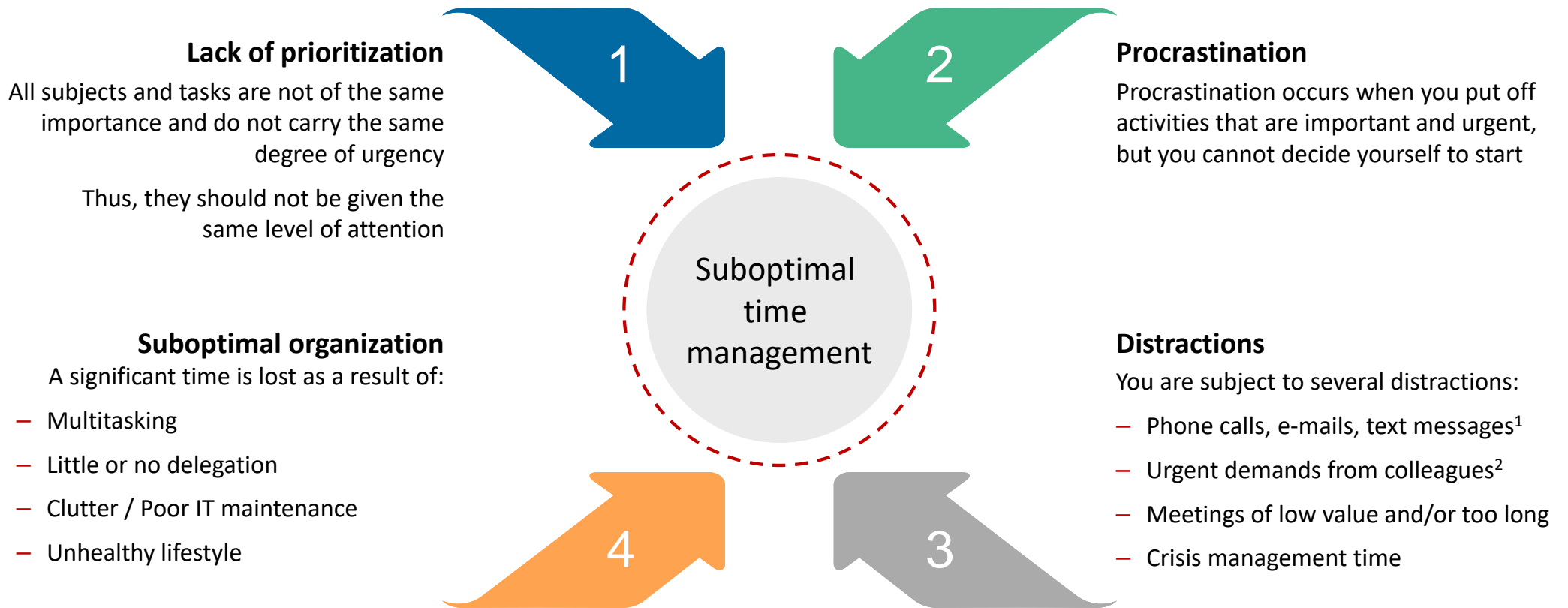
The second step will consist in defining solutions to eliminate the time wasters or, at least, limit their noxious effect

You must carefully identify the main time wasters



1. Situation Analysis

Main factors responsible for poor time management



Sources: Smart Pharma Consulting

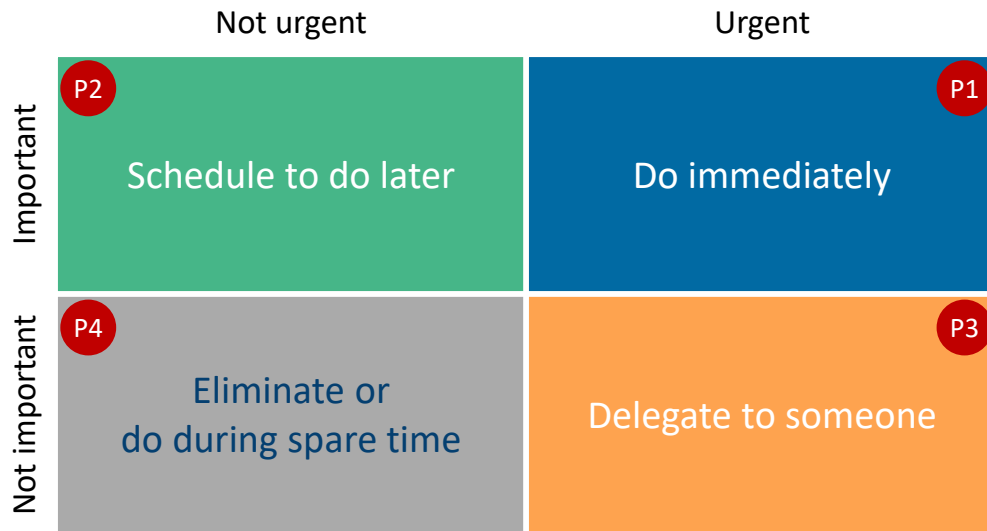
¹ As well as phone notification, social networks, etc. –² Including hierarchy, peers, subordinates

The Eisenhower Matrix helps selecting activities to focus on and those to eliminate



2. Management of Time Wasters

1. Prioritization of activities: Eisenhower¹ Matrix



Make a specific to-do list (e.g., for the day, the week, the month) with all the things to get done

- The Eisenhower Matrix is a tool to prioritize activities based on importance and urgency
- Important activities contribute to meet long-term personal and/or corporate goals and urgent ones require immediate attention
- A great attention should be paid at evaluating:
 - What activities should be done?
 - When and by whom?
- This matrix helps sorting out activities to focus on and those that should be ignored
- Then a daily, weekly, monthly... schedule of activities will be set considering their degree of priority based on importance and urgency

P1 Priority ranking

Sources: Smart Pharma Consulting

¹ Dwight D. Eisenhower was the 34th President of the United States from 1953 to 1961. Before becoming President, he served as a five-star general in the United States Army and as the Allied Forces Supreme Commander in Europe during World War II. He also later became NATO's first Supreme Commander

By putting off priority tasks, you will miss deadlines and impair quality of outcomes



2. Management of Time Wasters

2. Avoidance of procrastination



“Never leave that till tomorrow which you can do today” – Benjamin Franklin

Better management of NICTs¹ and meetings should free 3 hours per day



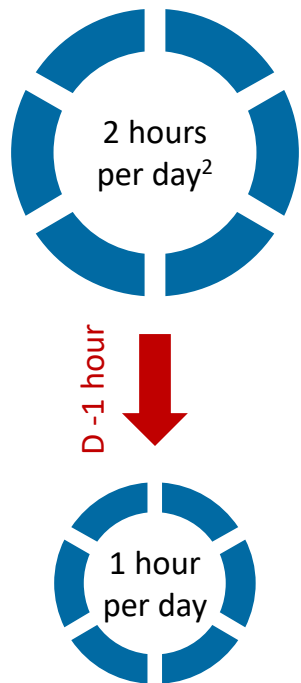
2. Management of Time Wasters

3. Reduction of key distractions

Phone calls, e-mails, text messages, instant messaging chats, Twitter, Facebook, LinkedIn, etc.



Meetings of low value or too long

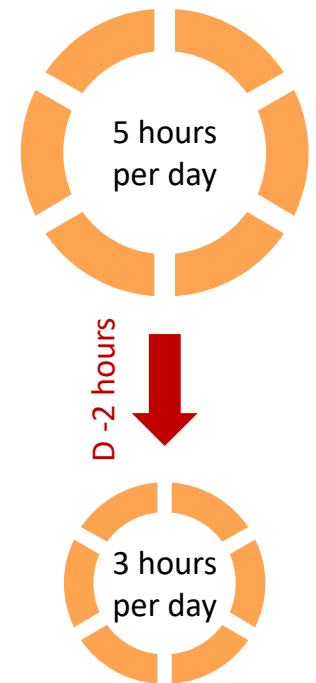


Save **one hour** per day by better managing electronic time wasters, as follows:

- Unplug (switch off phones, disconnect instant messaging, close the door³, etc.) especially when you need to concentrate on priority tasks
- Check e-mails, text messages, phone calls, etc., 3-4 times a day and...
- ... set aside 2 time slots to respond to them, before lunch and leaving the office
- Unsubscribe from or block email lists if you don't want to receive their content⁴
- Don't feel obliged to pick phone calls⁴

Save **two hours** per day on meetings and make them more efficient by:

- Reducing their time by 25% (e.g. 45 minutes instead of one hour)
- Cancelling informative meetings, where no decisions are made (1/5 on average)
- Preferring teleconferences when participants are from different locations
- Inviting only people that are absolutely required and who will benefit from it
- Preparing (precise objective, agenda) and managing them rigorously (no off-topic discussions, time-keeping)



Sources: Smart Pharma Consulting

¹ New Information and Communication Technologies – ² Estimates for a manager receiving ~100 e-mails, 10 phone calls and 20 text messages per day – ³ If you still have none – ⁴ Unless it is Smart Pharma Consulting

A proper management of unplanned demands or events could save 1 hour per day



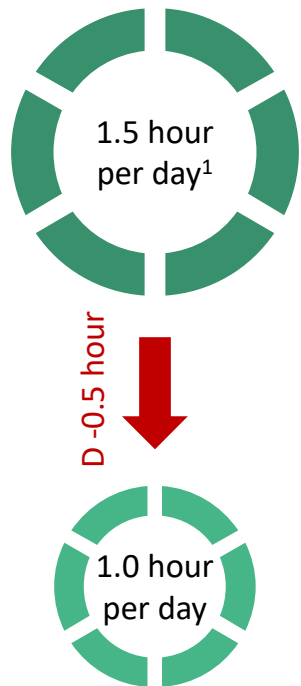
2. Management of Time Wasters

3. Reduction of key distractions

Urgent demands from hierarchy, peers, subordinates, etc.

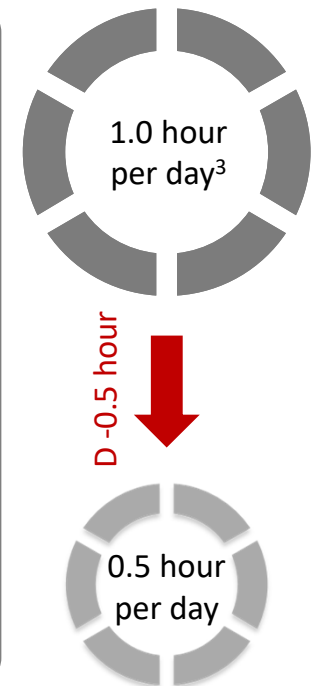


Crisis management time



- Don't take more than you can handle
- Avoid saying "maybe" or "I'll see", just say "Yes" or "No" when you are asked to carry a task
- You should dare to say "No" and explain tactfully why you can't do it²
- Help the demander analyze the situation which can make him realize that:
 - His demand may not be so urgent and propose longer deadlines to do it
 - It could be done by another colleague who may have more availability and be even more competent or...
 - ... outsourced to an agency

- "Crisis management time" such as a last moment replacement of a colleague at a meeting or settlement of a dispute with health authorities will disrupt daily and/or weekly schedules
- To properly manage these urgencies, you need to put them in perspective with your scheduled priorities which will enable you to achieve your goals
- If you are familiar with basic time management rules, it will be easier to properly allocate your time...
- ... avoiding to over-invest in these urgent events, at the expense of your priorities



Sources: Smart Pharma Consulting

¹ Daily average on a weekly basis, considering all demands: administrative work, reporting to headquarter, requests from colleagues, from your manager, etc. – ² Showing your weekly planning could be a useful approach – ³ Let us assume that these crises account on average for 2 days per month (i.e., 1 hour per day), we can expect to reduce the time allocated by 50%

If multitasking is a false good idea, delegating is an imperative



2. Management of Time Wasters

4. Getting better organized¹

Avoid multitasking



Delegate



- Studies have shown that **multitasking increases** the **time** required to accomplish different tasks when compared to doing them in a sequential manner
- Switching one task to another **impairs**:
 - **Productivity**
 - **Quality of the work done**
- You should **work in sequence**, one task at a time, to save time and deliver higher quality outcomes
- **Close off** the **applications** you are not using...
- ... the **tabs in your browser** that may distract your attention from the task you are doing

- **Delegate**, whenever possible, **tasks** that are **essential**, but which **can be done by someone else**; and sometimes better because she/he is **more competent** or has **less time pressure**
- Don't underestimate the importance to:
 - Explain the **objective** of the task
 - Precise **what you expect**
 - Indicate the **deadlines**
 - **Motivate** the person who is going to do the task
 - Not **micromanage**
- **Outsourcing** to an agency or **purchasing goods/services** that will save your time are other options to be considered

Good organization and balanced lifestyle contribute to improve work efficiency



2. Management of Time Wasters

4. Getting better organized¹

Eliminate clutter / maintain your equipment



Keep a healthy balance between work and home life



- Clear your desk of everything except the work you intend to do during the day
- Adopt an effective filing system for electronic and hard copies of your documents
- Keeping a good system for filing e-mails, computer documents and papers will save many hours in the long run
- Take the habit to save every 15 to 20 minutes your work on your computer, especially on PowerPoint and Excel
- Make sure your computer equipment is well maintained, that the antivirus and other data protection software are updated regularly

- Healthy lifestyle will boost your energy and motivation, clear your mind and increase your productivity
- Thus, it is strongly recommended to:
 - Sleep enough (~seven hours, depending on individuals)
 - Have a healthy and balanced diet (light lunches to prevent postprandial sleepiness and remain alert)
 - Exercise 2-3 times a week (e.g. swimming, running) for ~2 hours to increase your stamina, better manage your stress
 - Maintain a good balance between work and private life
 - Take breaks (5-10 minutes in morning and afternoon) at work to breathe, relax, socialize at the coffee machine...

Sources: Smart Pharma Consulting

¹ By getting better organized, it is possible to “free” several hours per week, that will add up to those coming from a better management of key distractions

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



3. Planning & Implementation

Prioritization of tasks: Activity planning tools

Illustrative

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

Sources: Smart Pharma Consulting

¹ From P1 to P4 as per the Eisenhower Matrix – ² Such creativity sessions, decision-making activities, complex analyses, assessment of collaborators performance, etc. – ³ Such as a simple Excel spreadsheet, Outlook or a more specific tool like Trello, Taskworld

Time management is an ongoing process which should involve all employees



4. Tracking & sharing outcomes

Tracking outcomes

- Tracking your planned activities will enable you to:
 - Analyze whether the time allocated reflects your priorities
 - Calculate the potential gaps between planned and effective time spent per activity and find the reasons
- Based on these information, you can:
 - Rectify your time management mistakes
 - Look for solutions to better use your time
 - Measure your improvements from one period to another
- Tracking can be done with the help of time logs such the activity planning tools we have proposed¹, Gantt charts commonly used for project management, specific time tracking software or time-saving apps

Sharing outcomes

- Once you get tangible results through the application of Time Management recommendations, you can try to engage your close colleagues, either superiors, subordinated or pairs, to follow them
- Sharing your “positive” outcomes will benefit:
 - Your colleagues who should obtain a similar added-value if they apply the same recommendations
 - You because your colleagues will be more sensitive to distractions they may generate and pay more attention to avoid or limit them
 - The overall organization through an overall increase of its collaborators’ productivity and quality of works

8 Practical Recommendations to help you save more than 3 hours per day & boost your efficiency



- 1 Avoid meetings before 10:30 am to focus on your key activities requiring the greatest concentration¹
- 2 Do not attend meetings if you are not essential or if it doesn't contribute to meet your goals²
- 3 Shorten the usual one-hour meetings to 45 minutes and suggest your colleagues to do the same
- 4 Batch similar tasks together (e.g., e-mails reply, administrative work, etc.)
- 5 Avoid meetings after 5:30 - 6:00 pm to keep time available to answer your phone calls, e-mails, etc.,
- 6 Keep a one-hour buffer time per day for absorbing unexpected extra work or in case you fall behind on your scheduled activities of the day
- 7 Keep 10 minutes, at the end of the day, to organize your next working day
- 8 Impose yourself strict rules to minimize the time spent dealing with unsolicited or irrelevant messages

“By saving 3 hours per day, you will get the equivalent of 1.5 more day per week”

We propose intra-company services to better manage time

How can Smart Pharma Consulting help you?



Three Time Management services

Training seminars¹

- We organize one- to two-day intra-company seminars for groups
- We share methods, simple tools, tips and tricks to optimize time management of individuals or teams
- We propose practical exercises in the form of role plays, case studies, simulations, etc.

Transformational projects

- We help companies set customized rules and develop specific means to optimize the time management at global, affiliate, department or functional level
- We produce guidelines and support tools regarding the management of projects, meetings and distractions; internal and external communication (incl. writing of e-mails and text messages, phone calls, etc.)

Individual coachings¹

- We provide individual support for a period of three to six months
- We co-develop a specific approach, agree on the rules and enabling tools to improve time management
- We carry out a bi-monthly review to analyze the progress of the situation
- We set a hotline for the coachee

Project Management

— BEST-IN-CLASS SERIES —

The Survival Kit

This Survival Kit reviews key principles and tools to manage projects efficiently

Introduction

- The purpose of this document is to review:

- Clearly
- Precisely
- Concisely

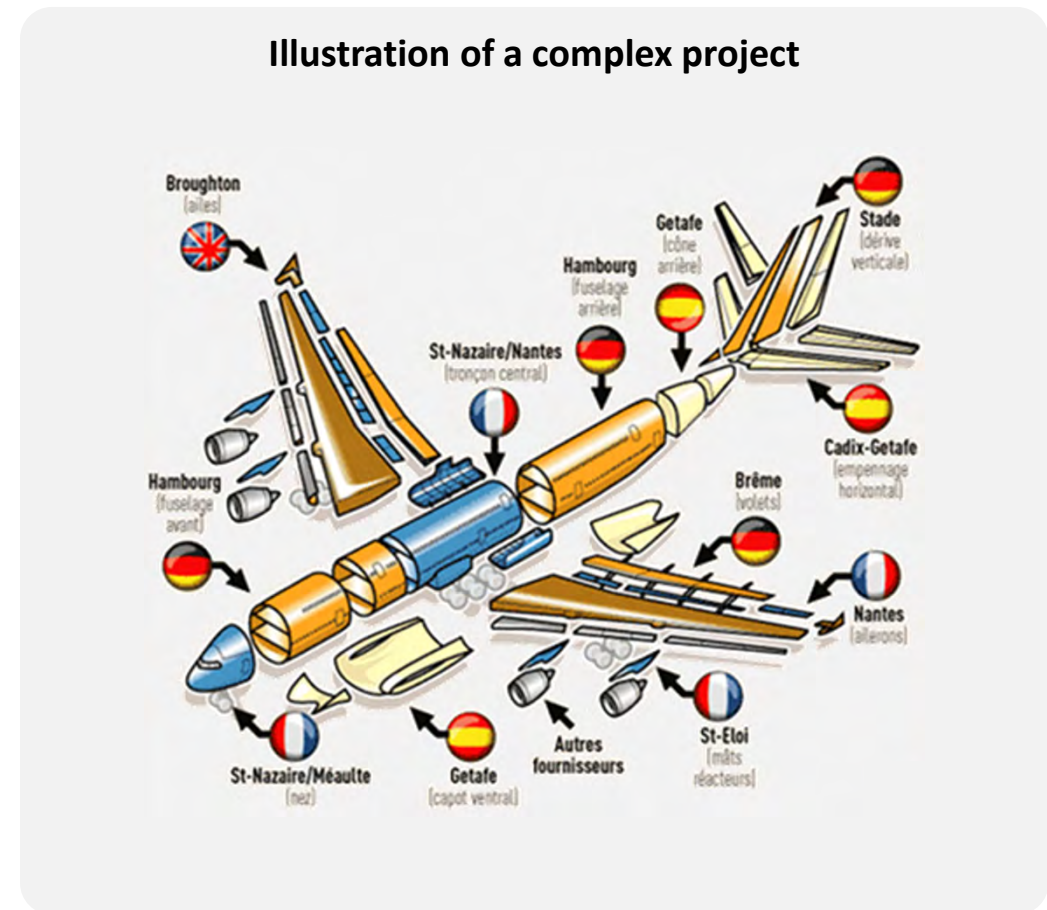
the key principles and tools that enable to manage projects in an effective and efficient way

- These principles and tools can be useful to manage both simple and complex projects for personal or professional purposes
- The most important steps of the project management will be illustrated

A project combines activities, carried out within a set time frame, to achieve a defined result

Project Definition (1/2)

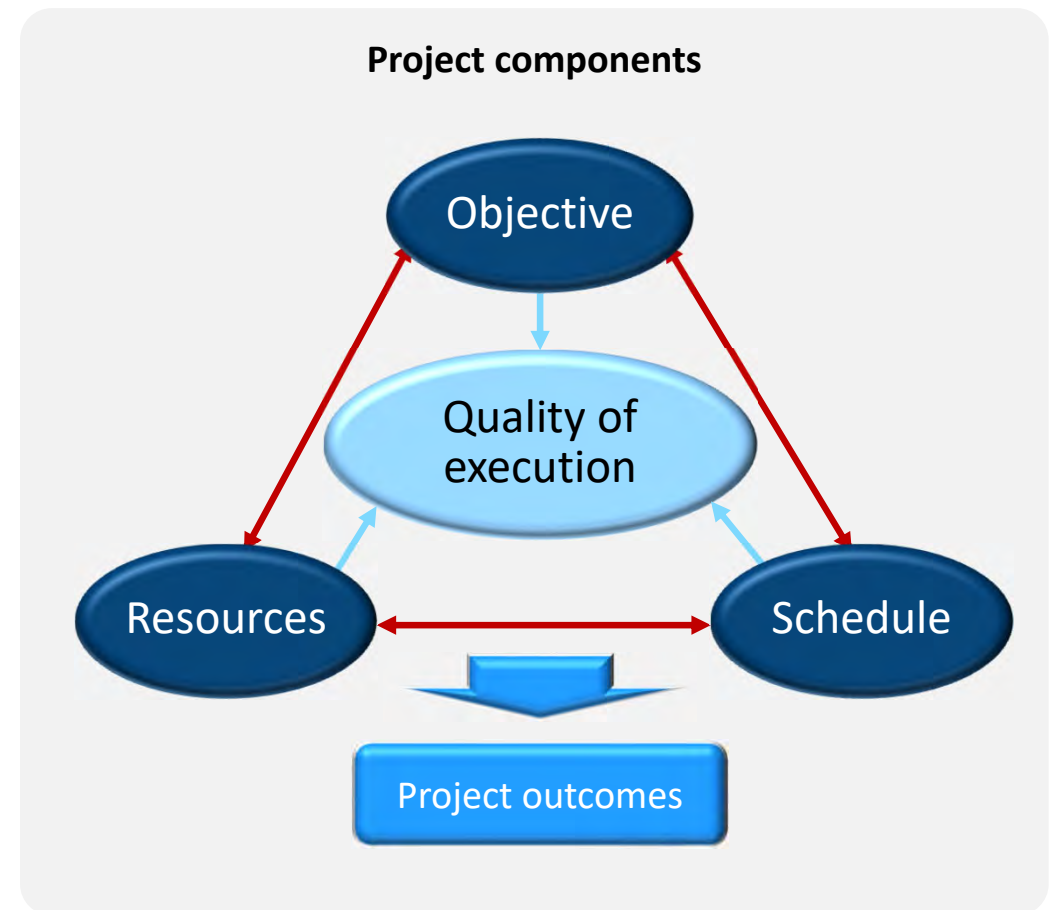
- The term “project” refers to several non repetitive and temporary activities that are carried out to produce:
 - A product
 - A service
 - A unique result
- A project can:
 - Last from a couple of hours to several years
 - Involve one or thousands of people
 - Cost from a few to billions of euros
 - Be of a professional or personal nature



A project has 3 components: its objective, a schedule, and the required resources to complete it

Project Definition (2/2)

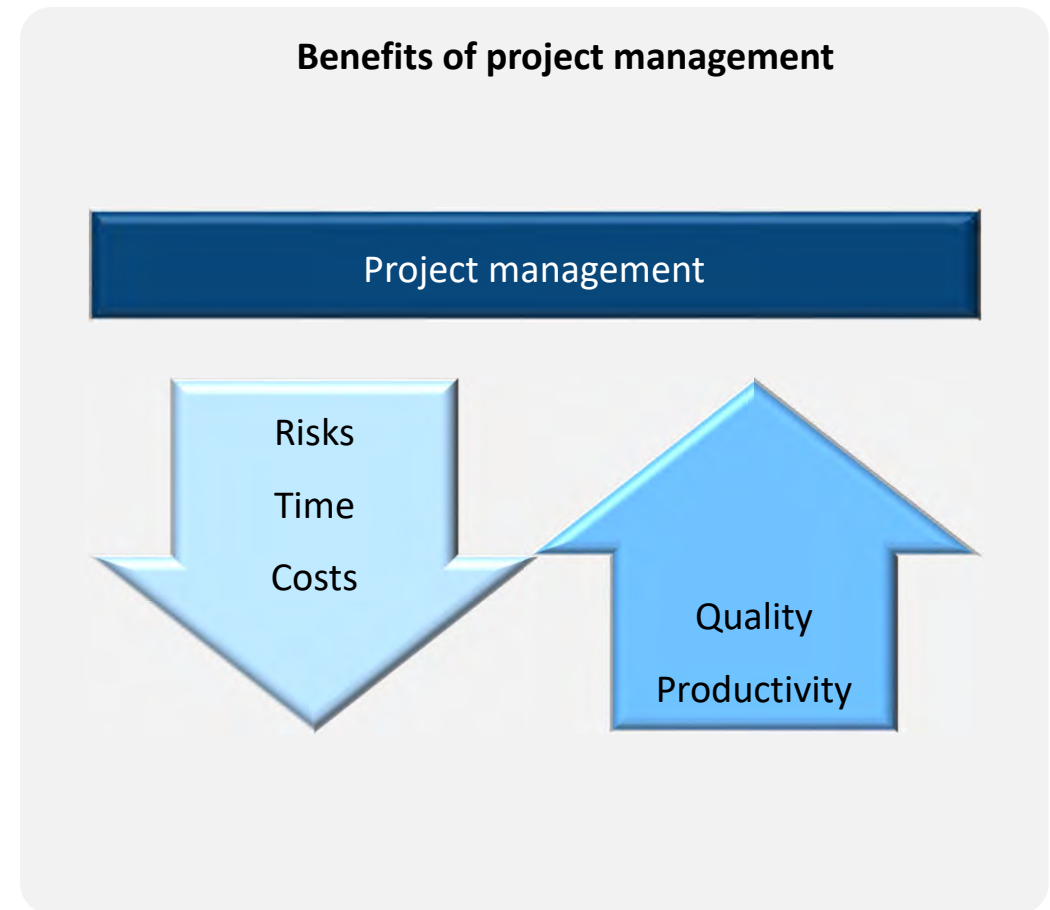
- A project can be defined by three components:
 - Its objective: purpose and desired outcome
 - The schedule: timetable and milestones, including its start and completion dates
 - The resources available to conduct the project: people, technical and financial resources
- The 3 components impact the quality of execution and the outcome of the project
- They are intertwined and influence each other:
 - A change in desired outcome will impact the cost and schedule
 - A shortening of the deadline could have an impact on costs and the quality of the outcome
 - A reduction in the budget can modify the quality of the outcome and the deadline



The proper management of projects improves their probability of success

Project Management Benefits

- Using a project management methodology allows a project manager to:
 - Set adequate expectations for the project
 - Improve the quality of deliverables
 - Increase productivity / efficiency
 - Reduce scope creep
 - Avoid cost overruns
 - Meet the agreed deadlines
 - Prevent risks
 - Promote communication between the project team and the project stakeholders
 - Build on experience
 - Reduce the number of projects that fail



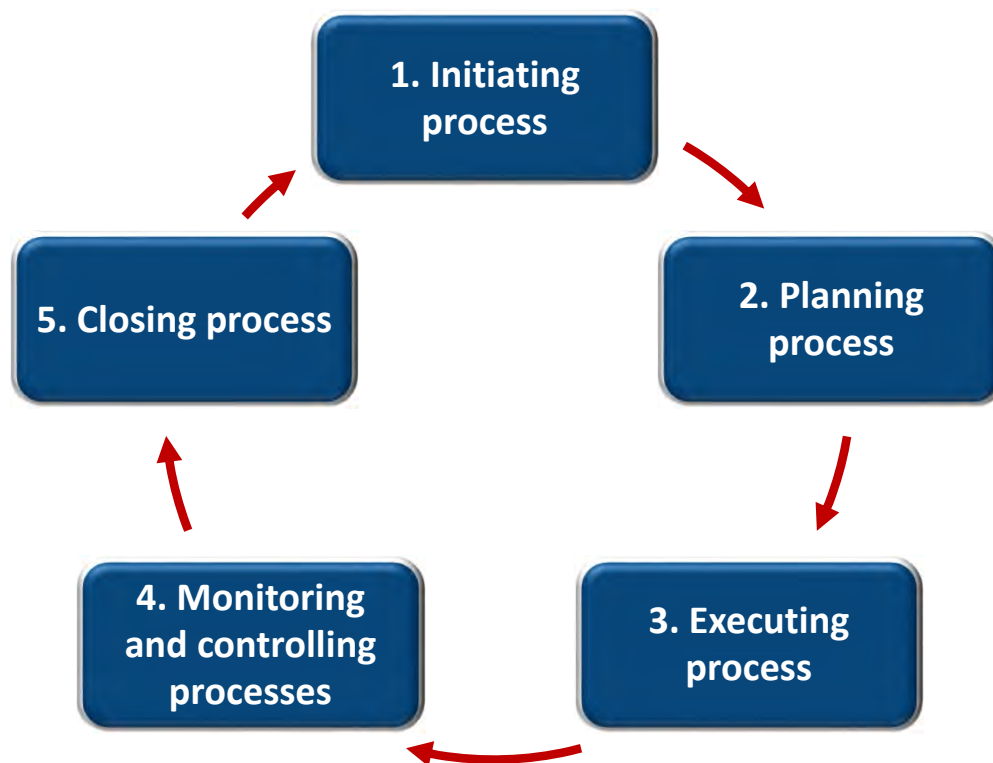
These questions will help ensure the proper unfolding of a project and limit the risk of failure

Key Principles of Project Management

- 1 What is the objective? What will be the project outcome(s)?
- 2 How can this objective be achieved? What is the action plan?
- 3 What are the required resources in terms of time and money?
- 4 What are the risks associated with the project?
- 5 How will the progress and success of the project be measured?

Every project goes through five different steps

Key Steps of a Project



1. The initiating process includes a cost-benefit analysis and evaluating the feasibility of the project from a technical and resource point of view
2. The planning process ensures a smooth execution and increases the chance of success
3. The executing process is the part where works get done and where people skills and team-work are most important
4. The implementation of the project needs to be monitored and controlled to ensure that everything is carried out according to the plan
5. The closing process comes after the project has been completed and is meant to build on the project experience

The initiating process avoids pursuing projects that are bound to fail

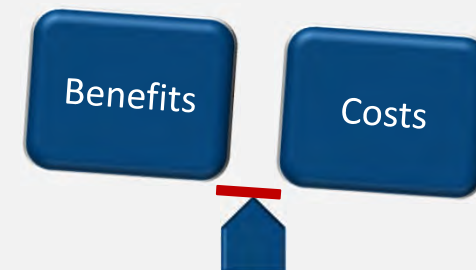
Step 1: Initiating Process

The initiating process answers two key questions:

1. Should the project be done?
 - Are the expected benefits worth the expected costs of the project?
 - Can the issue be approached in a better way?
 - Can the expected outcome be achieved in a better way?
2. Can the project be done?
 - Is the project technically feasible?
 - Are the required resources (people, money, time) available?

Cost-benefit analysis

A cost-benefit analysis is a systematic process for calculating and comparing the costs and benefits of a project to determine if the project should be undertaken (benefits > costs) or to choose among several potential projects



Project planning will reduce risks and mistakes

Step 2: Planning Process: Introduction

The project management plan should include:

- An overview of the reasons for the project and a detailed description of intended results
- A list of all constraints, assumptions and required works related to the project
- A breakdown of the roles and responsibilities of the project management and team members
- A detailed project schedule
- Resources needs (personnel, funds, equipment, facilities, information, etc.)
- A description of how significant risks and uncertainties will be managed
- Plans for project communications
- Plans for ensuring project quality

A scope statement precisising the following points must be written:

- **Rationale:** how and why the project came to be, the business need addressed, the scope of work, how it will interfere with other activities
- **Objectives:** deliverables of the project
- **Scope description:** features and functions of the deliverables
- **Acceptance criteria:** process and criteria for accepting the completed deliverables
- **Constraints:** restrictions limiting what can be achieved, the manner and deadlines within which they can be achieved, and the cost of achieving it
- **Assumptions:** way in which uncertainty related to the project will be addressed

Success will depend on the quality of objective set and the proper management of constraints

Step 2: Planning Process: Objectives & Constraints

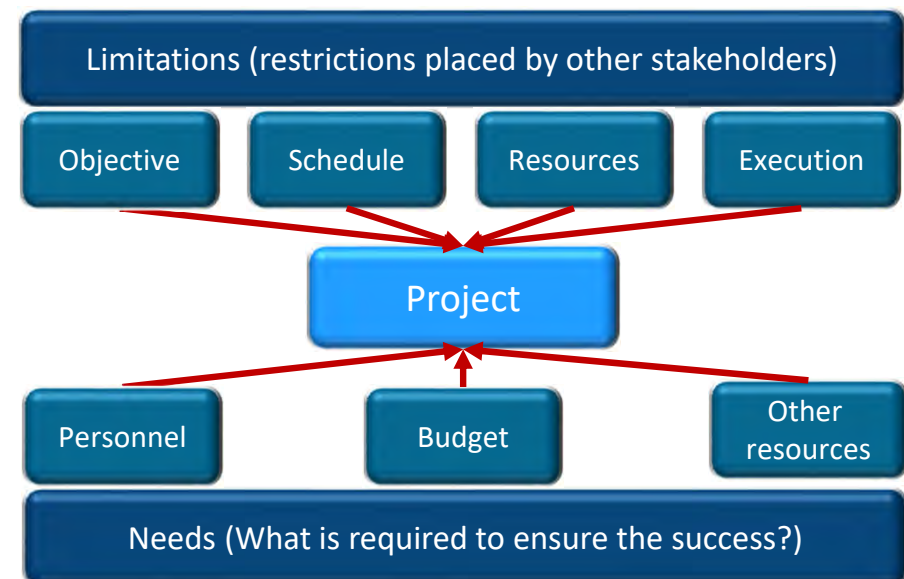
Objectives

The project objectives should be:

- Brief and simple to understand (no jargon)
- Accepted by the project stakeholders
- Controllable: the project team should be able to influence the success of each objective
- SMART:
 - Specific: clear and detailed target
 - Measurable: specified performance indicators¹
 - Achievable: challenging but attainable
 - Rewarded: benefits that people will get for attaining the set objective
 - Time-bound: including deadlines

Constraints

Every project must be achieved within a defined set of constraints influencing its duration, cost and quality

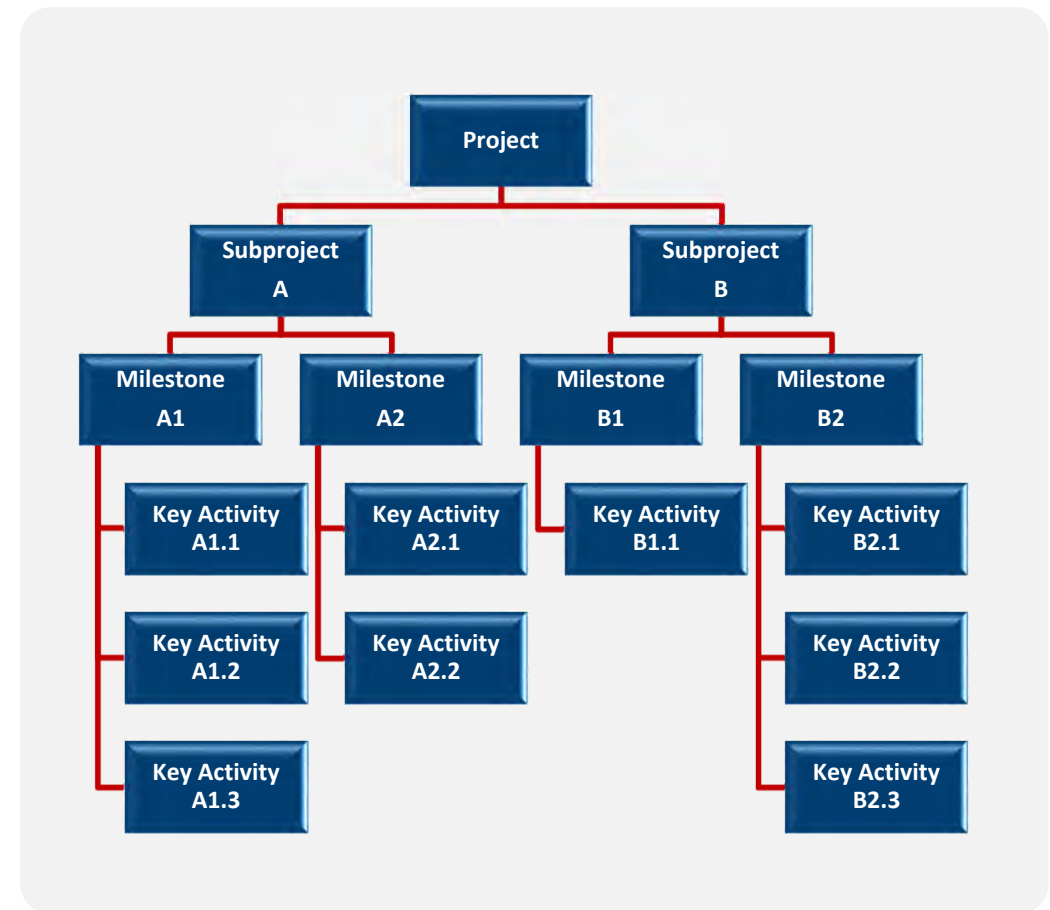


A WBS makes work sequences both identifiable and understood by breaking a project down

Step 2: Planning Process: Work Breakdown Structure

- A work breakdown structure (WBS) breaks down a full project into several manageable units:
 - Subprojects
 - Milestones: completion of an important set of work packages
 - Key activities: summary tasks
 - Work packages: tasks, activities, work elements

- A work breakdown structure (WBS) helps to:
 - Identify all the work that needs to be done
 - Logically organize work so that it can be scheduled
 - Assign work to team members
 - Identify the needed resources
 - Communicate what must be done
 - Organize work using milestones



Roles & Responsibilities must be transparent and widely available for reference

Step 2: Planning Process: Roles & Responsibilities

- Roles depend on actions and activities assigned
- Each role is associated with some responsibilities
- Team members relate to each others as follows¹:
 - Authority: ability to make binding decisions
 - Responsibility: commitment to achieve results
 - Accountability: consequences of own performance
- Delegating involves transferring authority²
- Defining and sharing roles and responsibilities upfront can help improve performance and identify potential difficulties during a project
- A Responsibility Assignment Matrix (RAM) can be used to display the team roles and responsibilities:
 - A RAM depicts each project audience role in the performance of different project activities
 - There is no standard format for a RAM

Responsibility Assignment Matrix (RAM)

WBS code	Key activities and milestones	People			
		Project manager	Task Leader	Employee A	Employee B
3.1.	Design of a questionnaire	A	P		
3.2.	Look out for potential respondents			P	
3.3.	Carry out the interviews		A		P
3.4.	Summarize and analyze the answers	A	S, A	P	S

P = Primary responsibility
 S = Secondary responsibility
 A = Approval required

The initial project schedule aims at determining the time it will take to complete the project

Step 2: Planning Process: Schedule – Introduction

- Two pieces of information are needed to determine the amount of time required to complete a project:
 - Sequence: the order in which activities need to be performed
 - Duration: the time each activity will last
- Network diagrams can be used to illustrate the order in which project activities are to be performed:
 - Activities-on-arrow diagrams
 - Activities-on-node diagrams
- Network diagrams display:
 - Activities required to complete the project (i.e. work breakdown structure) and their dependencies
 - The time that each activity will take to complete
 - The milestones (or events) which are important but take no time and consume no resources mark the start or the end of one or more activities

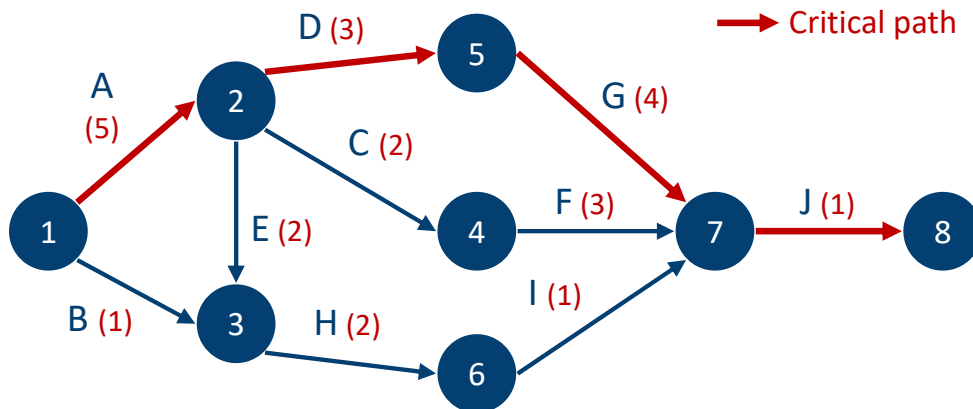
Scheduling vocabulary

Critical path	A sequence of activities that takes the longest time to complete
Noncritical path	A sequence of activities in which some activities can be delayed without moving back the project completion date
Slack time/float	The maximum amount of time an activity can be delayed w/o moving back the completion date
Earliest start date	The earliest date an activity can be started
Earliest finish date	The earliest date an activity can be finished
Latest start date	The latest date an activity can be started without moving back project completion date
Latest finish date	The latest date an activity can be finished without moving back the project completion date

CPM displays the sequencing of activities and helps find the critical path of the project

Step 2: Planning Process: Schedule – Activities-on-arrow Diagram

Critical Path Method (CPM)



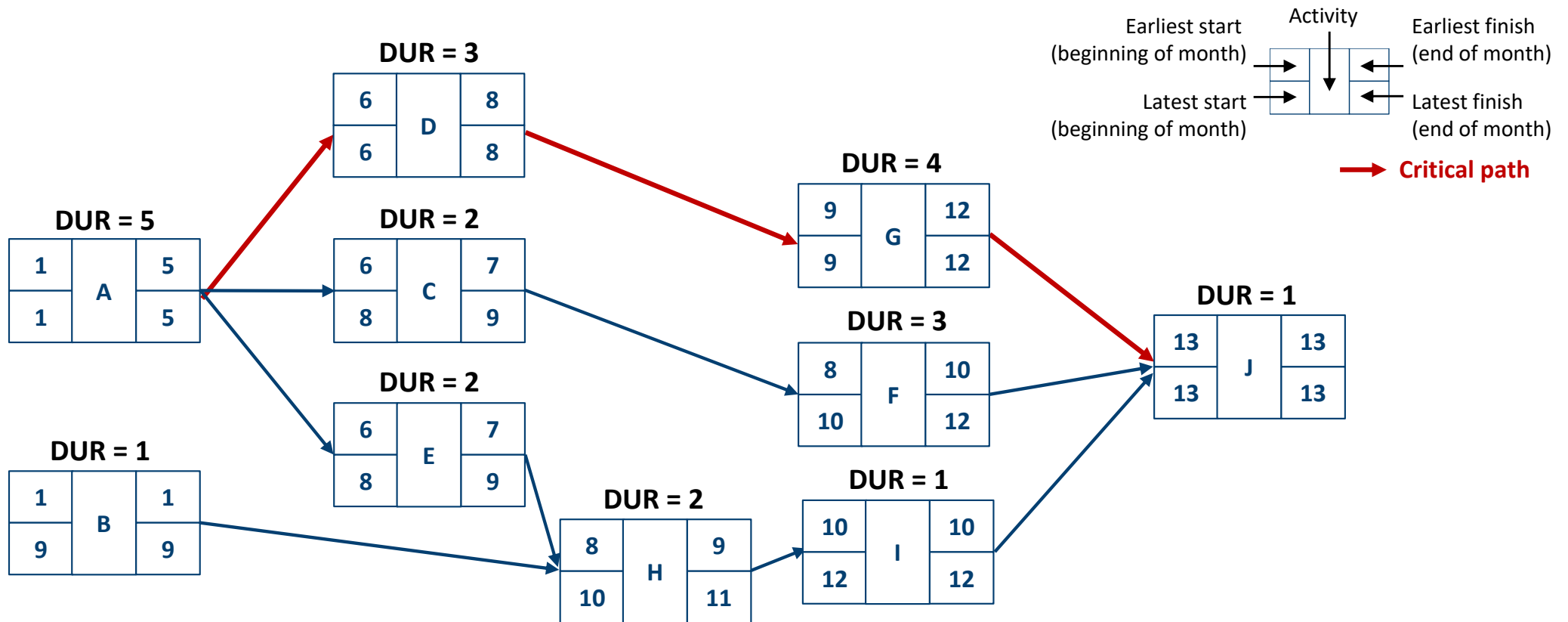
- The critical path is the path that takes the longest to complete (A-D-G-J)
- The time a project takes is equal to the time of its critical path (5+3+4+1), which in this case is 13 months if everything is done on schedule with no delays
- Other paths are not critical because they can waste some time without slowing the project (i.e.? activity C can take up to two extra months and not hold up the project)

Activities

Activity	Description	Required Predecessor	Duration (months)
A	Product design	(None)	5
B	Market research	(None)	1
C	Production analysis	A	2
D	Product model	A	3
E	Sales brochure	A	2
F	Cost analysis	C	3
G	Product testing	D	4
H	Sales training	B, E	2
I	Pricing	H	1
J	Project report	F, G, I	1

The activities-on-node diagrams are more used than those displaying activities on the arrows

Step 2: Planning Process: Schedule – Activities-on-node Diagram

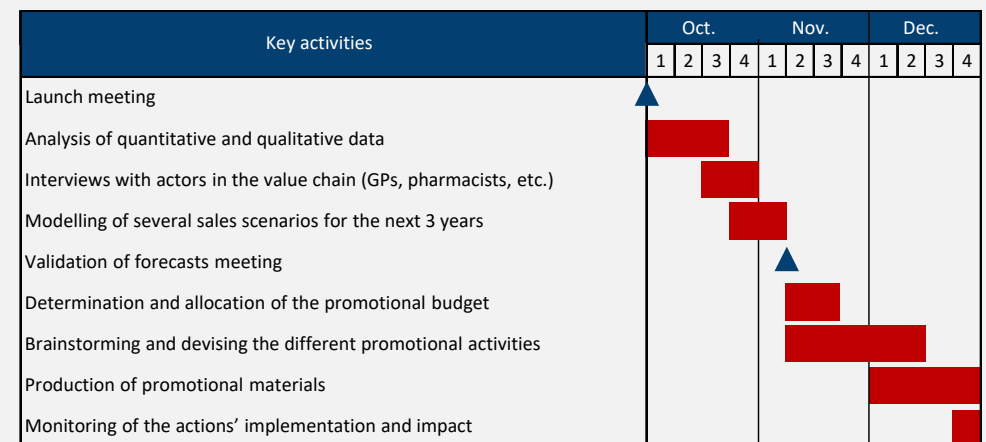


The Gantt chart allows to visualize the start and completion dates of a sequence of tasks

Step 2: Planning Process: Schedule – Gantt Chart

- The Gantt chart is a planning tool that displays the dates by which a series of activities should be completed as well as the expected duration of those activities
- To create a Gantt chart, it is previously necessary to have determined:
 - A list of all activities required to complete the project (i.e., the work breakdown structure)
 - The time that each activity will take to complete
 - The dependencies between the activities (i.e., some activities can't be started before others are finished)
 - The milestones (events)
- Gantt charts provide a good presentation tool for illustrating milestones and the planned duration of activities; however, they provide less information than network diagrams

Illustration of a Gantt chart Marketing plan product X



▲ Meeting
■ Planned duration

Matching people to the most suitable tasks can save time and increase the quality of the outcome

Step 2: Planning Process: Schedule – Human Resources Allocation

- Planning for the personnel needed for a project raises the probability of success by enabling the project manager to:
 - Ensure the best qualified people available are assigned to each task
 - Explain more effectively to team members what contribution to the project is expected from them
 - Develop more accurate and realistic schedules
 - Ensure that people are on hand when they're needed
 - Monitor resources expenditure to identify and address possible overruns or underruns
- A Skills Matrix can be used to display people proficiency in specified skills and knowledge, as well as their interest in working on assignments using these skills and knowledge

Skills Matrix

	Employee A			Employee B		
	Level of skill or knowledge	Level of responsibility applying it	Interest	Level of skill or knowledge	Level of responsibility applying it	Interest
Writing skills	0	2	0	2	1	1
Quantitative skills	3	3	1	1	1	0
Communication skills	2	1	1	3	2	1

Level of skill or knowledge	Level of responsibility applying the skill or knowledge	Interest
0 = no capability	1 = must work under supervision	0 = no interest in applying this skill or knowledge
1 = basic level	2 = can work independently with little or no direct supervision	1 = interested in applying this skill or knowledge
2 = intermediate level	3 = can manage others applying the skill or knowledge	
3 = advanced level		

The planning phase budget is a more detailed version of the one calculated at project initiation

Step 2: Planning Process: Budget

- Estimating a project costs is important for three key reasons:
 - It is a way to weigh the anticipated benefits vs. costs to see whether the project makes sense
 - It allows to determine whether the necessary funds are available to support the project
 - It serves as a guideline to help ensure that sufficient funds are available to complete the project
- A project costs can be divided into:
 - Direct costs on the project:
 - Salaries for team members
 - Specific materials, supplies, and equipment
 - Travel to perform work
 - Subcontracts that provide support¹
 - Indirect costs on the project:
 - Overhead costs²
 - General and administrative costs³

Detailed project estimates

Bottom-up approach

- Determine detailed cost estimates for each lowest-level activity/task
- Aggregate these estimates to obtain the total project budget estimates

Top-down approach

- Set a target budget for the entire project
- Apportion this budget among all Level 2 components in the WBS
- Apportion the budget for each of the Level 2 components among its Level 3 components

Effective communication is critical in that it ensures that everyone is on the same page

Step 2: Planning Process: Communication

- Effective communication consists in:
 - Sharing the right message....
 - ... with the right people...
 - ... in a timely manner...
 - ... through the right communication channels
- Informative communication supports the following:
 - Continued buy-in and support from key audiences and team members
 - Prompt problem identification and decision-making
 - A clear project focus
 - Ongoing recognition of project achievements
 - Productive working relationships among team members

Communication Management Plan

It is a document that specifies all communications generated throughout the project. At a minimum, it should include:

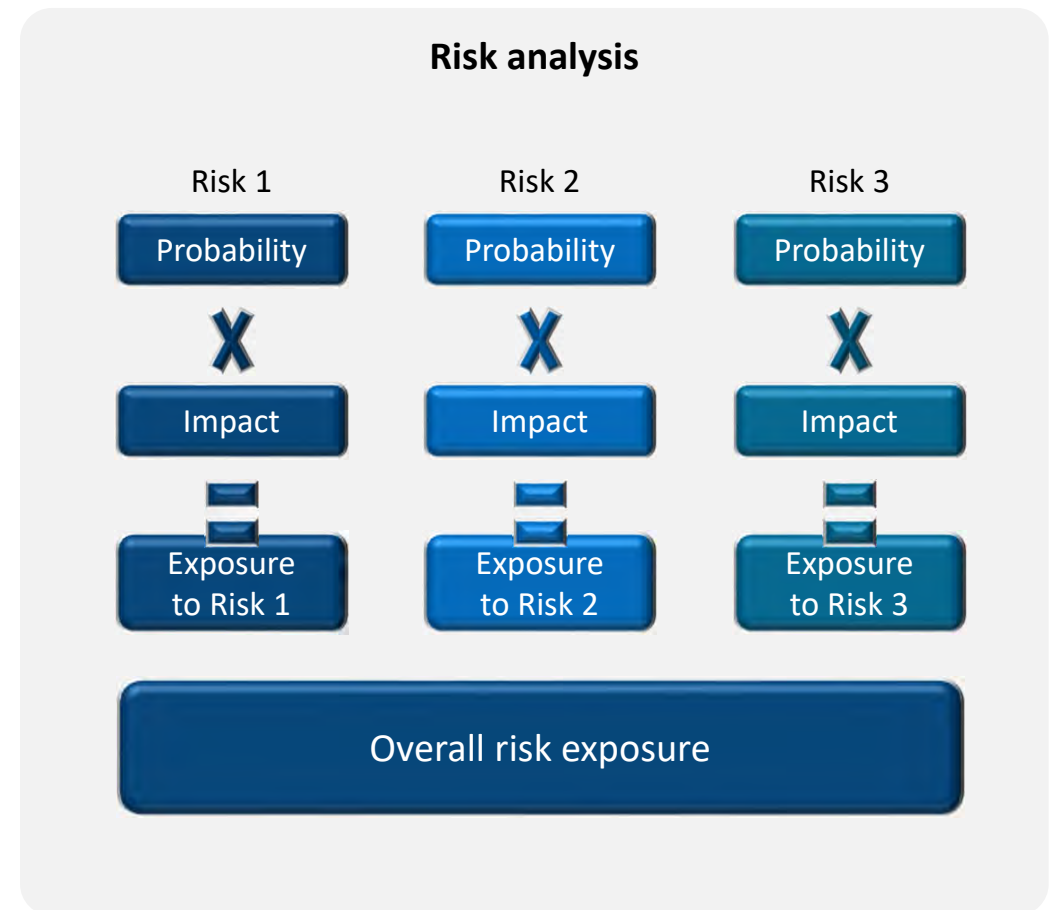
Target audience	The people whose information needs are addressed through the project communication
Information needs	The information that the target audience wants and/or needs
Information-sharing activity	The specific type of activity to be used to transmit information to the audience
Content	The specific data to be shared in the project communication
Frequency	When the information-sharing activity occurs (regular schedules vs. ad hoc)
Data collection	How and when the data for the report are collected

Risks that could come up during the project should be identified, assessed and dealt with

Step 2: Planning Process: Risk Assessment

- They are four ways to deal with a risk:
 - Accept: incur the chance of a negative impact
 - Avoid: adapt plans to circumvent the problem
 - Mitigate: reduce the impact through implementation of actions
 - Transfer: outsource the risk to a third party that is used to or prepared to manage the outcome

- When assessing how to deal with a risk, two criteria must be considered:
 - Probability: the likelihood that the risk will materialize
 - Impact: the consequences that will affect the project



The executing process is where works get done and people skills and team-work are key

Step 3: Executing Process

The executing process can be split between:

- The preparation phase
 - Assigning people to all project roles
 - Introducing team members
 - Giving and explaining tasks to team members
 - Defining how the team will perform
 - Setting up necessary tracking systems
 - Announcing the project to the organization
- The execution phase
 - Doing the work that is in the plan
 - Assuring quality
 - Managing the team (assignment, review, etc.)
 - Developing the team (training and mentoring)
 - Sharing information



Monitoring and controlling processes are used to bring a project to a successful close

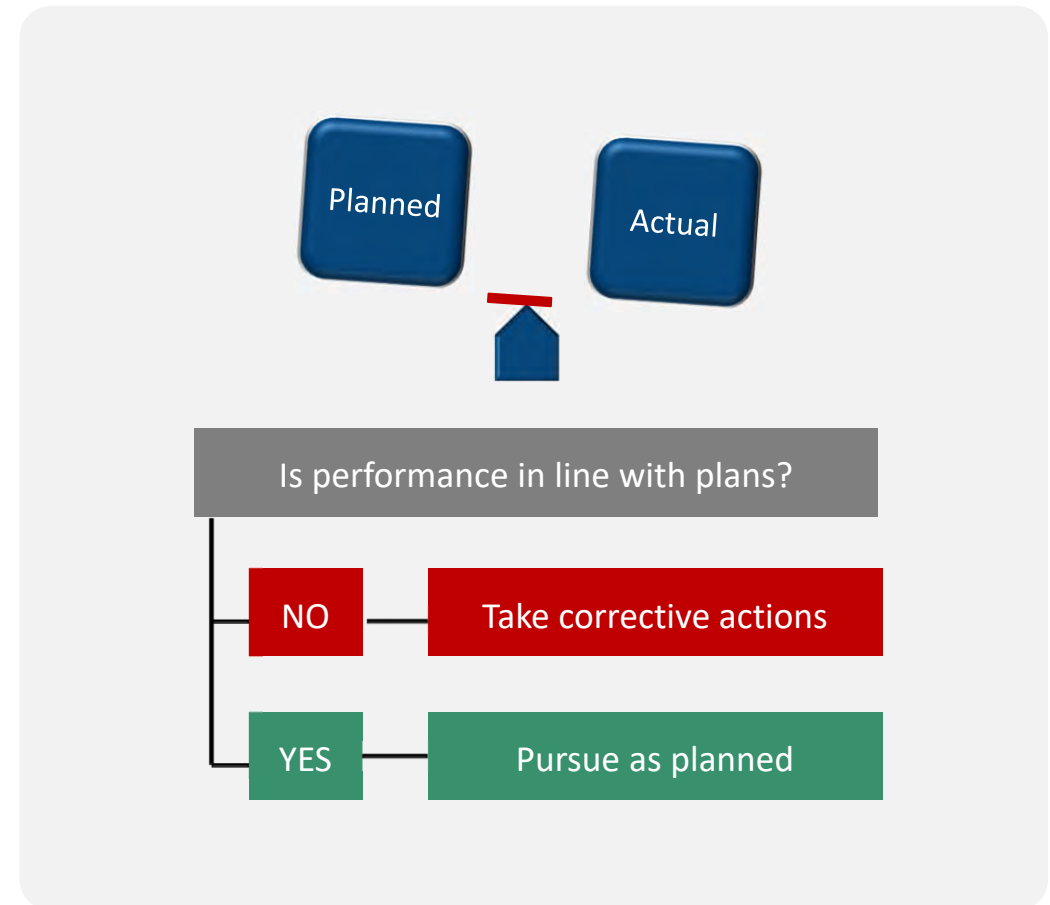
Step 4: Monitoring and Controlling Processes: Introduction

Monitoring and controlling processes are used to bring a project to a successful close, and they involve:

- Reconfirming the plan and team members commitment
- Assessing performance
- Comparing performance with plans
- Taking corrective actions and fixing problems
- Keeping everyone informed

Projects progress can be measured by tools such as:

- Gantt charts to control achievement vs. plan
- Labor report to show how resources have been initially allocated and how they are being used



The workload chart summarizes how resources are used and organized during a project

Step 4: Monitoring and Controlling Processes: Labor report

- The labor report shows how resources have been initially allocated and how they are being used on the project
- This tool is a way to plan for the workload (in hours, days, etc.) of the different members of the team for each of the activities that constitute the project
- The labor chart shows the number of days of work allocated to each activity (e.g.: forecast, remaining, revised, realized)

Illustration of a labor report

Employee A is spending less time than planned at the beginning but ends up working slightly more than what was planned

Work break-down code	Description of key activity	Employee		Budget	Week 1	Week 2	Week 3
2.1	Analysis of quantitative and qualitative data	A	Planned	150 hrs	50 hrs	50 hrs	50 hrs
			Actual		40 hrs	50 hrs	70 hrs
			Remaining	150 hrs	110 hrs	60 hrs	0 hrs
			Difference		-10 hrs	-10 hrs	+10 hrs
2.1	Analysis of quantitative and qualitative data	B	Planned	75 hrs	0 hrs	40 hrs	35 hrs
			Actual		0 hrs	30 hrs	20 hrs
			Remaining	75 hrs	75 hrs	45 hrs	25 hrs
			Difference		0 hrs	-10 hrs	-25 hrs

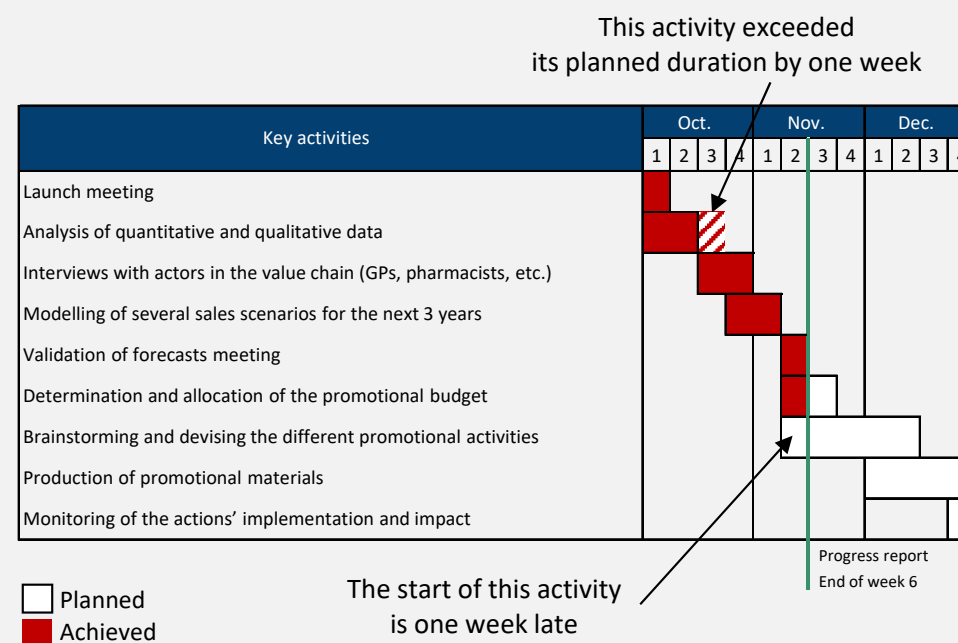
Employee B is spending less time than planned on the activity, which needs to be investigated: he might be working faster than anticipated or he might be working on some other activities/projects

Besides its use for planning purposes, the Gantt chart can also be used as a controlling tool

Step 4: Monitoring and Controlling Processes: Gantt chart

- The Gantt chart is also used for controlling purposes as this tool can display on the same chart the dates by which a series of activities should be completed and the status of their effective achievement
- It is therefore possible to distinguish what remains to be done to complete a certain task or project, and to determine if work is ahead, late, or in line with the planned timetable
- The Gantt chart allows to measure the gaps between the actual and expected dates of completion of tasks or activities
- As such, when a gap is recorded, the project manager can decide whether he needs to implement a corrective action to catch up for the delay or prevent the delay from expanding

Illustration of a Gantt chart Marketing plan product X



Dashboards depict key indicators of project performance in a visual way

Step 4: Monitoring and Controlling Processes: Dashboards

Designing a dashboard requires to follow 3 steps:

1. Select the major categories of information:
 - Results (outcome of the project or KPI¹)
 - Performance to schedule² and resource budgets
 - Risk management (current status of risk factors)
2. Choose specific indicators for each information
 - Results (e.g., Patient adherence increase by 9%)
 - Performance to schedule (e.g., # of milestones met vs. missed) and to resource budgets (e.g., ratio of funds used to budget)
 - Risk management (e.g., # of risks likely to occur)
3. Select the format for each indicator
 - Table, bar graph, pie chart, traffic lights, etc.

Scheduled status of activities in progress



activities

2

4

10

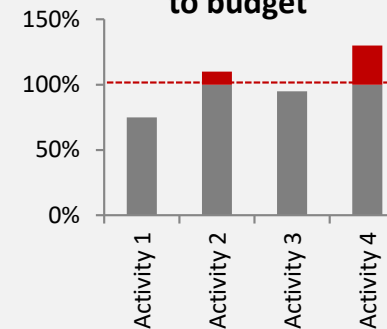
Legend

Red light: one or more serious situation(s) requiring urgent attention

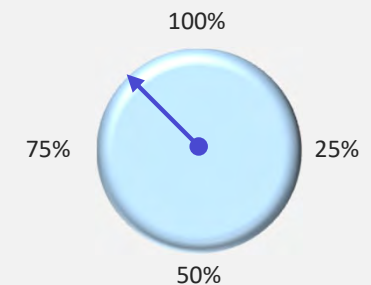
Yellow light: one or more minor problem(s) existing

Green light: the element is proceeding according to plan

Ratio of expenditure to budget



Percentage of milestones reached on time to date



The closing process is meant to build on the project experience

Step 5: Closing Process

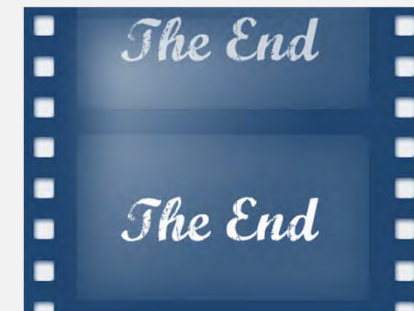
The closing process involves several activities that must be carried out after the project has been completed:

- Closing all project accounts
- Performing a post-implementation review
- Holding a post-project evaluation with the project team to recognize project achievements and discuss lessons that can be applied to the next project
- Providing performance feedbacks and help team members move on to their next assignments
- Delivering project completion report

Post-project evaluation

A post-project evaluation is an assessment of the results, activities, and processes that allows the project manager to:

- Recognize achievements and acknowledge people work
- Identify techniques and approaches that worked, and devise steps to ensure they're used in the future
- Identify techniques and approaches that didn't work, and devise steps to ensure they aren't used again in the future



The 5 steps of project management include activities essential to maximize chances of success

Summary of Project Key Steps

1. Initiating process

- Clarification of the business need(s)
- Definition of the high-level expectations and resource budgets
- Identification of the audiences that may play a role in the project

2. Planning process

- Detail of the project scope, time frames, resources, risks, quality, etc.

3. Executing process

- Establishment and management of the project team
- Communication with and management of project audiences
- Implementation of project plans

4. Monitoring and controlling processes

- Tracking of the project developments (time frames, costs and quality)
- Introduction of the necessary actions to ensure project plans are successfully implemented and the desired results achieved

5. Closing process

- Evaluation of the achieved outcome
- Final evaluation (feedback with the project team)

The project manager specifies, organizes and plans a project from conception to realization

The Project Manager (1/2)

The project manager:

- Defines and implements the execution plans (schedules and deadlines, workloads, budget and funding, quality and risks)
- Keeps tracks of, and control, the progress, the execution of the plans and the meeting of budgets
- Animates the team (roles and responsibilities definition, consciousness raising, mobilization, communication, delegation, control)
- Communicates internally on the project progress
- Is both a manager and a leader
- Is responsible for the outcomes of the project

The ideal project manager should have:

- Enthusiasm for the project
- Team-building and negotiation skills
- Ability to manage change effectively
- A tolerant attitude toward ambiguity
- A customer-focused orientation
- Adherence to the priorities of business
- Knowledge of the industry or technology

A key role of the project manager is to create and sustain the motivation of team members

The Project Manager (2/2)

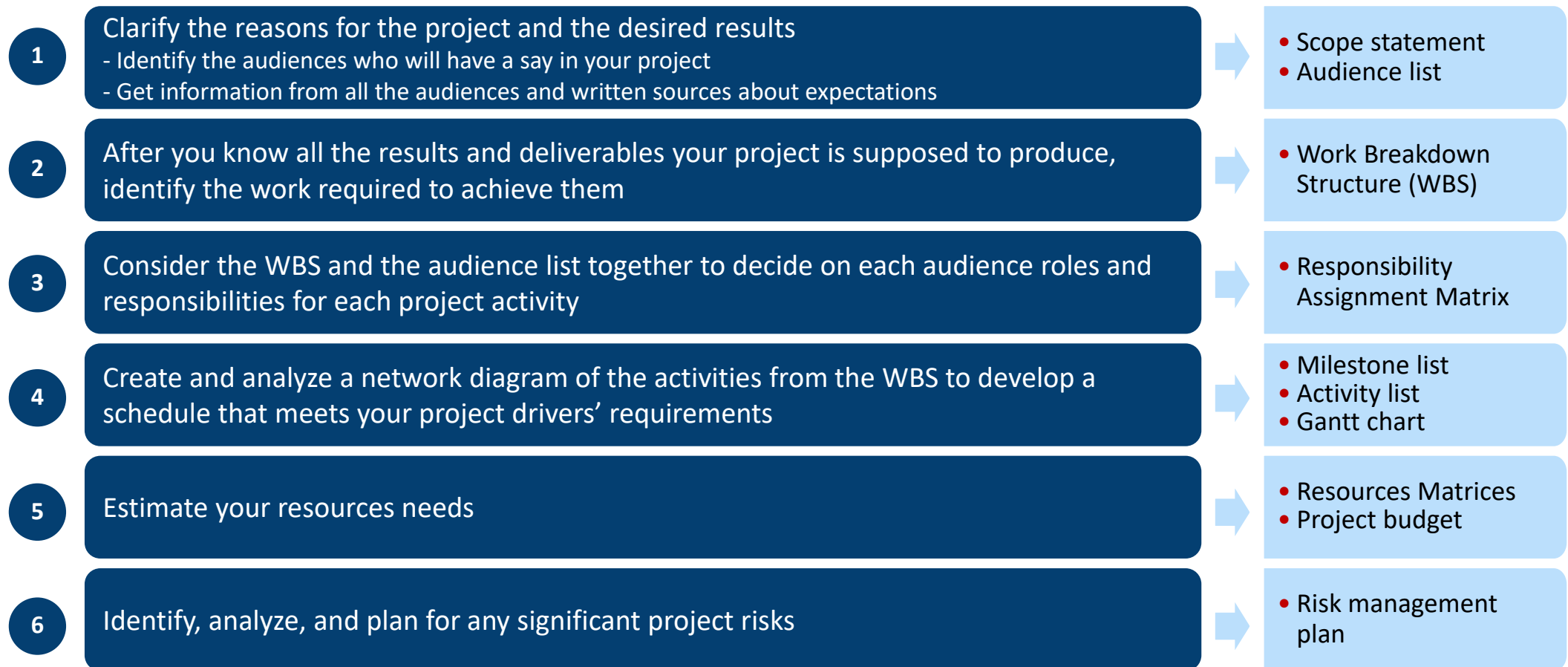
To foster team members motivation and commitment to a project success, the project manager must:

- Raise commitment by clarifying project benefits
 - To the organization, its employees, its clients and to each team member
- Encourage persistence by demonstrating feasibility
 - Involve team members in the planning process
 - Explain why targets and plans are feasible
 - Develop responsive risk-management plans
- Let people know how they are doing
 - Establish meaningful and frequent milestones
 - Continually assess people performance
 - Frequently reinforce the project potential benefits
- Provide rewards for work well-done
 - Talk with the concerned person and express appreciation for the work done



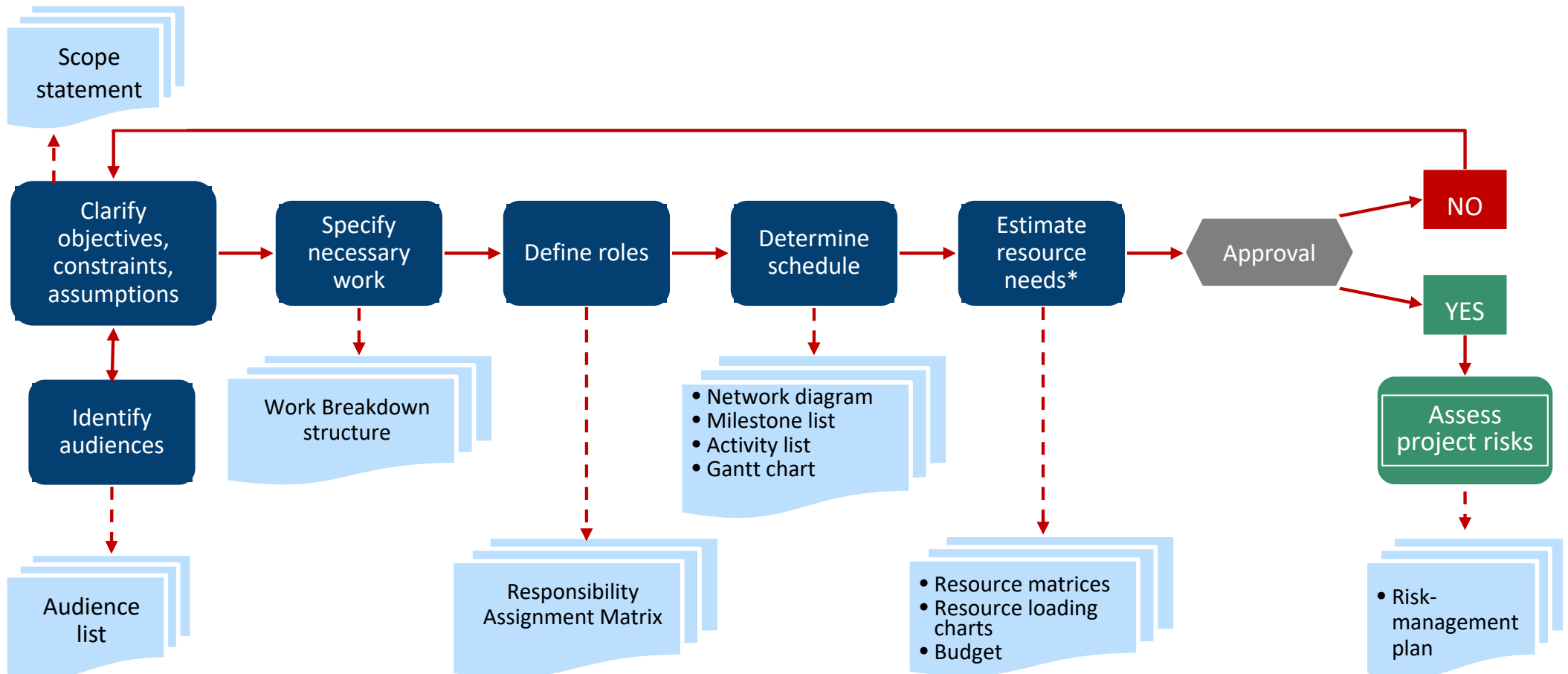
Project planning involves several steps for which several sections of the plan are produced

Key Learnings: Preparing a Project Plan (1/2)



These steps should be adjusted until drivers and supporters agree with and support the results

Key Learnings: Preparing a Project Plan (2/2)

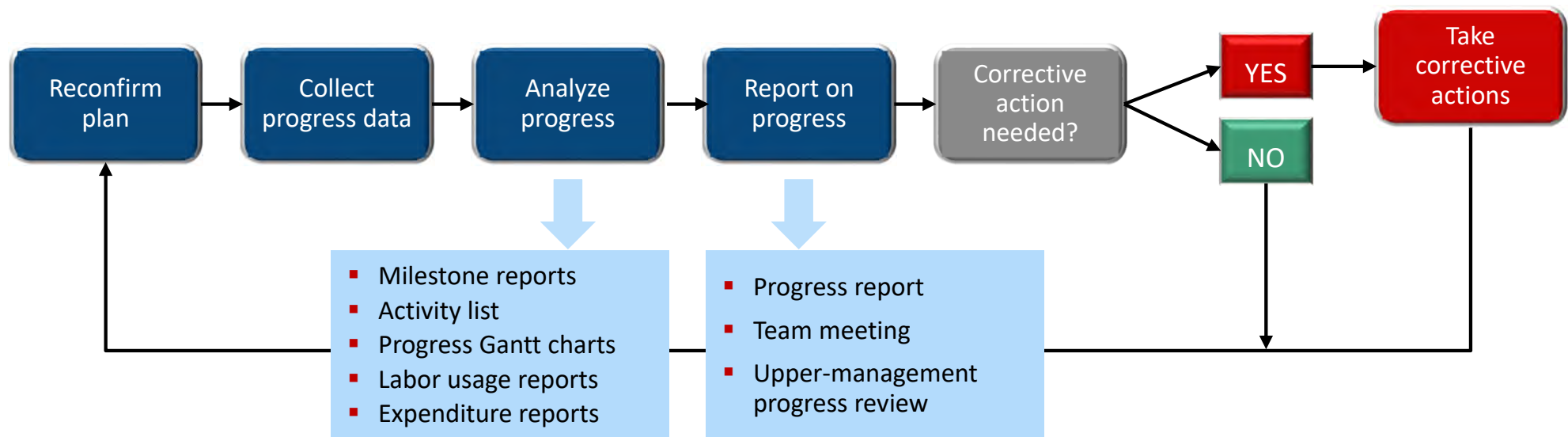


* Personnel, equipment, raw materials, facilities, information, funds

Tracking, assessing and reporting project performance requires to apply specific activities

Key Learnings: Controlling Project Execution

- At the start of each performance period, people and resources availability must be confirmed and scheduled
- At the end of each performance period, activities performed, milestones dates, resource expenditure and quality should be assessed vs. project plan; issues or problems should identify, and necessary corrective actions taken



Storytelling in Business

BEST-IN-CLASS SERIES

The Survival Kit

*“The most powerful person
in the world is the storyteller”*

Steve Jobs

Storytelling is a unique tool to communicate a message,
it captures attention and engages the mind through emotions

Introduction

- The purpose of business storytelling is to help improve credibility and engagement to an organization through the sharing of a well-constructed speech
- The aim of this position paper is to understand the power of storytelling as a tool in business and to provide the key practices to best implement it in organizations



“We want to hear information through stories, with villains, characters, and a hero to rally around. It’s the way the world and our brains work. We’re wired that way” – Carmine Gallo

*“Marketing is no longer about the stuff that you make,
but about the stories you tell” – Seth Godin*

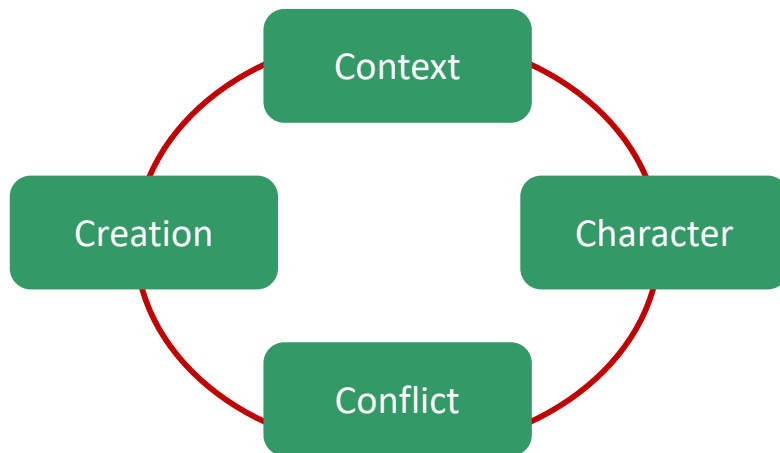
Storytelling is a very old technique which is considered as one of the most effective and influential means to reach people and move them with a message

What is storytelling?

Storytelling consists in sharing stories through different media to disclose the narrative of a story

- A story describes what happened
- A good story helps you see what happened
- A great story helps you feel what happened

The 4 Cs of a story



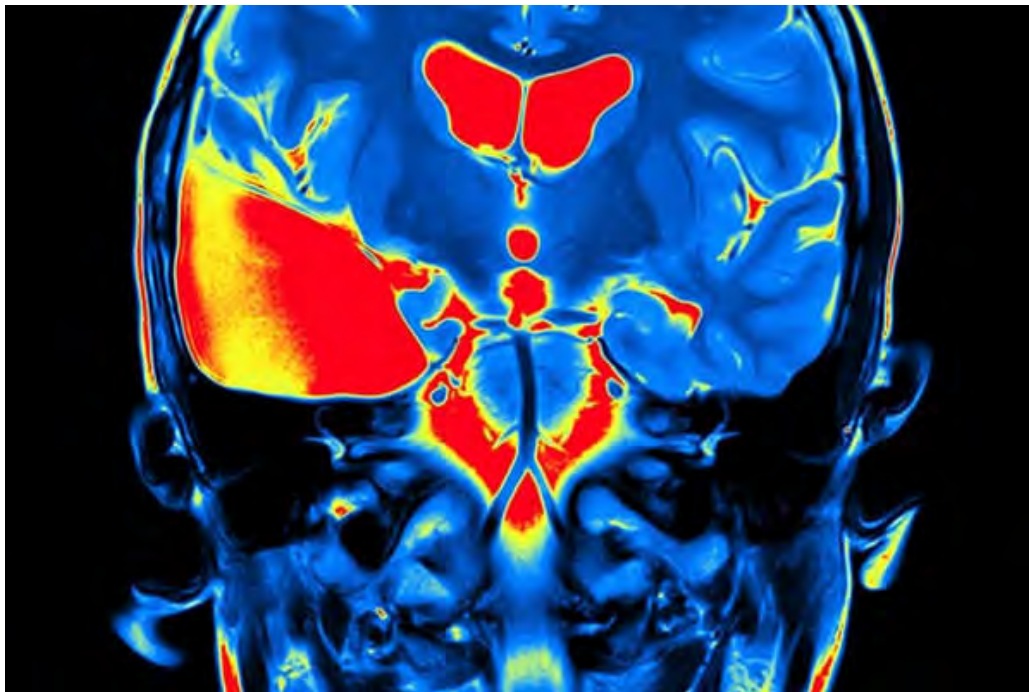
To create a great story, 4 components are required:

- The Context which indicates when and where the story happened
- The Characters to create connections and emotion with the audience
- The Conflict which drives the action of the story, creates tension and that is likely to be resolved at the end of the story
- The Creation which defines the telling, the way the context, characters and conflict are articulated into a narrative

“A story is a fact wrapped in context and delivered with emotion” – Indranil Chakraborty

Neurobiological findings on storytelling have shown that character-driven stories with emotional content are more persuasive and memorable

Storytelling & Neuroscience



Storytelling evokes strong neurological responses:

- The stress hormone **cortisol** is produced by our brain during the tense moments in a story, which helps the audience to focus
- The **oxytocin** (the “feel-good” chemical) is produced when we are trusted or shown kindness, and it motivates cooperation with others
- A happy ending to a story triggers the limbic system – our brain’s reward center – to release **dopamine** which makes us feel more hopeful and optimistic
- Character-driven stories cause increased oxytocin synthesis which motivates people to engage in cooperative behaviors
- Studies have shown that, in order to motivate a desire to help others, a story must first sustain attention by developing tension during the narrative

It has been shown that storytelling makes facts and figures delivered with emotion more convincing and memorable, and thus more persuasive

Why use storytelling? (1/2)

- Storytelling is deeply rooted in making an emotional connection with another person
- The neuroscientist Antonio Damasio has shown that emotions play a central role in decision-making
- The British Institute of Practitioners in Advertising (IPA), analyzed the impact of 1,400 marketing campaigns on profit gains and demonstrated that, when based on...:
 - ... logic, they are 16% effective
 - ... emotion, they are 31% effective
 - ... logic and emotion, they are 26% effective
- Stanford Marketing Professor Jennifer Aaker has shown that stories are remembered up to 22 times more than facts and figures alone
- Millennials¹ (or Generation Y) and Generation Z² base their relationships with brands on emotional attachments with stand-out companies
- People are more and more keen to give a sense to what they do
- Storytellers can engage audiences deeply with the right balance of emotion and key facts

Storytelling

- Captivates interest
- Remains in the memory
- Gets to the heart

“To win a man to your cause, you must first reach his heart” – Abraham Lincoln

Storytelling can be used to shape vision, to pass on knowledge and wisdom and to shape identity and organizational culture

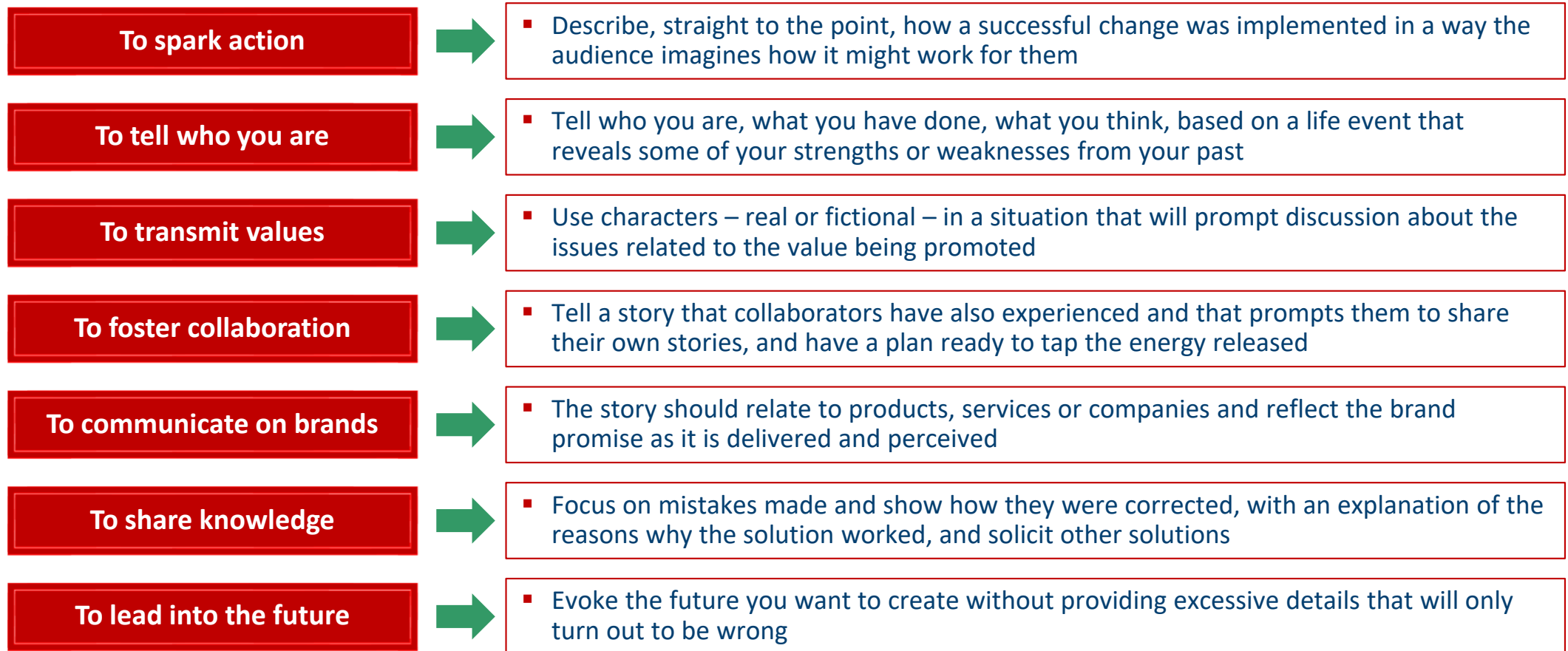
Why use storytelling? (2/2)

- A story **creates an emotional** experience that the audience will remember
- Some brands (e.g., Apple, Coca-Cola, Virgin, etc.) trigger an **emotional feeling** – positive or negative
- These brands, like many others, have a **personality**
- This personality, **generating emotions**, differentiates a brand from a product
- The critical aspect of stories is the feeling they create; so, one must relate to **stories associated** to the **brands** and **not to its commercial elements**
- The **corporate narrative** provides the framework for getting **everyone on the same page**
- Stories can **help** — internal and external — audiences **understand the value** of a product, a company, a decision
- A clear narrative **helps** employees **appreciate the vision** of where the **company** is headed and **empowers** them **to use** their own **creativity to get there**
- Corporate story and storytelling **help leaders** to **communicate their vision** to their community
- A powerful way to **persuade** people is **by insinuating an idea with an emotion**
- A **compelling story** combines information and actions to **stimulate emotion and energy**

“90% of human behavior and decision-making is driven by our emotions” – Christine Comaford

Telling the right story will provide meaning and evoke a sense of purpose while helping the audience relate, empathize and remember

Telling the right story: Seven narrative patterns



Sources: "Telling tales", Stephen Denning in the Harvard Business Review (May 2004) – Smart Pharma Consulting

The 5 following essential tips will guide the preparation and delivery of business storytelling likely to be successful

Business storytelling tips

1. Know the audience

5. Involve the audience



2. Define the right message

4. Keep it simple & visual

3. Be authentic

The stories should be crafted according to the audience perspective and thus, the same story should be adapted accordingly

1. Know the audience

- You must know your audience:
 - What are the audience experiences and expertise?
 - What are their thoughts and concerns?
 - What are their needs and wants?
 - What do they expect from you?
 - What would resonate well to them?
- Thus, to tell the right story, it is essential to know what the audience values and what the audience is likely to be interested by to create empathy and craft a story which is relatable



“Make sure you find common ground with people to whom you are telling stories” – Nancy Duarte

The message that will be conveyed should serve the objective of the storytelling and in a form that will generate emotion and empathy

2. Define the right message

- Define the **idea** you want to **communicate** according to your **intent** (e.g., the action you want the audience to take, the feeling you want them to have, the opinion you want them to modify)
- The **way** you will **communicate** your message should be **related** to the audience on a human level
- Do not just share information, ... tell a story:

Information sharing

“Smart Pharma has helped more than 80 companies addressing strategic, management and organizational issues”



Likely to be perceived as boring and not different from competition

Vs.



Storytelling

“Imagine your smartphone breaks down. Don’t worry because at Smart Pharma we deliver services 24/7 to solve your problems”



By using metaphors and anecdotes, it is possible to tell compelling stories

“People will forget what you said and did but will remember how you made them feel” – Maya Angelou

Authenticity is key to gaining audience trust and creates an emotional connection, without fear, to show your own challenges and failures

3. Be authentic

- Ideally, storytelling should not be fictional because a genuine narrative is more likely to connect with the audience
- If the audience can relate to a real-life story, you are making a connection and building trust
- Anecdotes that illustrate overcoming struggle, failures and barriers are what makes the teller appear authentic
- Storytelling is an effective way to communicate if you mean what you're saying
- The key is to show some vulnerability
- Be you, just you! Don't pretend to be anyone else
- If your stories are honest and transparent, you can win over your audience
- Storytelling brings more authenticity into business...
 - ... which explains why blogs and social media recommendations are so relied on and impactful



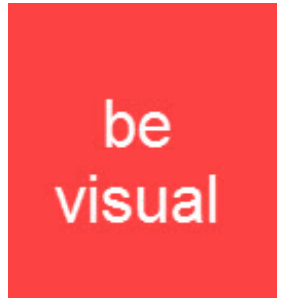
“The stories that move and captivate people are true to the teller and the audience” – Peter Guber

Most of the successful and memorable stories are relatively simple, straightforward and can be enhanced by a limited number of well-chosen visuals

4. Keep it simple and visual



- Apply the KISS principle: "Keep It Simple, Stupid"
- Messages should be clear, precise and concise, without focusing on the details
- Visual storytelling (e.g., animated images, videos) allows complex data to be broken down into smaller digestible pieces and chunks of memorable information
- Visual aids help improve engagement and retention
- Visuals are the most effective communication vehicles for evoking emotion and getting people to act
- Simplicity is a challenge when subjects are complex
- The number of substantive arguments and persuasion principles should be limited



- Visuals drive emotions
- Emotions drive decisions
- Decisions lead to action

Stories must be built and delivered so that the audience can feel involved as being a character of the story

5. Involve the audience

- We cannot tell a story if we don't feel that there is someone listening to us and paying attention
- Storytelling is about connecting
- You need to be vulnerable and connect to the vulnerability of others
- We can't really listen to a story when the storyteller is not aware of his or her audience and is instead caught up in his or her own speech bubble
- In this most basic sense, there is a reciprocal relationship between listening and telling
- People like to be a part of stories
- Your audience can be characters in your stories
- Get your audience involved
- Get your audience involved in the presentation:
 - Ask questions
 - Brainstorm
 - Challenge them

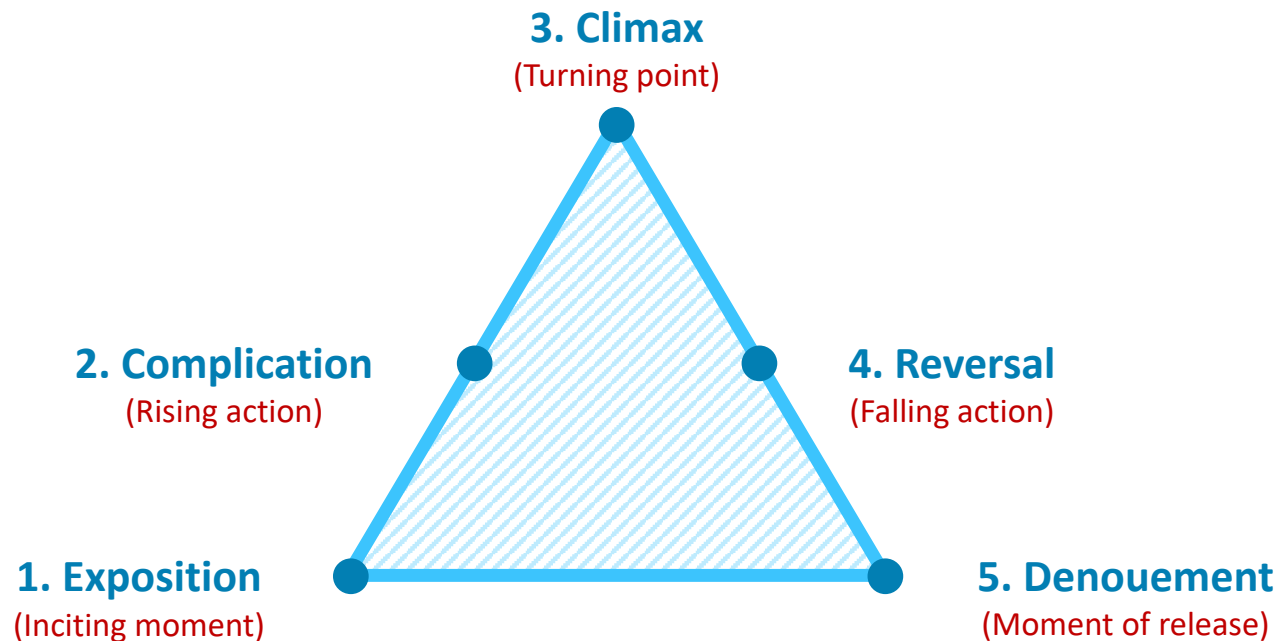


“A good storyteller makes the target audience part of the story he tells”

Freitag's pyramid¹ uses a 5-part system to describe the story plot², the climax being the high point which is surrounded by rising and falling actions

Structuring the story – Freitag's Pyramid (1/2)

To capture attention, convey emotion and engage the audience, stories need a dramatic arc, some conflicts to arise and after the struggle, a resolution



“A story without a challenge, simply isn't interesting” – Caroline O'Hara

Structuring stories by using Freitag's Pyramid will help to raise audience attention and forge an emotional connection likely to change their opinion and behavior

Structuring the story – Freitag's Pyramid (2/2)

3. Climax

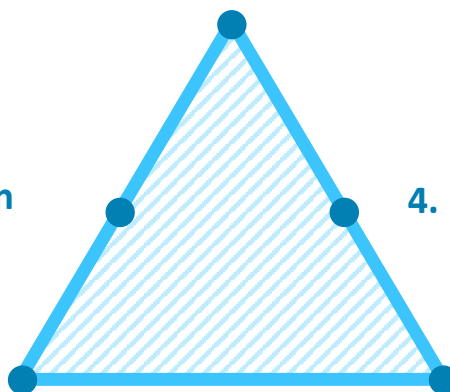
- It is the most intense moment (either mentally or in action) or the greatest tension in the story, turning positively for the protagonist in a comedy or negatively in a tragedy

- A single event usually signals the beginning of the main conflict, rising tension
- The story builds as sequential events happen and...
- ... becomes more exciting with a series of conflicts and crisis

2. Complication

1. Exposition

- This 1st step marks the start of the story where the scene is set (time and place)
- The teller introduces the characters¹ providing description of the situation and establishing the atmosphere of the story



4. Reversal

- It is the event that occurs as a result of the climax, and marks up the story will end soon

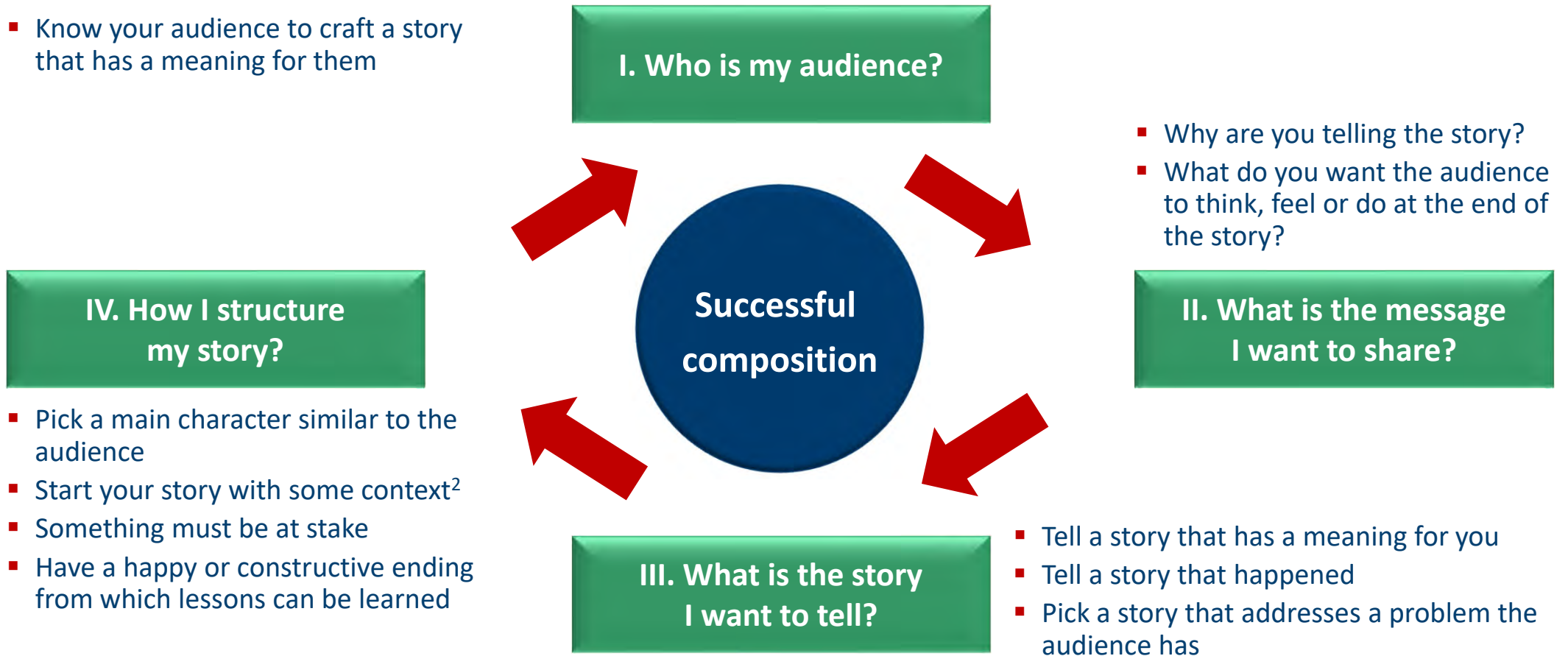
5. Denouement

- At this point, any secrets, questions or mysteries which remain after the resolution are solved by the characters or explained by the teller

Note: As an example of the implementation of the Freitag's Pyramid, see the TED show presentation of Richard Tuere: https://www.ted.com/talks/richard_tuere_a_peace_treaty_with_the_lions/up-next?language=fr

To grab attention of the audience and make a story relatable, engaging and compelling, the story should be structured according to the classic narrative arc¹

How to compose a story: Practical recommendations

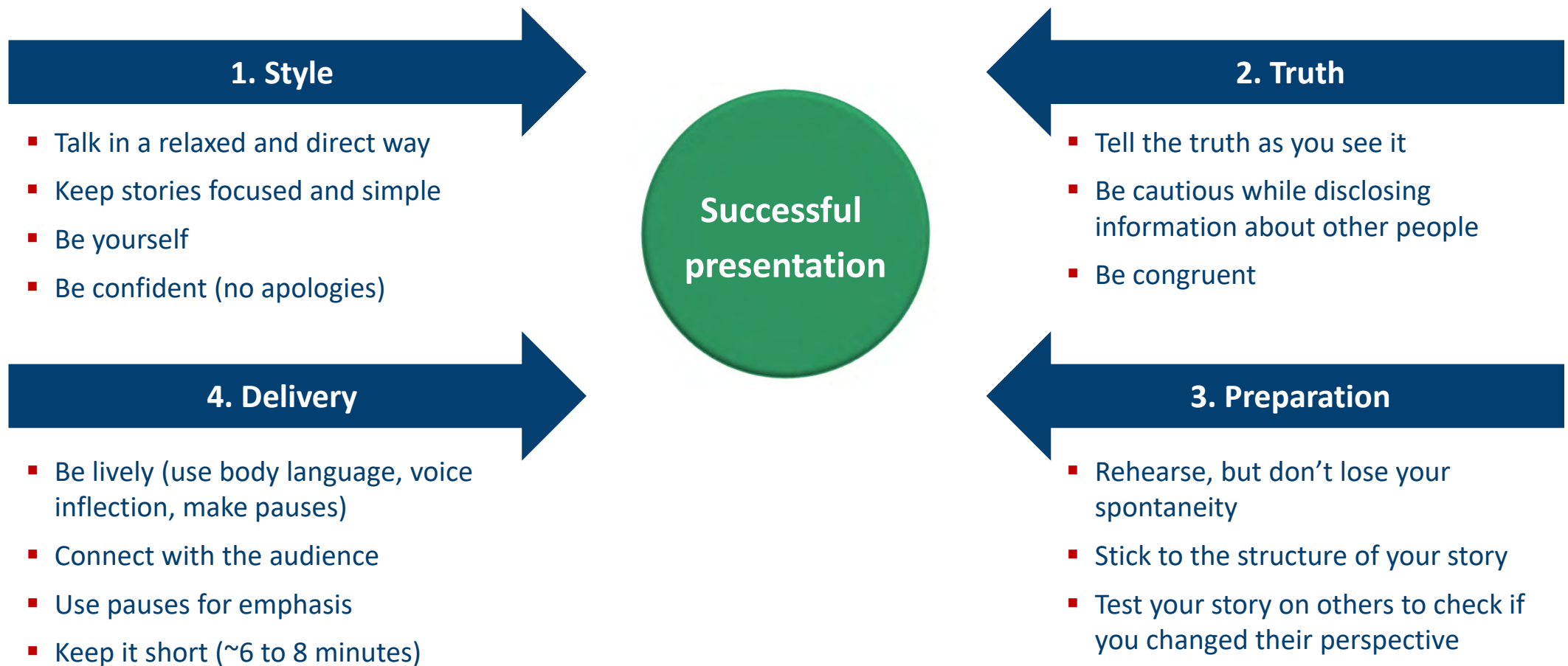


Sources: : "Storytelling and other strategies in the art of persuasion", Bill Chiat – Jennifer Aaker – Smart Pharma Consulting

¹ As per the Freytag's pyramid – ² Place, date, etc.

The delivery of the story being as important as its composition,
it is essential for the storyteller to be well-prepared and to practice

How to deliver a story: Practical recommendations



Steve Jobs was not a natural speaker but used to work hard, rehearsing, again and again, to make keynote presentations look effortless and conversational

The Apple case

- Steve Jobs introduction of the first iPhone in 2007 was a masterpiece
- Steve Jobs begins the presentation by building suspense. A touchscreen iPod? A phone? An internet communicator?
- Then, even as the audience is starting to catch on, he lingers in the suspense a bit longer before making the reveal: a three-in-one mobile phone that would change the world forever
- Jobs was building the iPhone brand even before the audience had seen it, and the story was consistent with the company brand Apple had already built
- Apple knew they had made something exceptional
- Today, Apple continues Steve Jobs tradition of storytelling
- They do a great job of telling a story about what it looks like for customers to successfully use their products
- Apple weaves their products seamlessly into the story
- They also show how their products help people create their own stories, and Apple highlights the stories people create



What can we learn from Apple?

1. **Hook the audience first, introduce your product second**
2. **Build suspense**
3. **Focus your story on customers successfully using your product**

Airbnb has built its brand with storytelling marketing, focusing on people, telling stories about people, Airbnb hosts from around the world, thus creating connection

The Airbnb case

- Airbnb content is focused on the people who own the homes listed and the travellers who go there
- They show how connecting with others is important to their brand and how their brand makes that possible
- It is a very human approach with a clear statement about the importance of stories to the Airbnb brand
- There is an entire page on their website labelled [airbnb.com/stories](https://www.airbnb.com/stories) with videos and biographies of hosts around the world
- Airbnb is also experimenting, on their website, a brand magazine called Pineapple which is “a platform for incredible stories from Airbnb family to be shared; showing how people live and create connections in cities today”
- This meshes perfectly with Airbnb approach which focuses on stories and people, which is the language by which humans communicate; this approach attracting more customers



What can we learn from Airbnb?

1. Always seek connection between the brand and the audience
2. Always bring it back to the human element
3. Be sincere

Storytelling can help companies connect with their audience and build a long-lasting relationship of loyalty with their customers and increase employee motivation

Key learnings

- As an **emotional tool**, storytelling **creates purpose** and **drives action** from the audience
- Well-constructed storytelling is an effective tool to **inspire, engage** and **motivate** your team
- Through imagination, stories **help customers visualize** the **context** of a **company**, its **challenges** and **comprehend its strategy**
- Many **companies use** storytelling to tell their story, **share** their **values** and **aspirations** and **create a lasting bond** with their target audience
- In order to **craft an impactful story** to tell, an **analysis** of the targeted **audience** is required to **understand** its **concerns, perceptions, personalities** and **priorities**
- A **great** crafted **story** is **not sufficient** to move an audience, **its delivery** through a **plotted speech** is **necessary** to achieve a behavioral change
- Telling a great **story** can **help to leverage** the full **potential** of a **brand** and to distinguish from competition

“Stories evoke emotion and inspire action”

8. Smart Pharma Institute of Management



2023 Pharma Training Programs

———— CATALOGUE ————

High Potential Performers Programs

SERVICE OFFERING January 2023

The image shows a person's hands interacting with a tablet device. The background is a blurred office setting. The text is centered on a white background that is partially overlaid by the tablet image.



20 Pharma Conferences for Management Teams

———— CATALOGUE ————

- Market Insights
- Strategic & Tactical Thoughts
- Management Best Practices
- Organizational Models

SERVICE OFFERING January 2023

The image shows a person's hands interacting with a tablet device. The background is a blurred office setting. The text is centered on a white background that is partially overlaid by the tablet image.

2023 Pharma Training Programs

CATALOGUE

High Potential Performers Programs

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

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

Introduction

Training Program Offering

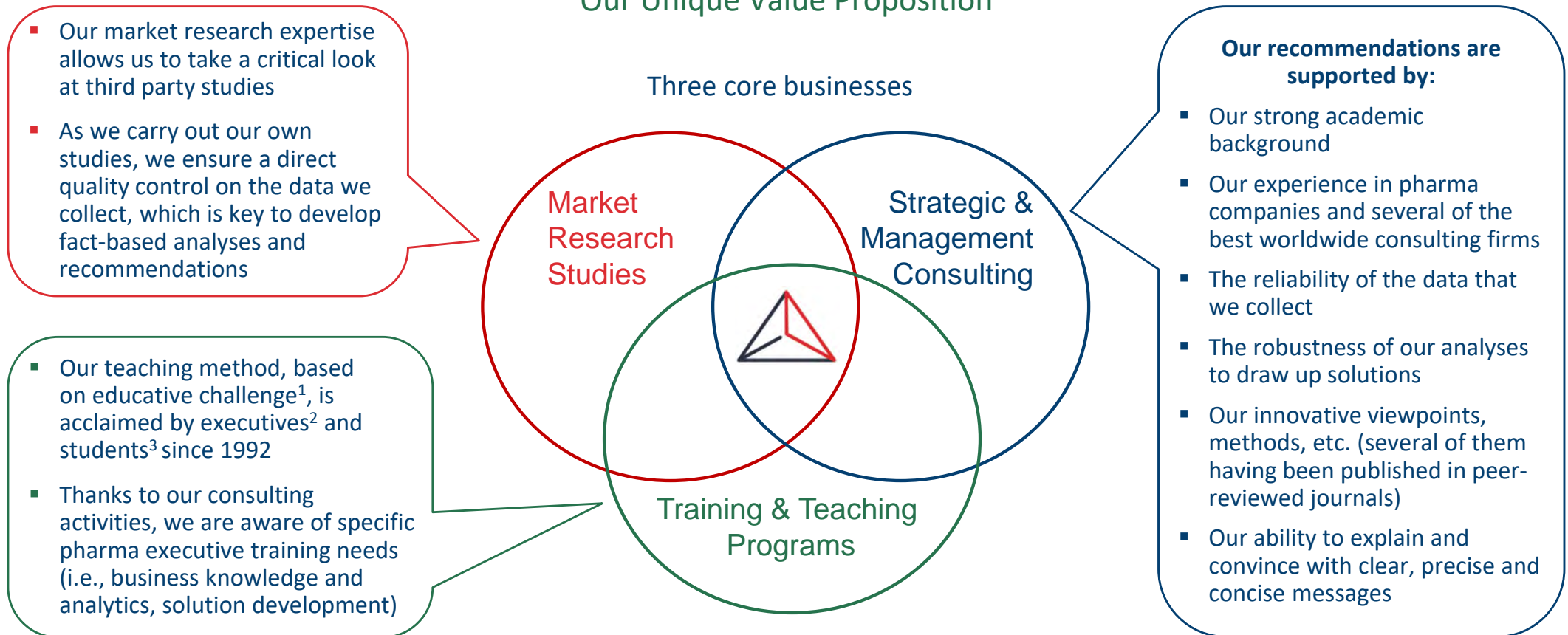
- Our training programs are developed and carried out by the “Smart Pharma *Institute of Management*” which is our professional training center
- Smart Pharma *Institute of Management* is a division of Smart Pharma Consulting that offers training programs to high potential executives from pharma and 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”

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

Introduction

Our Unique Value Proposition



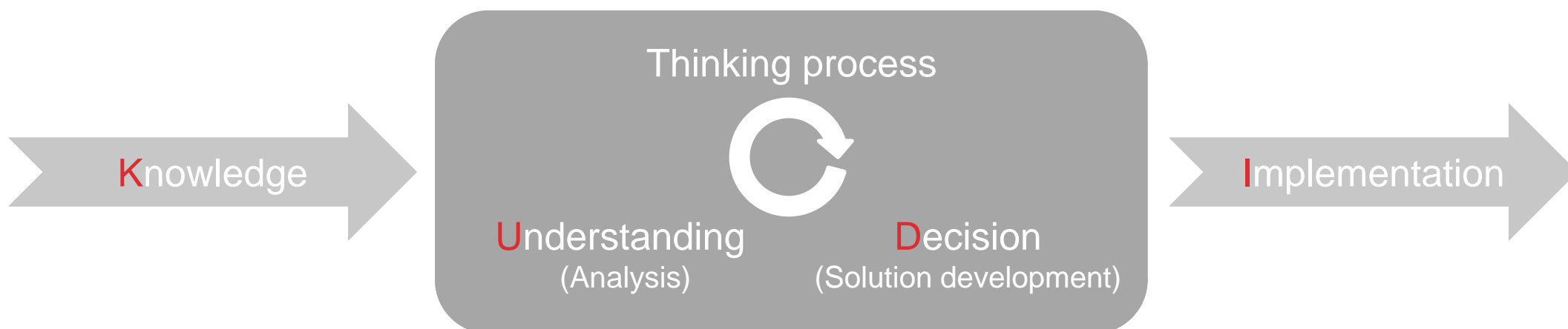
Smart Pharma is a certified Training Organization since 2002

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

Introduction

“Smartness Formula” (1/2)

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



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

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

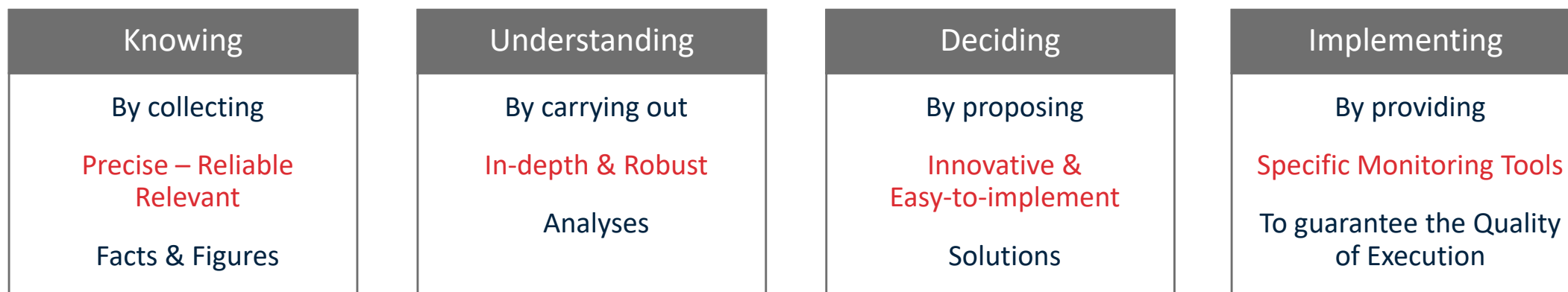
Introduction

“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



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

Introduction

Publications: Marketing book¹



*Author: Jean-Michel Peny is President of Smart Pharma Consulting,
Faculty Director of Smart Pharma Institute of Management,
Lecturer in Pharmaceutical Strategy & 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

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

Introduction

Jean-Michel Peny

▪ Experience:

- 1 year as pharmacist at Begin hospital blood bank
- 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)
- 30 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)
- 31 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

– 21 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:

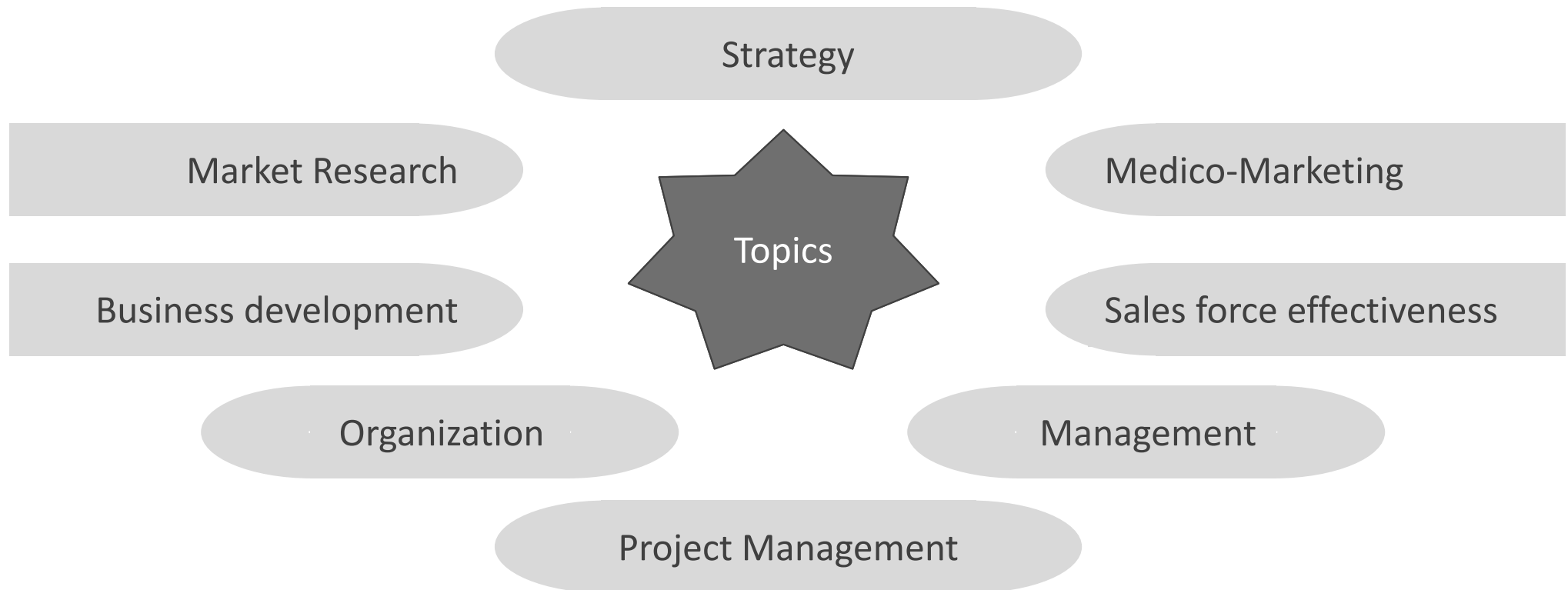
- 6 books
- 40 articles
- ~150 position papers

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

Training Programs

Key topics covered

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



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

Training Programs – Inter-companies

2023 session in French in Paris
February 20 to 24

Seminar¹: Pharma Strategy & Marketing

2023 session in French in Paris
October 23 to 27

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)
- **Market research executives**
- **Strategic planners**
- **Medical executives** (e.g., MSLS, medical managers)
- **Sales forces executives** (e.g., sales force managers, area managers)

Sources: Smart Pharma Consulting

¹ Program proposed both in English and in French. Since 2005, 153 experienced executives from 38 companies have attended this seminar

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

Training Programs – Inter-companies

Seminar¹: High Performance Sales Manager

2023 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
- Commercial Managers
- Sales force Managers
- Area Managers

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

Training Programs – Intra-companies

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 at 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

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

Training Programs – Intra-companies

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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study #1: cont.
16:00	<i>Break</i>
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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study #2 part 2: Sales forecast modeling: - Patient-based forecasting - Lifecycle based forecasting (new, growing, mature)
16:00	<i>Break</i>
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

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

Training Programs – Intra-companies

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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study #1: cont.
16:00	<i>Break</i>
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	<i>Break</i>
11:30	Presentation of the working groups C & D outputs, discussion and agreement on key learnings
13:00	<i>Lunch</i>
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	<i>Break</i>
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

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

Training Programs – Intra-companies

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

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

Training Programs – Intra-companies

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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study #1: cont.
16:00	<i>Break</i>
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	<i>Break</i>
11:30	Presentation of the working groups C & D outputs, discussion and agreement on key learnings
13:00	<i>Lunch</i>
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	<i>Break</i>
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

Sources: Smart Pharma Consulting

¹ Program proposed both in English and in French – ² According to the attendees, individual retail pharmacists and/or purchasing groups could be studied as well – ³ Key execution indicators to measure the quality of execution – ⁴ Key performance indicators to measure the impact of the tactics (medico-marketing and sales activities)

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

Training Programs – Intra-companies

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 2nd 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

Sources: Smart Pharma Consulting

¹ *Program proposed both in English and in French*

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

Training Programs – Intra-companies

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

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

Training Programs – Intra-companies

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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study: cont.
16:00	<i>Break</i>
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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study: cont.
16:00	<i>Break</i>
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of day 2

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

Training Programs – Intra-companies

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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study: cont.
16:00	<i>Break</i>
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	<i>Break</i>
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	<i>Lunch</i>
14:00	Case study: cont.
16:00	<i>Break</i>
16:15	Presentation of the working groups A & B outputs, discussion and agreement on key learnings
17:45	End of the masterclass

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

Training Programs – Intra-companies

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

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

Training Programs – Intra-companies

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

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

Training Programs – Intra-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

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

Training Programs – Intra-companies

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 2nd 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

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

Training Programs – Intra-companies

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	“Why is your time at work so precious?”
11:45	<i>Break</i>
12:00	Workshop #1: How well do you manage your time? – Express Self-diagnosis
13:00	<i>Lunch</i>
14:00	Workshop #2: Situation analysis: Time wasters identification
15:30	<i>Break</i>
16:00	Workshop #3: Management of time wasters
17:30	End of day 1

Day 2

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

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

Training Programs – Intra-companies

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

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

Training Programs – Intra-companies

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

20 Pharma Conferences for Management Teams

———— CATALOGUE ————

- Market Insights
- Strategic & Tactical Thoughts
- Management Best Practices
- Organizational Models

Pharma Conferences for Management Teams – Introduction

- **Smart Pharma Consulting** proposes **20 unique pharma conferences** to:
 - Develop the **knowledge**
 - Strengthen the **understanding**
 - Improve the **decision-making** processof **Management Teams** of pharma companies
 - During these conferences, we will share **up-to-date data, robust analyses, innovative concepts, practical methods** and **tools** regarding:
 1. **Market insights**
 2. **Strategic & tactical thoughts**
 3. **Management best practices**
 4. **Organizational models**
 - Our presentations which can be **adjusted to each pharma company needs** are based on our:
 - **40+ publications**
 - **36 years of experience** in the **pharma sector**
 - We **propose several options** for each selected topic:
 - 1- to 2-hour sessions: lecture + Q&A
 - 2- to 4-hour sessions: lecture + Q&A + workshops
- I **will facilitate** these conferences so that to **stimulate exchanges – challenge the status quo – provide new practical ideas**

Jean-Michel Peny

Pharma Conferences for Management Teams – Topics



From Global to French Pharma Market

CONFERENCE

Strategic implications
for pharma companies



How to optimize the value of drugs?

CONFERENCE

Market Access
best practices

Pharma Conferences for Management Teams – Topics



What Future for the Orphan Drugs Market?

CONFERENCE

Strategic insights for pharma companies



Value of Established Pharma Brands

CONFERENCE

How to get the best of it?

Pharma Conferences for Management Teams – Topics



The French Biosimilars Market

CONFERENCE

Key Success Factors
& Prospects



The French Generics Market

CONFERENCE

Key Success Factors
& Prospects

Pharma Conferences for Management Teams – Topics



**Top 20
pharma companies**

CONFERENCE

Performance & Strategies



**Digitalization
of the Value Chain**

CONFERENCE

Application to
Pharma Companies



Pharma Conferences for Management Teams – Topics



**Why & How to
develop an Affiliate...**

———— CONFERENCE ————

... Strategic Plan?



**How to Boost
Corporate Reputation?**

———— CONFERENCE ————

Practical recommendations
for pharma companies



Pharma Conferences for Management Teams – Topics



Pharma BD&L at Affiliate level

CONFERENCE

From theory to practice



Digital Therapeutics

CONFERENCE

What Opportunities for
Pharma Companies?

Pharma Conferences for Management Teams – Topics



Brand Preference Strategy

CONFERENCE

The only relevant solution to gain market share



Create an outstanding HCP Experience...

CONFERENCE

... to optimize your performance

Pharma Conferences for Management Teams – Topics



Omnichannel Strategy in Pharma Marketing

CONFERENCE

Best Practices



Field Force Organization

CONFERENCE

The Smart Field Force
Framework

Pharma Conferences for Management Teams – Topics



**Be a Smart Manager...
... not just a good one**

CONFERENCE

The seven tips
you can't ignore



**Excellence
in Execution**

CONFERENCE

Application to
pharma companies

Pharma Conferences for Management Teams – Topics



What Future for Medical Reps?

— CONFERENCE —

Vision & Recommendations



What Future for MSLs?

— CONFERENCE —

Vision & Recommendations



9. Smart Pharma Care



Smart Pharma
CONSULTING

Smart Pharma Care Programs

———— CATALOGUE ————

“Children of Kathmandu” Project

SERVICE OFFERING January 2023

The image shows a person's hands interacting with a tablet device. The background is a blurred outdoor scene with a blue sky and greenery. The overall design is clean and professional, with a white background and a dark blue diagonal element on the left side.

Smart Pharma Care Programs

CATALOGUE

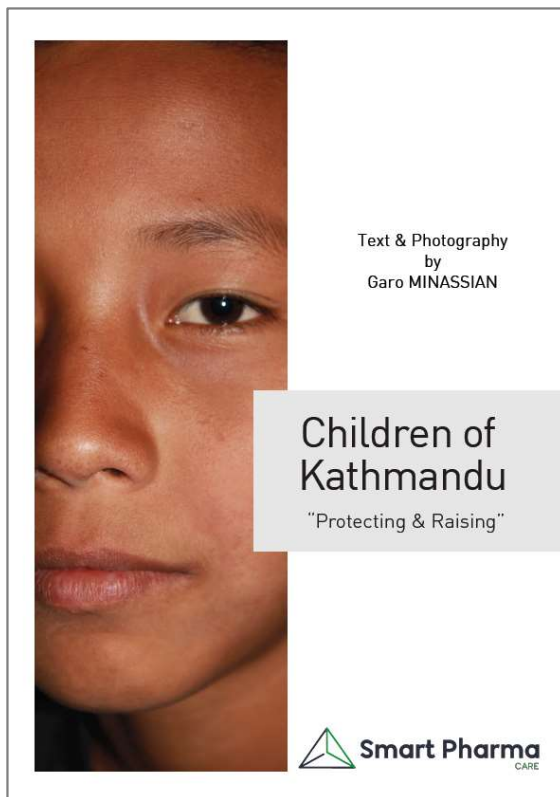
“Children of Kathmandu” Project

For 17 years, Smart Pharma Consulting, has managed and funded the “Children of Kathmandu”, program, which protects and raises children abandoned, subject to extreme poverty or violence

Protecting & Raising Children

Children of Kathmandu Project

- Our "Smart Pharma Care" department is dedicated to help the world's most vulnerable children
- This engagement is a pillar of our commitment to redistribute opportunities and wealth



*“Click on the pictures to discover
these 200 children of Kathmandu
we support to offer them a chance
to build a better future”*

