Introduction

2020 Pharma Trends

1. Global pharma market
2. French pharma market
3. French stakeholders behavior

2020 Marketing Challenges

1. From satisfaction to preference
2. From segmentation to individualization
3. From conventional to digital marketing

Recommendations
Introduction

This position paper has selected 12 market trends and 7 marketing challenges likely to impact pharma companies by the end of 2020, leading to 5 recommendations

Objective of the presentation

- The objective of this position paper is to highlight:
  - The key pharma market trends
  - The key marketing challenges

over the 2015 – 2020 period based on an in-depth analysis of the environment and of its players, at both global and national levels

- From the 12 key pharma market trends and the 7 marketing challenges selected by Smart Pharma Consulting…

- … 5 recommendations, specific to R&D-based pharma companies, have been proposed
Trend #1: Health expenditure will keep on growing faster than national economies, irrespective of the measures introduced by health authorities to slow it down

Healthcare expenditure as a percentage of GDP¹

- In 2013, healthcare expenditure represented one of the largest public spending items in most developed economies: 1st (USA), 2nd (France, Germany, Japan, UK)² and 3rd (Italy³ and Spain⁴)

- At best, health authorities will manage to slow down the rise of healthcare expenditure as a percentage of GDP, but not to stop it

- In principle, there is no ideal or optimal ratio of healthcare expenditure over GDP

- The weight of healthcare expenditure is primarily a political decision based on public health considerations and national investment prioritization


¹ Gross Domestic Product in local currency  
² After social protection  
³ After social protection and general public services  
⁴ After social protection and economic affairs
Trend #2: Governments will keep on applying drastic cost-containment measures on drugs because they are technically easy to implement and politically risk-free

Breakdown of healthcare expenditure per country (2013)

- Drugs represent the 3rd largest source of healthcare expenditure in 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 little or no negotiation with suppliers
  - Much better accepted by citizens than restriction measures on the other segments
- However, to significantly reduce total healthcare costs, governments will need to apply cost-optimization measures on all healthcare segments, irrespective of their relative importance

Sources: OECD Health Database as of May 2015 (Data France, Germany, Japan and Italy: 2013, Spain: 2011) – Centers for Medicare Services, Office of the Actuary, National Health Statistics Group for the U.S. (2013 data) – Smart Pharma Consulting analyses

1 Other expenditures mainly include nursing and residential care facilities, provision and administration of public health programs and general health administration
Trend #3: By 2020, the R&D-based biotech segment will exhibit the highest profitability (~28%) and an average annual growth rate of 6% vs. 4% for the global pharma market.

Global pharmaceutical market attractiveness per strategic segment (2014 – 2020)

- In 2020, pharma market sales (excluding medical device) should reach USD 1,400 B worldwide with a +4% CAGR between 2014 and 2020.
- In 2020, the average profitability rate should stand at 22% of pharma companies sales vs. 25% in 2014.
- The OTC segment appears to be the smallest, the least profitable and with the lowest growth rate.
- The biotech segment will remain very attractive.

Sources: Nicholas Hall's OTC Yearbook 2013 – IMS Health 2014 – Smart Pharma Consulting analyses

1 Compound annual growth rate – 2 Including branded and unbranded generics and biosimilars, excluding OTC – 3 Excluding biosimilars, already included in the "Generics" segment – 4 Profits before interests and taxes
2020 Pharma Trends

1. Global pharma market

Trend #4: The global pharma market will be mainly driven by demographic factors and a strong willingness of citizens to have access to breakthrough innovation

Global pharmaceutical market drivers and limiters (2014 – 2020)

**DRIVERS**

1. Population increase and ageing
2. Strong development of generics market (though at the expense of R&D-based brands sales)
3. Stronger demand for new and better medicines, including vaccines
4. Increasing demand for secondary-care products, including biologicals
5. Increasing access to medicines by emerging markets (e.g. BRIC countries, Mexico, Turkey, etc.)

**LIMITERS**

1. Stagnation of R&D productivity of pharma companies and increasing barriers to market access
2. Intensification of competition from generics and biosimilars
3. Increasing price pressure from payers (governments, HMOs, patients, etc.), exacerbated in Europe by the slow economic growth
4. Increasing price sensitivity of customers for OTC products
5. Increasing power of authorities, payers, patients and patient advocacy groups, in the choice of the treatment, including the choice of the drug

Sources: Smart Pharma Consulting analyses

1 Compound annual growth rate – 2 Brazil, Russia, India, China – 3 Health Maintenance Organizations

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**CAGR**: Compound annual growth rate

**Pharmaceutical market**

**Sales**

2014

2020

<table>
<thead>
<tr>
<th>2014</th>
<th>2020</th>
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</thead>
<tbody>
<tr>
<td>Sales</td>
<td>Sales</td>
</tr>
</tbody>
</table>

**CAGR**: +4%
Stakeholders in the French healthcare system can be split according to their role as decision maker, payer, provider / supplier or consumer.

Relationships between main stakeholders

DECISION MAKERS

Parliament

Votes on laws

Ministry of Health*

Introduces bills (draft laws) in Parliament

Other Ministries

DECISION MAKERS

ANSM²

Supervises

CEPS³

Can oppose

HAS⁴

Decides

PAYERS

Social Health Insurance

Consults

UNCAM¹

Delegates

Alerts

Contribute

Complementary Health insurance

UNOCAM¹

Notifies

Negotiate

Organizes the healthcare offer

Pharma companies

HEALTHCARE PROFESSIONALS

Healthcare professionals

Hospitals

Patients

Households

* The exact name of this ministry is: Ministry of Social Affairs, Health and Women rights, that will be named in this report Ministry of Health

¹ UNCAM : Union Nationale des Caisses d'Assurance Maladie / UNOCAM : Union Nationale des Organismes d'Assurance Maladie Complémentaires → National Union of Social Health Insurance Funds / of Complementary Health insurance
² ANSM : Agence Nationale de Sécurité du Médicament et des produits de santé → Health Agency
³ CEPS : Comité Economique des Produits de Santé → Economic Committee on Healthcare Products
⁴ HAS : Haute Autorité de Santé → National Authority for Health
Trend #5: French health authorities will keep on limiting ASMR I, II and III to quantum leap innovations in order to contain the cost of reimbursed drugs.

SMR and ASMR granting over time (2010-2014)

**Distribution of granted SMR levels**

<table>
<thead>
<tr>
<th>Year</th>
<th>Important</th>
<th>Moderate</th>
<th>Weak</th>
<th>Insufficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>249</td>
<td>191</td>
<td>177</td>
<td>149</td>
</tr>
<tr>
<td>2011</td>
<td>163</td>
<td>103</td>
<td>119</td>
<td>28</td>
</tr>
<tr>
<td>2012</td>
<td>155</td>
<td>112</td>
<td>121</td>
<td>28</td>
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<tr>
<td>2013</td>
<td>149</td>
<td>111</td>
<td>121</td>
<td>28</td>
</tr>
<tr>
<td>2014</td>
<td>155</td>
<td>112</td>
<td>121</td>
<td>28</td>
</tr>
</tbody>
</table>

**Distribution of granted ASMR levels**

<table>
<thead>
<tr>
<th>Year</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>263</td>
<td>197</td>
<td>183</td>
</tr>
<tr>
<td>2011</td>
<td>148</td>
<td>159</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>148</td>
<td>159</td>
<td></td>
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<tr>
<td>2013</td>
<td>148</td>
<td>159</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>148</td>
<td>159</td>
<td></td>
</tr>
</tbody>
</table>

Sources: HAS Annual Activity Reports (2007-2014) – Smart Pharma Consulting analyses

1 Applications for first registration only, all procedures combined. An application may result in several different SMR / ASMR, depending on the considered indications.
**2020 Pharma Trends**

**Trend #6:** By 2020, drugs (reimbursed or not) sold in retail pharmacies should grow by 1% per annum only, due to price cuts imposed by health authorities

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1. **Not reimbursed**
   - 2008: €11.1B
   - 2014: €12.5B
   - 2020: €14.5B
   - CAGR: 2008-2014: +2.0%
   - 2014-2020: +2.5%

2. **Patent-protected and other specific drugs**
   - 2008: €4M
   - 2014: €82M
   - 2020: €325M
   - CAGR: 2008-2014: +1.4%
   - 2014-2020: +1.7%

3. **Generics and biosimilars**
   - 2008: €25.4B
   - 2014: €26.7B
   - 2020: €29.5B
   - CAGR: 2008-2014: +6.4%
   - 2014-2020: +3.4%

4. **Originator drugs**
   - 2008: €2.1B
   - 2014: €2.3B
   - 2020: €2.0B
   - CAGR: 2008-2014: +8.3%
   - 2014-2020: +1.2%

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**Sources:** GERS and Top GERS data

Smart Pharma Consulting analyses

1. Constant ex-factory prices
2. Compound annual growth rate
3. Estimated rebated sales including hospital sales of biosimilars and products invoiced in addition of the hospitalization charges (Off T2A) and reassigned medicine sales
4. Sales of medicines whose patents have not expired and of other specific products (calcium, sodium, potassium, paracetamol, etc.)
**Trend #7: Biosimilars sales are expected to increase up to €325 M in 2020 thanks to patent protection expiry of several products and in the absence of major measures**

**Biosimilar market sales forecast (value) – Hospital and retail markets**

<table>
<thead>
<tr>
<th>Year</th>
<th>Original brands sales (M€)</th>
<th>Biosimilars sales (M€)</th>
<th>Biosimilars penetration rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>565¹</td>
<td>82¹</td>
<td>13%¹</td>
</tr>
<tr>
<td>2017</td>
<td>2,641</td>
<td>161</td>
<td>6%</td>
</tr>
<tr>
<td>2020</td>
<td>2,308</td>
<td>325</td>
<td>12%</td>
</tr>
</tbody>
</table>

Note: Hospital sales include discounts

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**Sources:**
- **GERS retail**
- **Smart Pharma Consulting analysis**

¹ In value; 2014 only takes into account the classes in which biosimilars are already marketed – ² Infliximab (Remicade), rituximab (MabThera/Rituxan), pegfilgrastim (Neulasta), trastuzumab (Herceptin), recombinant follitropins (Gonal-F and Puregon), etanercept (Enbrel), insulin glargine (Lantus), adalimumab (Humira), cetuximab (Erbitux) and bevacizumab (Avastin) – ³ Growth hormones, erythropoiesis stimulating agents, and granulocyte colony-stimulating factors

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Strategic priorities for pharma companies by 2020 will be linked with the behavior of the “7 Ps” stakeholders

The 7 Ps

- Policy makers
- Physicians
- Pharmaca competitors
- Pharmacists
- Patients & PAGs
- Payers

Source: Smart Pharma Consulting analyses

\(^1\) Patients Advocacy Groups
Trend #8: Policy makers & Payers will work jointly to secure the sustainability of the healthcare system by reinforcing cost pressure, and especially on drugs

**Policy makers & Payers**

**Behavioral Trends**

1. Apply drastic price cuts on drugs

2. Give earlier / broader access to innovation

3. Improve patients management / adherence

**Implications for Pharma Companies**

1. More stringent price and reimbursement decisions (i.e. number of indications, volume per indication, patient profiles, etc.)
2. Accelerated price decrease over time for reimbursed drugs and higher risk of delisting
3. Measures to boost generics and biosimilars

- New regulations through which during ATU (EAP\(^1\)) reimbursement is secured until the price of the drug is granted by the CEPS
- Measures to reinforce healthcare networks and patient follow-up\(^2\)
- Incentives\(^3\) for GPs (and possibly for specialists) who comply with “best prescribing practices” and who follow-up their patients

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Source: Smart Pharma Consulting analyses

1 Early Access Program – 2 Resources allocated to coordinate healthcare networks (see MoH healthcare project of June 2014) – 3 ROSP contracts: Rémunération sur Objectifs de Santé Publique, formerly called CAPI

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Smart Pharma Consulting
Trend #9: Physicians are becoming more and more reluctant to partner with pharma companies and more attentive to the reputation of the latter

**Behavioral Trends**

1. Reduce access of med reps
2. Distrust vis-a-vis pharma companies
3. Become more connected
4. Stick to health authority guidelines

**Implications for Pharma Companies**

1. Limited access to pharma companies (the new generation of physicians do not perceive the value delivered by med reps while calling on them)
2. Physicians are more and more reluctant and cautious to partner with the pharma industry
3. Being more connected, they can find good-quality scientific information through the Internet
4. Increasing prescription rate of generics / genericized original brands and biosimilars under health authorities and payers pressure
Trend #10: Pharmacists are open to collaborate with pharma companies on a fee-for-service basis to carry out patients screening, adherence and management programs.

**Pharmacists**

**Behavioral Trends**

1. **Lower purchasing costs**

2. **Develop fee-for-services**

3. **Offer home care / home delivery**

**Implications for Pharma Companies**

1. Pharmacists increase direct purchasing from pharma companies to get better prices (enabling to track parallel trade and reduce risks of shortages).

2. Pharmacists are looking for partnerships with pharma companies on a fee-for-service basis regarding: screening of patients, patients adherence programs, etc.

3. Pharmacists are induced to develop highly profitable and/or dynamic segments (e.g. generics, OTCs, home care and home delivery services).

Source: Smart Pharma Consulting analyses
Trend #11: Patients & PAGs \(^1\) will increase their influence at Policy makers & Payers to facilitate access to innovation, maintain reimbursement and raise patients’ rights

**Behavioral Trends**

1. Modify their interactions with physicians
2. More influenced by social networks
3. Keep early access to innovation
4. Need for financial support & reorganization

**Implications for Pharma Companies**

1. Some patients play a more active role in their healthcare management and may ask their physician for a specific brand or type of products
2. Possibility to invest in patient-focused programs and social media activities, to organize projects with patients communities and/or bloggers
3. PAGs will play a stronger role to influence health authorities, and pharma companies could partner with them to get early access to innovation
4. PAGs are eager to partner with pharma companies to get financial support (sponsorship of events) and to better manage their activities (e.g. training programs, new offers for their members, etc.)

Source: Smart Pharma Consulting analyses

\(^1\) Patient advocacy groups
Trend #12: Pharma companies will strive to differentiate from competition by offering highly valued products and services benefiting HCPs¹ and other stakeholders.

**Pharma competitors**

<table>
<thead>
<tr>
<th>Behavioral Trends</th>
<th>Implications for Pharma Companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Craft a customer-centric strategy</td>
<td>1. Investment in <strong>unique patient programs</strong> that are recognized as <strong>delivering superior value</strong> than competitors’ ones</td>
</tr>
<tr>
<td>2. Research of more flexibility and agility</td>
<td>2. <strong>Creation of fully integrated franchises</strong> with dedicated resources and independent procedures to ensure better agility</td>
</tr>
<tr>
<td>3. Develop efficient medico-marketing actions</td>
<td>3. <strong>Rethink</strong> of the role and <strong>skills</strong> of front-line collaborators to “offer” stakeholders unique experiences likely to raise their preference for the brands marketed by the company</td>
</tr>
<tr>
<td></td>
<td>4. <strong>Research of synergies</strong> (multi-channel approach combining conventional and digital means) for better efficacy and optimal efficiency</td>
</tr>
</tbody>
</table>

Source: Smart Pharma Consulting analyses

¹ Healthcare Professionals
### 2020 Pharma Marketing Challenges

**Challenge #1:** Replace customer satisfaction by customer preference as a strategic driver to gain market share, at the expense of competitors

#### In search of customer preference

<table>
<thead>
<tr>
<th>Customer Satisfaction</th>
<th>Customer Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Results from the fulfillment of one or several expectations</td>
<td>▪ Results from a superior solution to existing alternatives</td>
</tr>
<tr>
<td>▪ Secure customer loyalty</td>
<td>▪ Secure loyalty and enable to conquer new customers</td>
</tr>
<tr>
<td>▪ Identification of expectations</td>
<td>▪ Identification of expectations</td>
</tr>
<tr>
<td>▪ Offering of solutions to fulfill these expectations</td>
<td>▪ Assessment of superiority level to induce customer preference</td>
</tr>
<tr>
<td>▪ Assessment of customer satisfaction (e.g. customer satisfaction survey)</td>
<td>▪ Offering of unique &amp; preferential solutions</td>
</tr>
<tr>
<td></td>
<td>▪ Measurement of the preference level with tools (e.g. BPM Index(^1))</td>
</tr>
</tbody>
</table>

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**Source:** Smart Pharma Consulting analyses

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\(^1\) Brand Preference Mix index
To boost the preference of physicians for their marketed brands, pharmaceutical companies can leverage the three components of their Brand Preference Mix:

- Convey an appealing corporate identity
- Maintain a corporate reputation that induces preference
- Highlight attributes in a way that generates preference
- Create a perception of uniqueness
- Leverage corporate reputation & service offering

Key levers to be activated:

- Deliver unique services...
- ... that are highly valued [Interest – Utility – Practicality – Quality of execution]
- Select and design services that will lead to corporate and / or brand preference
- Make sure services are related to the company and / or the brand

Source: Smart Pharma Consulting


2. From segmentation to individualization

Challenge #2: Adopt a dynamic profiling of customers, to capture more relevant and accurate insights regarding the prescribing potential of physicians

Static vs. Dynamic segmentation of physicians

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**Static segmentation**

<table>
<thead>
<tr>
<th>MARKET POTENTIAL</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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<tbody>
<tr>
<td>Low</td>
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<td></td>
<td></td>
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<tr>
<td>Moderate</td>
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<td></td>
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<tr>
<td>High</td>
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**Product Potential**

<table>
<thead>
<tr>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
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</tbody>
</table>

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**Dynamic segmentation**

(Environmental & behavioral)

- General environment
- Personality of physicians
- Conditions of practices

<table>
<thead>
<tr>
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<th>Low</th>
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<th>High</th>
</tr>
</thead>
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<tr>
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<td>High</td>
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</table>

**Product Potential**

<table>
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</tbody>
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**Evolution of Market Prescription**

**Evolution of Product Prescription**

Source: Smart Pharma Consulting
Challenge #3: Allocate the level and nature of medico-marketing actions not only on physician prescribing potential but also on their likelihood to be influenced.
**Challenge #4: Develop a kind of “individual marketing plan” by physician to get a greater efficiency (return on investment)**

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**Dynamic segmentation**

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Evol. of Market/Products Rx</th>
<th>Sensitivity to calls/marketing</th>
<th>Leading Rx drivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarke</td>
<td>High / Moderate</td>
<td>High / Mailings</td>
<td>Emotional</td>
</tr>
<tr>
<td>Dylan</td>
<td>Moderate / High</td>
<td>High / Meetings</td>
<td>Medical</td>
</tr>
<tr>
<td>Lopez</td>
<td>High / High</td>
<td>Low / Studies</td>
<td>Medical</td>
</tr>
<tr>
<td>Martin</td>
<td>Moderate / Moderate</td>
<td>High / Meetings</td>
<td>Economic</td>
</tr>
<tr>
<td>Taylor</td>
<td>Low / Low</td>
<td>High / Meetings</td>
<td>Emotional</td>
</tr>
</tbody>
</table>

**Quantitative and qualitative adjustment**

<table>
<thead>
<tr>
<th>Physicians</th>
<th># of Calls</th>
<th># of Meetings</th>
<th># of Studies</th>
<th># of Mailings</th>
<th>Communication styles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarke</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>Dialogue / Services</td>
</tr>
<tr>
<td>Dylan</td>
<td>8</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>Scientific only</td>
</tr>
<tr>
<td>Lopez</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>Scientific only</td>
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<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>Taylor</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>Dialogue / Services</td>
</tr>
</tbody>
</table>

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**Sources:** Interviews with pharma companies – Smart Pharma Consulting analyses
Challenge #5: Ensure a shared vision and an effective coordination between customer-facing & customer-supporting collaborators of pharma companies

Changes in the pharma promotional environment (1/2)

**Multi-sources**

- PHARMA COMPANIES
  - External communication
  - Economic affairs
  - Public affairs
  - Medical affairs
  - Sales forces
  - Marketing
  - etc.

- Opinion leaders (Journalists – KOLs…)

**Multi-channels**

- Pharmacy calls
- Paramedic calls
- Influencer calls
- Press
- Mailing
- Phoning
- Others
- Meetings
- Clinical trials
- Detailing
- E-detailing
- E-mailing
- Social networks
- SMS - MMS
- Web-conferences
- Websites
- e-learning
- Others

**Multi-clients**

- INFLUENCERS
  - Health authorities
  - “Politics”
  - Public health insurance
  - Private health insurance
  - Patient advocacy groups
  - Professional associations

- PRESCRIBERS
  - PHYSICIANS
  - PHARMACISTS
  - BUYERS
  - PATIENTS

**Services**

- Digital marketing

Sources: Smart Pharma Consulting analyses

1 Round tables, symposia, congresses… – 2 Sampling, gimmicks, grants, prescription pads… - 3 Continuous medical education through a digital interface – 4 Screen savers, popup windows…
Challenge #6: Redefine marketing strategies and corresponding tactics to maintain the contact with physicians who increasingly refuse face-to-face calls

Changes in the pharma promotional environment (2/2)

- Strengthening of CRM tools allowing a more precise profiling of customers
- Tighter control of medical calls by health authorities
- Higher proportion of physicians refusing face-to-face calls
- Portfolio evolution from primary to secondary care products
- Increasing role of other stakeholders influencing physician prescriptions

Implications for pharma companies

- Need to adapt communication:
  - Content
  - Channels
to multiple stakeholders
- Reduced marketing and sales budgets
- Switch priority from efficacy to efficiency

- Lower number of new products with high sales potential, leading companies to try to:
  - Improve the level of return on investment of each promotional activity
  - Maximize the profits of products by using more efficient multi-channel approaches (trigger marketing)
- Less favorable economical context

Sources: Interviews with pharma companies – Smart Pharma Consulting analyses

1 Customer Relationship Management – 2 Patient advocacy groups, regional sick funds, pharmacists, etc.
Challenge #7: Keep digital channels for what they have proved to be: a valuable complement of conventional channels to be carried out on well-defined targets.
Recommendations

If all pharma companies are subject to the same rules, the impact of the latter differs according to their corporate reputation and to the value of their products and services

**Key points for pharma companies**

- **Point #1** Demonstrate – better than competitors – what is the *fair value* of its own drugs compared to alternatives with robust data and a convincing “story”

- **Point #2** Once on the market, *develop a strategy* likely to *boost* customer *preference* to gain market share

- **Point #3** Partner with pharmacists to carry out patients’ management programs, providing they can be leveraged to *boost* corporate *reputation*

- **Point #4** Help PAGs\(^1\) better *manage* their *activities* and better *influence* healthcare decisions at government level

- **Point #5** Give *priority* to *efficiency* of investment *over* their *efficacy* by assessing their relevance and the quality of their execution

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Sources: Smart Pharma Consulting

\(^1\) Patient advocacy groups

2020 Pharma Trends & Marketing Challenges

November 2015
Consulting company dedicated to the pharmaceutical sector operating in the complementary domains of strategy, management and organization.

### Core capabilities

#### 1 Strategy
- Assessing the attractiveness of markets (Hospital / retail innovative products - Vaccines - OTC - Generics)
- Growth strategy
  - Optimization of marketing / sales investments
  - Development of a company in the hospital market Business
  - Valuation for acquisition
  - Portfolio / franchise assessment
- Extension of product life cycle performance
  - Improvement mature products performance
  - Adaptation of price strategy
- Defense strategies vs. new entrants
- Competitive strategies in the hospital market
- Strategic partnerships companies / pharmacies

#### 2 Management
- Facilitation and structuring of strategic thinking for multidisciplinary product teams
  - Key challenges identification
  - Strategic options formalization
  - Resource allocation optimization program
- Training of marketing and market research teams to sales forecast techniques (modeling and scenarios development)
- Development and implementation of a "coaching program" for area managers
  - Sales reps coaching
  - Regional action plans roll-out
- Development and implementation of a "sales techniques program" for sales forces (STAR1)

#### 3 Organization
- Rethink of operational units organization
- Improvement of sales force effectiveness
- Improvement of the distribution channels covering the hospital and retail markets
- Development of a strategic planning process

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1 Sales Techniques Application for Results (training course)