

THE PHARMA WARS SERIES

**IN A PHARMA GALAXY FAR,
FAR AWAY...**

STRATX
Experiential Learning for Business Impact

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As a little homage to the Star Wars franchise,
StratX has rolled out a six-part Pharma Episodes series.

● Summary

EPISODE I:
The Multichannel Menace



EPISODE II:
Attack of Patient Centricity



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Revenge of the Net



EPISODE IV:
LEX and the New Slope



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The Payer Strikes Back



EPISODE VI:
Return of the Innovator





THE PHARMA WARS SERIES

EPISODE I

The Multichannel Menace

● **Pharma marketing has never been easy but these days it's tougher than ever.**

Every generation of pharma marketers has believed this about the challenges they face, but there is now data to show this. Historically, efforts were focused along a limited number of customer engagement channels. Back in the blockbuster era, there were only one or two stakeholders to seriously consider and the toolbox was pretty limited.

Even though channel mix planning was much simpler, there were surprisingly few best practice examples. One rare case was the excellent BMS/Sanofi launch of Plavix across its major cardiovascular indications globally.

Within a very short period of time, major multicenter trial results were announced globally at key cardiovascular meetings. In concert with this, national PR communications ran across most major markets where new indications were granted. Locally, doctors and payers received communications including rep details about how many leading centers were changing their treatment algorithms to include Plavix.

● Within a very short period of time, major multicenter trial results were announced globally at key cardiovascular meetings.

And all stakeholders could read about the real life stories of local patients who had participated in the clinical trials and their experience with Plavix therapy which had improved or even saved their lives.

All of this was implemented globally within a period of ONLY TWO WEEKS.

The so-called «surround sound» effect was impressive and much greater than if the same communication had trickled out over the course of months in an uncoordinated fashion. Since that era and with the introduction of new technologies, so much has changed yet the fundamentals have remained the same. And how are we doing in terms of customer satisfaction?

The force is definitely not with us all... yet.

In addition to the “old school” tools, virtually all pharma companies have expanded their toolboxes to include new digital and non-digital tools to engage with their customers. And most companies are working with these tools across a wider range of customers and stakeholders. Still, in these days of increased complexity, BEST PRACTICES SEEM TO BE IN A GALAXY FAR, FAR AWAY.

With some many more options and increasingly demanding customers, this environment raises a new «multichannel menace» to be handled in marketing planning and execution.

And not surprisingly, in our experience, few pharma players really succeed in coordinating all of their communications channels and engagement tools to the point where they achieve maximum impact and true customer satisfaction.

The force

is definitely

not with us all...

yet.

One great example today is some of the work that AbbVie is doing with Humira in indications like SPA (Active Non-Radiographic Axial Spondyloarthritis). They are successfully using both traditional and non-traditional channels in very challenging markets and are doing so with great success and superior customer satisfaction.

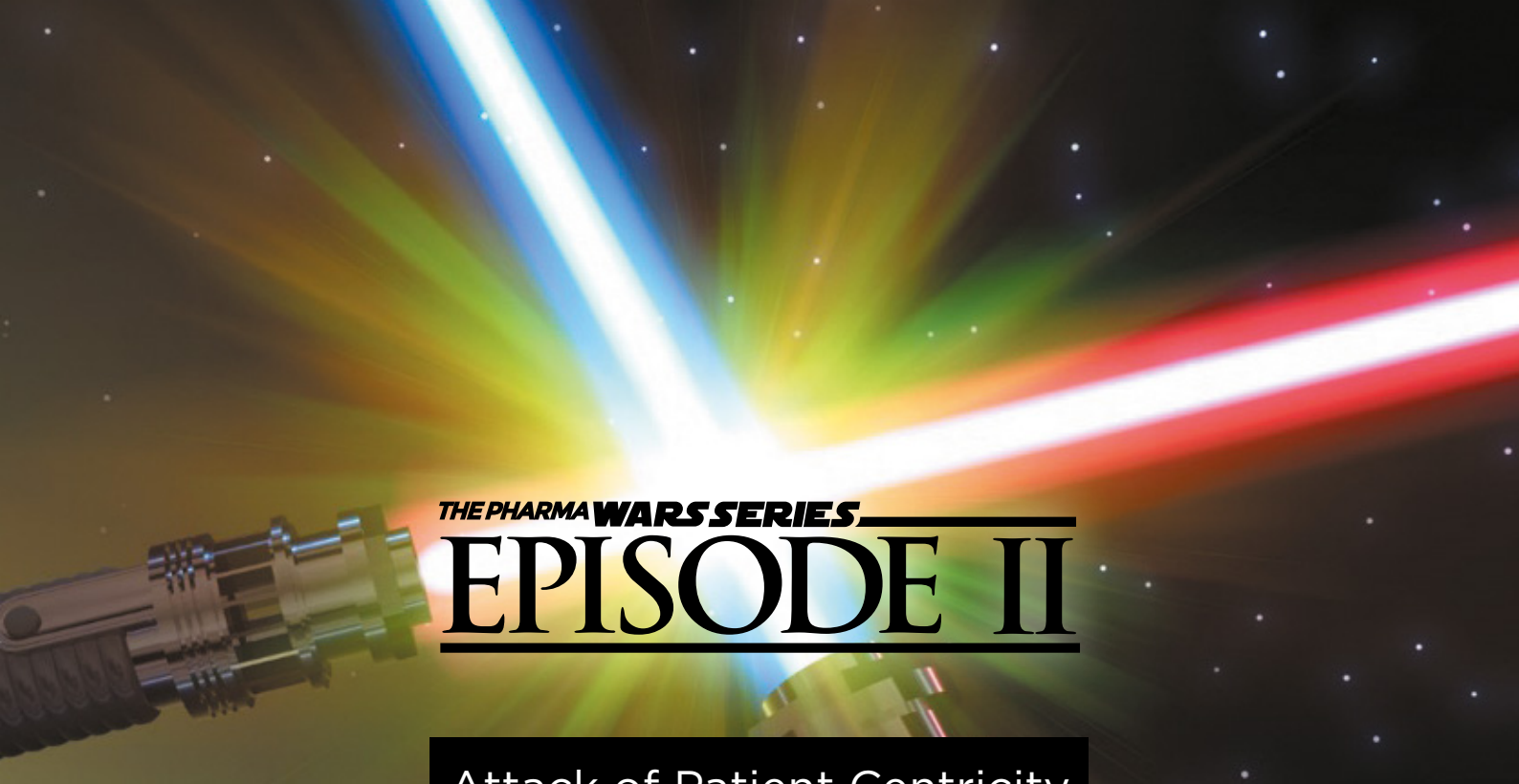
- The most effective way to ensure
- well-coordinated multichannel
- communication is to adopt a
- **CUSTOMER-CENTRIC** approach
- and define the engagement
- you want your customers and
- stakeholders to experience and
- work back from there.

It sounds easy, but most companies fail in the process. The real winners are the companies that really understand their customers' needs from the beginning.

**Another key to success:
ensure that all teams and agencies that design
and implement multichannel communications
plans are coordinated
and inspired to succeed for their customers
and, of course, for the sake of the patient.**

These challenges can be addressed with the right experiential learning approach. It is essential that teams can properly define, develop and implement successful customer-centric multichannel communication plans. Teams can sharpen skills and achieve success by learning to avoid the potential pitfalls, something that simulation-based learning is uniquely well positioned to do.

While it is a lot of fun, it isn't just playing marketing games. The right experiential learning initiative can provide a true competitive advantage on the ground in real time.



THE PHARMA WARS SERIES

EPISODE II

Attack of Patient Centricity

There is unrest in the Patient Population....



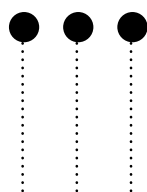
Around every corner of the pharma galaxy, you can find industry consultants and experts highlighting the importance of patients. And you'd be hard-pressed to find a pharma company that DOESN'T put the patient first in its communications, both internally and externally. There are even major pharma players with Patient Officers at the C-level of management, at the very top.

Patient centricity has clearly become a non-negotiable in the industry. In fact, there is so much chatter and content circulating around the digital universe that at times it feels like a veritable ATTACK OF PATIENT CENTRICITY.

As patients have finally become a top priority for most pharma companies, the volume and quality of available information has greatly increased, which is a big step forward.

Now that pharma has proven exceptionally adept at **“talking the talk,”** the battle is shifting towards determining those that are truly **“walking the walk.”**

So who's ahead?



A number of companies are making great strides and even winning awards for their efforts. In David Epstein's (Novartis, Division Head and CEO Pharmaceuticals) keynote speech at EYE FOR PHARMA in Barcelona (#trustpharma), he described how Novartis hires professional make-up artists to simulate the physical suffering that psoriasis patients often experience.

In another nice example, Sanofi won the MOST VALUABLE PATIENT INITIATIVE OR SERVICE award at EYE FOR PHARMA with their MOSKI Kit initiative aimed at raising disease awareness through educational games.

However, from an industry-wide perspective, a logical approach to healthcare dominates and is based on the assumption that patients are RATIONAL AGENTS seeking HEALTH BENEFITS, as behavioral economists would put it.

With this view, it should be enough to simply provide the key facts around a disease and patients would be lining up for treatment and staying on therapy.

BUT

WE HUMANIDS

ARE NEITHER DRONES

NOR ARE WE CLONES



People who need healthcare, and even those who KNOW they need healthcare, don't always seek it. Whether it be due to personal embarrassment, denial or even outright despair, countless studies show that patients often avoid seeing the doctor when they need it the most.

Paradoxically, it seems that at least some of these challenges can even be exacerbated by the wealth of information available online, driving the belief in self-diagnosis.

As Richie Etwaru (Chief Digital Officer, IMS Health) recently put it, THE INTERNET is becoming the patients' first opinion and doctors are becoming the FIRST SECOND opinion. And, logically, the internet thus becomes the SECOND, second opinion as patients search for more reassurance and a deeper understanding.

In addition, as more and more health care systems no longer ensure a consistent doctor-patient relationship over time, some patients may have more difficulty confiding in a doctor they don't know than one who is familiar with their history.

But it isn't just in the area of presentation for treatment and diagnosis where the irrational patient can be found.

Even for lifesaving therapies like kinase inhibitors for the treatment of otherwise deadly chronic myeloid leukemia, some patients will not adhere to prescribed treatment, even though it means taking only ONE TABLET daily! When confronted about this, these patients often say they just want to forget about their disease and their daily treatment intrudes on this delusion.

If these kinds of treatments face adherence challenges from the irrational patient, surely all therapies do, and suboptimal adherence is a problem for patients, prescribers, payers and the industry.

Here, we must all have a common goal to improve patient outcomes while delivering greater value and improving customer satisfaction. That's why it is so critical to take a patient-centric approach. Never assume, never guess, never infer, and, most importantly, never ever judge patients.

As one of our astute clients puts it, "learn to think LIKE the patient, not FOR the patient".

THE PHARMA WARS SERIES

EPISODE III

Revenge of the Net

● The old Pharma Marketing Republic is crumbling.

It is hard to imagine how regulatory authorities will control global digital communication in the future. Yet, there is little doubt that they will try.

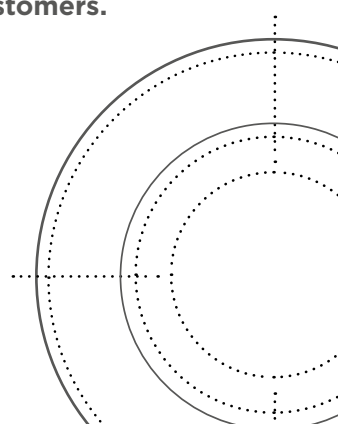
The digital world can feel like **a chaotic black hole** as there seems to be more confusing misinformation floating around the pharma galaxy than valuable, reliable sources.

Ironically, the one entity that cannot fully engage in online discussions is exactly the party that is often in the best position to provide the most accurate information: **the pharmaceutical manufacturer.**

In spite of all this, it is hard to imagine a world in the future where digital pharma marketing is not entirely pervasive.

The question becomes: how do we get from today's situation to that new reality?

In simple terms, digital marketing is just **leveraging digital** tools to implement marketing activities to **engage with your customers.** Sounds easy, right?



Well the simplicity clearly stops at this definition as so many pharma marketers struggle to understand, let alone optimize, digital tools effectively. Those marketers that do not embrace and utilize digital tools effectively are doomed to experience the inevitable **revenge of the net**.

As an industry, **pharma is light-years away from other industries** in terms of comfort level and utilization of digital tools. We're catching up but still laggards in this respect.

The most common excuse, as you may have guessed, is **too many restrictions**. And this includes **both internal and external constraints**.

Nevertheless, we at StratX believe that **innovation is a product of having too few options as opposed to too many**. The winning companies and brands are the ones that work creatively within this highly regulated environment.

having **strong digital awareness and social listening practices** are non-negotiables.

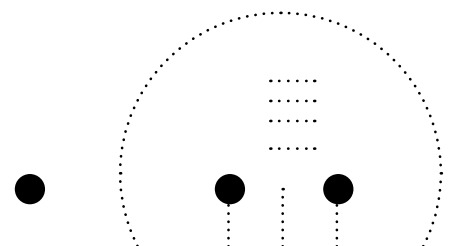
An interesting example is Novo Nordisk's sponsorship of Charlie Kimball, a professional racecar driver who has diabetes and is very open about his experience managing his condition as a professional athlete. A heavy user of Twitter (@racewithinsulin), Charlie claims to have sent the first branded pharmaceutical tweet in history in 2009.

Another example of a pharma company pushing against the boundaries through aggressive social media activities is Boehringer Ingelheim. As a mid-sized pharma company, they have been punching above their weight for years.

While it's a great to push for the "wow factor" and maximum exposure, it is critical to **support the business objectives** while addressing the brand's market situation.

As a first step, having **strong digital awareness and social listening practices** are non-negotiables. Nevertheless, we are surprised how little marketers know about their own brands and competitor brand activities.

In many cases, we recommend ignoring digital at first. Jumping into the digital domain blindly can cause more harm than good. It's best to **start with an understanding of the key issues** you need to address in order to succeed.



What are the challenges you face? Is it low acceptance of a new therapeutic class? Is it that the move from diagnosis to active treatment slow? Or is it difficult to get prescribers to feel confident enough to move from initial treatment to repeat prescription of the drug?

Depending on your challenge, there are different digital and non-digital tools that you can use in concert to drive results.

When it comes to good digital marketing practices, **we really like the digital funnel**, a digital equivalent to the classic ladder of adoption in marketing. Essentially, it is a question of understanding customers' digital behaviors in connection to their awareness, consideration, first use and repeat use of a brand.

When this is well understood, the next step is to know which digital tools can drive this, and which digital metrics to use to track your success.

It's much easier said than done.

In our practice, we focus on a **simple four-step approach**:

1. Understand why you want to engage with potential customers
2. Know which tools work with your audience
3. Provide compelling reasons for people to engage
4. Enable people to easily transition into being a customer or advocate


Sounds remarkably similar to customer centricity, doesn't it?

digital should be a strong enabler
that boosts your multichannel
approach.

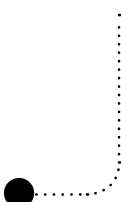
Given the multitude of available tools and all the constraints within pharma, digital should be a strong enabler that boosts your multichannel approach. Digital should not be a free-standing appendage to more traditional marketing approaches, but truly integrated into the marketing plan.

This also means that brand teams can't succeed simply with the mindset of "we hired a digital specialist and she is gonna take care of that stuff for us." Digital marketing experts need to be fully integrated into the brand team and all pharma marketers have to see themselves as digital marketers, as well!

Eventually we will look back on this transitional period and marvel at the fact that we considered digital and non-digital marketing as distinct alternatives and, in some cases, as opposing forces. In the future, virtually all marketing will include a digital component.



Digital marketing experts need to be fully integrated into the brand team and all pharma marketers have to see themselves as digital marketers, as well!





THE PHARMA WARS SERIES EPISODE IV

LEX and the New Slope

There's a New Slope in the Pharma Republic. And it seems that a little knowledge of history could help put current pharma mega-launches into perspective. Are you ready to rise to the challenge? If so, read on.

● A long, long time ago. . .

In the 1980s, Sir Ronald Halstead, former Chairman of Smith, Kline & French (SKF), purportedly declared that there would never again be another billion-dollar pharmaceutical.

SKF had introduced the first real anti-ulcer drug Tagamet, which eventually eclipsed the billion dollar sales mark. It is easy to laugh with the benefit of hindsight, but Sir Ronald's statement wasn't unreasonable.

At the time, the prevailing wisdom was that the first drug into the market that established an entirely new modality of treatment, in this case displacing the surgeon's scalpel, would be impossible to displace from dominating the indication.

This prevailing wisdom, along with the inherent assumption that the forces influencing the pharmaceutical market would remain the same, shaped the view of even the most knowledgeable industry insiders at the time.

These assumptions proved to be wrong and Sir Ronald's prediction was quickly trounced.

The second-in-class drug, Zantac, quickly surpassed Tagamet in the same indication with sales of over \$1 billion. Based on only a slightly better drug profile, Zantac was marketed with sheer brutal force.

In Pharma Galaxy far, far away. . . .

It was clear that the industry paradigm had shifted and that even well-established, recently-launched brands could come under threat from better treatments.

Within ten years, yet another antiulcer drug (Losec/Prilosec from Astra/Merck) would surpass the combined sales of both Tagamet and Zantac to become the world's biggest pharmaceutical with over \$6 billion in peak sales.

It was clear that the industry paradigm had shifted and that even well-established, recently-launched brands could come under threat from better treatments

Based on strong, consistent messaging and even establishing a new definition of the therapeutic area, it was a textbook example of the power of disciplined brand positioning and one of the first examples of “re-branding” a medical condition itself.

A bit later, at least one industry player saw the benefit of deploying substantially greater resources in

drug launches. Epitomizing and shaping this era, Pfizer had the vision to double-down on its bet to grow the biggest sales force in the industry. This at a time when most competitors had initially downsized their field forces.

With sales reps moving in like **storm troopers** and a one-size-fits-all approach to their messaging, Pfizer embarked upon the most impressive sequence of pharma launches over a short period.

The blockbuster era was underway in earnest and it was all about launch scale and share of voice. But it was also about launch readiness and the importance of pre-launch marketing to maximize the potential of promising drugs coming through development, or very often licensed in.

With sales reps moving in like **storm troopers** and a one-size-fits-all approach to their messaging, Pfizer embarked upon the most impressive sequence of pharma launches over a short period.

In addition, most successful blockbuster launches built upon the lessons learned in earlier eras about the importance of brand positioning. The goal of a blockbuster launch was not just to maximize peak sales, but to minimize the time required to achieve it.

In this sense it represented a strategic paradigm shift.

A New Slope

For a period of less than ten years, it seemed like the sky was the limit for large-scale general medicine launches. But in fact, it was already time for the industry paradigm to shift yet again.

Whereas most of the blockbusters of that era were small molecules for use in large patient populations in primary care, cost-containment measures in many markets and patent expirations would narrow the opportunities for this model as it had been practiced up until then. Even as Pfizer's Lipitor juggernaut cruised toward peak sales of nearly \$14 billion, the era of biologicals and high-value, more narrow-indication drugs had dawned, typified initially by Novartis' Gleevec/Glivec.

And some of the most adept practitioners under the new paradigm would be players that didn't have all the excess baggage associated with the old blockbuster tradition. Baggage that would slow their adaptation to the new reality.

Perhaps most notable among these being AbbVie (formerly Abbott) and Novartis, along with a whole new cadre of biotech players.

Again, building on the successes of the past, these new launches would also maximize the value to prescribers, patients and increasingly to payers. The new focus: novel, highly specific medicines that could successfully treat conditions with a high disease burden.

Even as bio-brand franchises soared to new heights, patent expirations loomed, and there was uncertainty and pessimism within the industry. One could even hear whispers that we would never again see multi billion-dollar pharma brands.

Some of the same consultants who had so confidently sold the blockbuster model way beyond its expiration date in the previous era were now unable to envision a future that was anything different from the past as they had studied it.



Jedi Mind Games

It is time again for yet another paradigm shift as nimble players like Gilead open up a new era of ultra-rapid, ultra-high value drug launches.

The newest launch model ambitiously takes aim -- first in development and then in launch marketing -- at massive public health problems that have been hiding in plain sight and demonstrate value to all stakeholders.

Ironically, in some cases the very same health economic criteria that policymakers used to justify restrictions to access for earlier innovative biologicals now validate wide utilization of costly therapies.

Big pharma launches have always had political implications but now the launches themselves have become political. Clearly, new skills and capabilities are required of those who wish to succeed at this level in today's global market.





- If history teaches us anything, we
- should know that once we are in
- the middle of yet another “new
- launch paradigm,” it is already
- time to start preparing for the
- “next big thing.”

A New Galaxy?

But even now, as industry experts dissect the recent successes of new mega-blockbuster treatments, one has to wonder how much effort should be put into knee-jerk copy-catting other companies' approaches.

If history teaches us anything, we should know that once we are in the middle of yet another “new launch paradigm,” it is already time to start preparing for the “next big thing.”

With experiential learning, we at StratX foster an approach where leading pharma managers learn to think more intelligently about their launches in multidisciplinary teams. Understanding the past, without being bound to it.

It's about learning and experiencing the impact of different strategic approaches and how to balance risk with return. Easy concepts to talk about, but trickier to put into practice.



THE PHARMA WARS SERIES EPISODE V

The Payer Strikes Back

Way back in the early 1990s, the well-known and respected newspaper The Washington Post ran a lengthy supplement examining the future of health care. In this special edition, and perhaps for the first time in mainstream media, they described a strange force that was growing and converging like a Death Star to change health care. One of their key conclusions was that Payers around the world would begin to play a decisive role.

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● Impressive.... most impressive.

Up until this time, hardly anyone knew who a «Payer» was. They were just some nameless, faceless drone-like administrator who rubber-stamped reimbursement decisions.

Everyone knew that prescribers had all the power. The thought that this practice would somehow come to an end sounded like science fiction.

But then a new president of the U.S. was elected with a first lady named Hillary. She was tasked to lead the new administration's efforts in health care reform and people began to take it seriously. The pharma industry held its breath for a while, but the rumors of the demise of prescribers' power turned out to be greatly exaggerated, at least for that moment in time.

Do or do not. There is no try.

Everyone knew that prescribers had all the power. The thought that this practice would somehow come to an end sounded like science fiction.

Despite all the efforts and hoopla, nothing serious happened with health care reform. On the contrary, the blockbuster era had officially begun (see Episode IV: LEX & The New Slope) and a shift in decision-making power to Payers seemed laughable.

But meanwhile, in other parts of the galaxy, the OECD had studied the issue and determined that health care spending as a percentage of GDP was rapidly growing around the world and the trend was unsustainable.

Populations in developed countries were ageing and, as a consequence, new expensive treatments directed specifically at older people were under development. This trend was putting greater strain on health care budgets.

Further compounding this trend, populations in developing countries were rapidly growing, which, in turn, caused different kinds of pressures on their respective health care systems.

As a response, The Force began to grow strong with Payers. In markets like the U.K. and Australia, entirely new ideas about health technology assessment were surfacing.

Key thought-leaders and policymakers felt that not only was it a good idea to assess the value of a new pharmaceutical in terms of cost effectiveness and cost utility, but these evaluations should also shape actual reimbursement decisions.

..... In many other markets, government-run social security systems were constantly underfunded and Payers quickly took over reimbursement decisions. As their primary goal shifted to simply maintaining solvency, Payers often based their treatment decisions on immediate fiscal impact and little else. This phenomenon was growing in Latin America and would soon spread to other regions.

The Payers' rise in decision-making power in many systems was not just some cheap Jedi mind-trick that would soon pass. In fact, it was the result of inexorable forces bearing down on the practice of reimbursement in health care.

Initially, the response of Senior Management and Marketing was to meekly hope that it would all just all go away.

When that strategy didn't work, Big Pharma formed Health Economics Departments. Problem solved, right?

These departments were unsurprisingly staffed in separate silos. Management and Marketing would «throw some documents over the wall» for the health economics experts to read and, in turn, they would come back with the «right answers» on how to raise prices.

The conventional wisdom was that those pesky Payer-types would just go along with it all, like they always had done in the past. But this type of thinking is rarely conventional, and scarcely wise.

Looking back, these archaic attempts at Market Access had about as much chance of succeeding as the Ewoks in their first resistance to the Storm Troopers. It was cute, fun to watch...and futile.

But let's save that for another episode.





It Is Useless to Resist

It's hard to say exactly when this naive approach to Market Access came to an end, but AstraZeneca's launch of Nexium to replace their own predecessor drug Losec/Priolosec does spring to mind.

This should have come as a surprise to no one, because the real surprise was that it took so long for the prophecies to be fulfilled. Amazingly, almost every major pharma player had to run into their own Market Access brick wall before it became completely apparent that The Force really was being wielded by a new stakeholder and it had become a case of The Payer to Strikes Back!

When industry players finally did wake up to the new reality and take Market Access seriously, it was clear that the game had changed. And with that, their approach had to change as well.

Market Access evolved into a strategic function that must be integrated into cross-functional brand teams.

To achieve this, it was not enough to simply change the organizational diagram. Attitudes needed to be changed within the organization and teams had to understand Payers' needs from their perspective.

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THE PHARMA WARS SERIES

EPISODE VI

Return of the Innovator

The latest Death Star is more daunting than ever. Diseases are tougher to conquer. Open market space is limited. The drive for efficiency is everywhere. Defeating the new Death Star is our new mission. To win, we will need the best drugs possible and the right strategy to bring physicians, payers and patients on board.

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● In our experience, there is no such thing as luck.



In the face of this ever-present disease threat, the response from the rebel side has been striking. To fight today's disease threat, they've mapped the human genome, built massive chemical libraries and cranked more BIG DATA than R2D2.

Last year, the FDA approved 45 new drugs, the highest number in a Jedi generation. A dozen of these were biologics with nearly half of new molecular entities (NMEs) being approved under the orphan drug program. (HBM Partners - Trends in New Drug Approvals report Feb 2016)

The rebel forces have more tools for creating new drugs. CRISPR, the gene editing tool, is starting to be used in humans and the promise of RNA interference is being put to the test.

New technologies will bring more fuel to the fight long into the future. The alliance has roughly 7000 unique molecules across the development spectrum. Oncology candidates make up a quarter of all NMEs while neurological, infectious disease and immunological molecules combine for another 50%.

Selected Disease	Unique Medicines in Development	Percent
Cancer	1813	25%
Cardiovascular	599	8%
Diabetes	475	7%
HIV/AIDS	159	2%
Immunological	1120	15%
Infectious Disease	1256	17%
Mental Health	511	7%
Neurological	1329	18%
Total	7262	

Source: ADIS R&D Insight Report, Feb. 2015

Teams thrive on the opportunity to introduce new drugs to the market. Just as often though, it's someone else's new product crowding into their space!

Teams thrive on the opportunity to introduce new drugs to the market. Just as often though, it's someone else's new product crowding into their space!

Imitators have been gearing up to engulf market-leading biologics and are reaching far flung 'corners' of the pharma galaxy, including some orphan areas.

Zarxio™ (filgrastim), was the first biosimilar approved in the US (March 2015). In September of this year, Amjevita™, from Amgen was approved for all eligible (Humira™) indications. If you're in Europe, you've been witnessing their arrival even longer.

The pharma galaxy has seen disruptive innovation as well, notably from Gilead with hepatitis C crushing mono and combination brands. Harvoni™, it's X-Wing fighter, not only cures most patients of HCV but has changed the way Hep C is treated system-wide. And potentially at a lower total cost.

Somebody must save our skins

The return of the innovator to R&D is being echoed on the commercial side, where insights-driven initiatives remain pivotal to a solid commercial strategy.

The team at UCB scored a Jedi victory recently by using the Empire's own data in the fight to raise standards in Epilepsy care.

Listening to patients, the UCB team identified the lack of epilepsy-focused neurology care and low access to the latest generation of meds as key barriers to reducing hospitalizations.

By leveraging their data on more than a million patients, UCB realized they could unleash the power of patient advocacy for better treatment outcomes. So along with key physician leaders

and the Epilepsy Foundation, the team rigorously developed a methodology that scored and ranked states based on key drivers of hospitalization.

Patients helped create actionable scorecards and UCB developed companion 'how-to' guides so that patients could write and influence their state policymakers.

Innovation with patients is de rigueur but what of your approach to doctors and payers in the new pharma galaxy?

The result: UCB's team was recognized as the 2016 recipient of the Eye for Pharma patient service award. Better still, the scorecard program originally sparked by patient insights has the potential to raise care nationwide for epilepsy patients.

Innovation with patients is de rigueur but what of your approach to doctors and payers in the new pharma galaxy?

This is a new day. A new beginning.

The rise in power of group practices and integrated health systems, increasing transparency of information, better digital tools, localized market access and tightened restrictions on physician relationships are driving innovation of the traditional sales force.

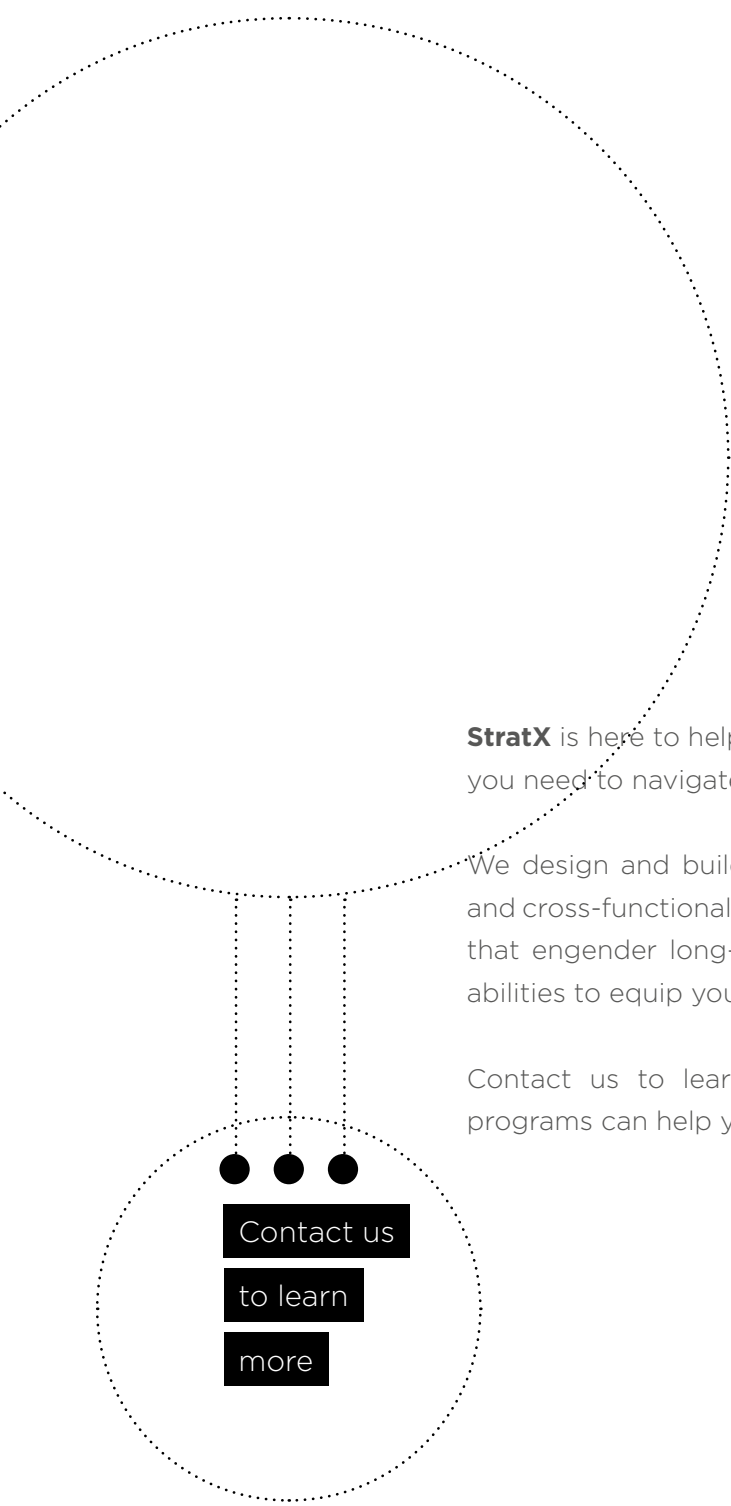
Salesforce innovation is needed to work at the systems level: identifying stakeholder needs, building relationships, and providing tools and support. Ultimately, it will be about value to the system.

Glaxo is betting the move will be to a sales and service in one rep model. Glaxo's warriors are flying between company interactions with physicians, without a sales incentive. And they saw some positive results. According to an Eye for Pharma study in 2015 that included 3,500 HCPs, Glaxo was ranked number one for trust and customer value.

● Great kid. Don't get cocky. ●

What about innovation in approaches to payers? Will increasing payer pressure to deliver value, and the advent of ultra-costly specialty drugs result in more performance-based risk-sharing agreements? FiercePharma reports that both Amgen and Sanofi/Regeneron recently entered into value-based discount schemes for their PCSK9 drugs with Cigna and suggests more risk-sharing agreements are likely to come as payers seek to link payments to real world performance.

To beat the Empire,
you and your team need
to gain better insights,
build stronger strategic
marketing capabilities, and
create innovative programs
aimed at engaging patients,
payers and patients



StratX is here to help. We are experts in building the ‘thought-ware’ you need to navigate the new environment and to win.

We design and build experiential learning programs for marketers and cross-functional teams to suit your particular situation. Programs that engender long-lasting strategic thinking and decision-making abilities to equip you and your team for today’s challenges.

Contact us to learn more about how our experiential learning programs can help your teams in the BioPharma Industry.

Contact us

to learn

more



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