

Pharma firms turn to innovative marketing to boost demand

Priyanka Pulla - Mint

EXPANDING REACH

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BY PRIYANKA PULLA
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BANGALORE

At Indegene Lifesystems Pvt. Ltd.'s Bangalore office, programmers are working on a three dimensional, or 3D, interface that will allow doctors to examine a computer simulation of a patient, prescribe treatment and measure progress over the course of a few weeks.

This is a continuing medical education (CME) module known as Patsim, being customized by Indegene for a large multinational drug developer, to be eventually distributed to doctors.

As they use Patsim, doctors will steadily get to know the benefits of the drug maker's oncology treatment for breast cancer.

Indegene's CME module is just one of the new channels pharmaceutical companies are using to expand their sales reach. The marketing mix of big pharmaceutical firms has seen a dramatic shift as they combat the pressure on profitability from drying drug pipelines.

Drug makers are estimated to lose as much as \$140 billion by 2016 because of the expiry of patent protection, according to a 2007 report by market researcher Datamonitor.

In February, Japanese drug maker Eisai Co. Ltd, which sells the Aricept pill, the world's best-selling treatment for Alzheimer's disease, started sending mobile alerts to doctors in India on the latest news and

research in neuroscience.

"Two years back, Indian multinationals weren't offering CMEs; all data about new drug development was shared with doctors by medical representatives who carried the information on their laptops," said Suresh Subramanian, vice-president, primary care, at Pfizer India Ltd. "A combination of circumstances such as multinationals' growing interest in India, and new technologies like 3G (third-generation, high-speed Internet connections) are seeing the creation of new service models in the industry."

Sales representatives contacting the doctor is a "very low leverage channel", said Ashish Dutt, head of sales and marketing at BloQuest Solutions Pvt. Ltd, another firm that handles medical marketing. "Even if you invest more here, and deploy more representatives, the return on investment is not proportional."

Apart from telecalling, texts, public relation services and Web-enabled services to reach doctors, Indian pharma has also started to reach out to patients. In India, where direct-to-consumer advertising is not allowed for prescription medicines, the way around has been surrogate advertising.

In 2009, Merck Sharp and Dohme India started a call centre called Sparsh for its blockbuster diabetes drug Januvia. The centre would offer patients advice on lifestyle, diet and exercise plans, home delivery of medication, as well as reminders to take the medi-



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cine on time. Two years later, Januvia is a major revenue earner for Merck after patients began to respond to advertisements about Sparsh.

"In 70% of chronic disease cases, patients tend to discontinue medication after two-three months," said Manish Gupta, CEO of Indegene. "This leads to a loss of revenue to pharma firms. Patient adherence programmes help in keeping the patient on the drug, and also improving their lifestyle, leading to a win-win situation for both the pharma company and the patient."

Indegene runs a call centre for patient adherence programmes for some of its clients. "Smithkline Biologics' launch of hepatitis B vaccine Engerix in India in the 1990s was a big turning point in pharma advertising," said Subramanian. "At that time, hepatitis B was not a big threat in India although it was prevalent in South-East Asian countries. But Smithkline partnered with governments in many states to create a public relations machinery and conveyed that India could become a big hub for hepatitis B. They used the public relations machinery to close

the loop, create a whole lot of awareness among doctors, and the general population, creating a pull effect."

This was followed by the launch of Glaxo Smithkline's asthma drug Seretide, which came with an inhaler. GSK roped in actor Amitabh Bachchan to endorse the inhaler, which was permissible under Drug Comptroller General of India regulations.

Other patient-adherence programmes such as Eli Lilly's counselling for patients on its osteoporosis drug Forteo, and Sanofi-Aventis SA's programme called Saath 7 for diabetes, have not been very successful though.

"In order to sustain these programmes, pharma companies need large volumes because their margins in India are small," said Subramanian. "Januvia is available at 1/12th of the US price, while Pfizer's Lipitor has 64 copycat drugs in the Indian market. At such margins, value-added services as marketing tools are limited because of sustainability issues. If your topline for a drug does not improve in six months, there is no point continuing."

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