

A new era in E-SAM



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Sales force success in the new world of prescribing takes technology. **Harris Kaplan** and **Ann Mayer** say substituting e-sampling for rep time could be a game changer for specialty brands. Why this tactic's time is now

A number of factors are driving change in how we view promotion to physicians, particularly as it pertains to the utilization of a sales force. Physicians are pressed for time and unwilling or unable to see sales representatives. There has been a shift away from primary care products and toward specialty products. Specialists are often well-informed about a drug prior to its launch. And payers are influencing the choice of drugs a physician can use.

Alternative sales tactics like e-sampling, where physicians order samples online, are used mostly for mature products. Given the above trends, it may make sense to start using e-sampling earlier in the launch cycle. According to IMS Health's Searching for Launch Excellence study in 2009, regardless of therapeutic category, a product's launch trajectory is shaped between 13 and 26 weeks post launch.

For products prescribed mainly by specialists, the time between launch and the point at which the product's launch trajectory begins to flatten is even less. So the amount of time a sales rep has to make a difference is growing smaller, especially for specialty products.

In a world of specialty products, sales-force size is rarely a sustainable competitive advantage. A small, highly focused sales force can do an excellent job of quickly establishing awareness, interest and trial among a very highly defined group of prescribers.

While a product may have large numbers of prescriptions written by PCPs, it could be that the PCP may just be following a course of treatment originally decided upon by a specialist. The trend toward smaller sales forces has even led many biotechs to choose to eschew pharma licensing deals and take the product to market on their own.

In the current era of marketing high-value specialty products, the

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detail or sales rep is likely to be calling on a much more knowledgeable and informed physician. Thus, getting a physician to prescribe a new product can happen more quickly and with fewer calls provided the rep can address what a specialist is likely to be interested in.

This points to a more in-depth and potentially longer detail, requiring a rep capable of delivering high-value content. The good news is that if specialists see the incremental value of the product and have limited market-access roadblocks, the new Rx's should begin to be evident as quickly as the relevant patients present.

The bad news is that if the physician doesn't see the value of the product, repeated calls without new clinical data, labeling or other evidence is unlikely to accomplish anything.

Pharma companies often make sales-force promotional decisions based on the total product income rather than marginal income, without paying heed to when launches typically reach plateau. The shifts we have seen in the marketplace have changed the role of reps, the skills they need, and when they can be of most use.

While there is little doubt about the importance and efficacy of the sales force in the six months to one year post-launch, what about when new prescriptions begin to level off? And if a company decides that they are only getting marginal incremental returns from their sales force effort, can technology play a role in helping companies achieve or exceed their revenue goals at a lower cost?

Assuming a physician is a prescriber of a particular brand, once that physician's prescribing volume begins to level off, there are two choices to be made by a rep. One, can that volume or their share of prescribing be increased? Or, has this physician maximized his or her prescribing potential? If the latter is true, it may make sense to replace personal calls and visits with cheaper modalities such as e-sampling that can be used along with telephone reps calling to check in on the practice as to whether or not anything has changed.

According to Best Practices, LLC, which surveyed 22 biopharma firms, only a third of sampling has moved to physician e-sampling from sales reps, mostly to keep products "alive" in open territories. One company supplemented rep-based sampling with e-sampling on mature products that, while profitable, had flat growth. As there was no change in the way of new competitors with new products or in formulary position, they replaced rep visits every two months with visits every six months, using e-sampling coordinated with a physi-

cian's prescribing volume to be sure they didn't run out of samples.

A telephone rep would call in once a month. The result: no loss in revenue or market share but a significant increase in product profitability. Also, when the rep did call on the physician, they were more readily received and got almost as much time in a single visit as they cumulatively would have received calling on the physician monthly.

In another case, a rep that had a 28 market share in her territory (whereas the brand average was nine) asked to have her territory of 125 physicians expanded to include a new vacant territory immediately adjacent to hers. The company decided to give her this added territory and implemented an e-voucher program among existing prescribers. In the end, she increased share in the vacant territory from 10 to 16 in a year with no decline in share in her original territory.

Increasingly, the ideal sales force model will have a large number of reps focused on promoting a brand at launch and for the period of time until new prescriptions begin to level off. To implement that approach requires a company to plan well ahead of launch as to how they will address this growing commercial challenge.

One approach suggests that they can have a core sales force supplemented by a contract sales force for the launch period and beyond; a second has the company making sure the product portfolio lets the reps no longer needed for Brand A shift to Brand B.

The latter can be hard for biotechs that often only have one product to promote vs. a big pharma with a diversified portfolio. Under either approach, companies must plan for how they will measure, track and interpret data relative to their sales force over time and, ultimately, what key performance metrics will trigger which changes.

The environment in which products are launched has changed and how pharma companies reach and build relationships with physicians needs to adapt, particularly when selling specialty products.

Personal selling has always played a big role in disseminating information about new drugs and will continue to do so. But with the ramp-up in prescribing and revenues taking less time, it creates a window of opportunity that, through the use of technology such as e-sampling, may let pharma "have its cake and eat it too." ■

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