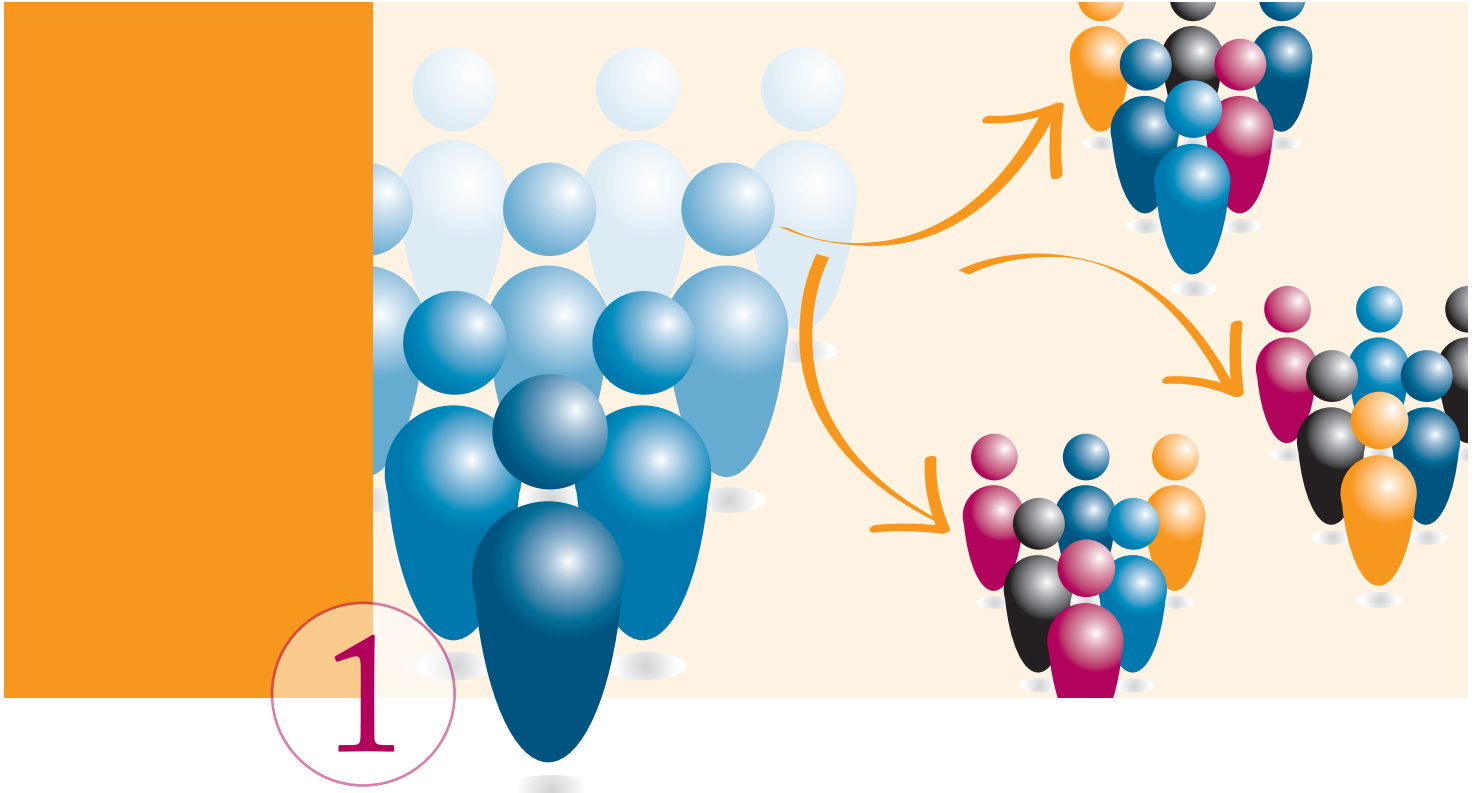


The Evolving Pharmaceutical Sales Organization: *A Drive to Flexibility, Efficiency and Improved Performance*



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Emerging Models



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Emerging Models

This document is the first of a three-part discussion that examines how PDI, a leading outsourced sales teams and marketing services provider, is strategically partnering with the pharmaceutical industry to deliver more flexible and efficient field force staffing to drive improved top- and bottom-line performance.



Executive Summary

Undeniably, the field approach of 500+ mirrored sales teams is no longer a viable option in an industry swamped by changing market conditions, federal mandates and approaching healthcare reform. As the pharmaceutical industry seeks to find strategic solutions to demonstrate effectiveness in improving patient outcomes, promotional tactics must be tailored to better address the prescriber and payer dynamic. Adopting a more progressive commercial promotion model, where the industry's investment is justified by its impact on results, is key.

New types of pharmaceutical sales professionals — customer service, established market and long-term care representatives, medical science liaisons and clinical and nurse educators — are joining their existing primary care and specialty-oriented colleagues to create more cost-effective selling teams, matched to product portfolio needs. Many companies are combining these new team profiles in regional and account management field deployment pilots to determine how to best allocate resources and uphold high quality standards.

To better leverage their internal resources and match their portfolio composition, pharmaceutical companies are finding strategic partnerships with outsourced sales services providers such as PDI, key to achieving ongoing market success. Such relationships have demonstrated positive impact in both top- and bottom-line performance.

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Industry Pressures Leading to Change

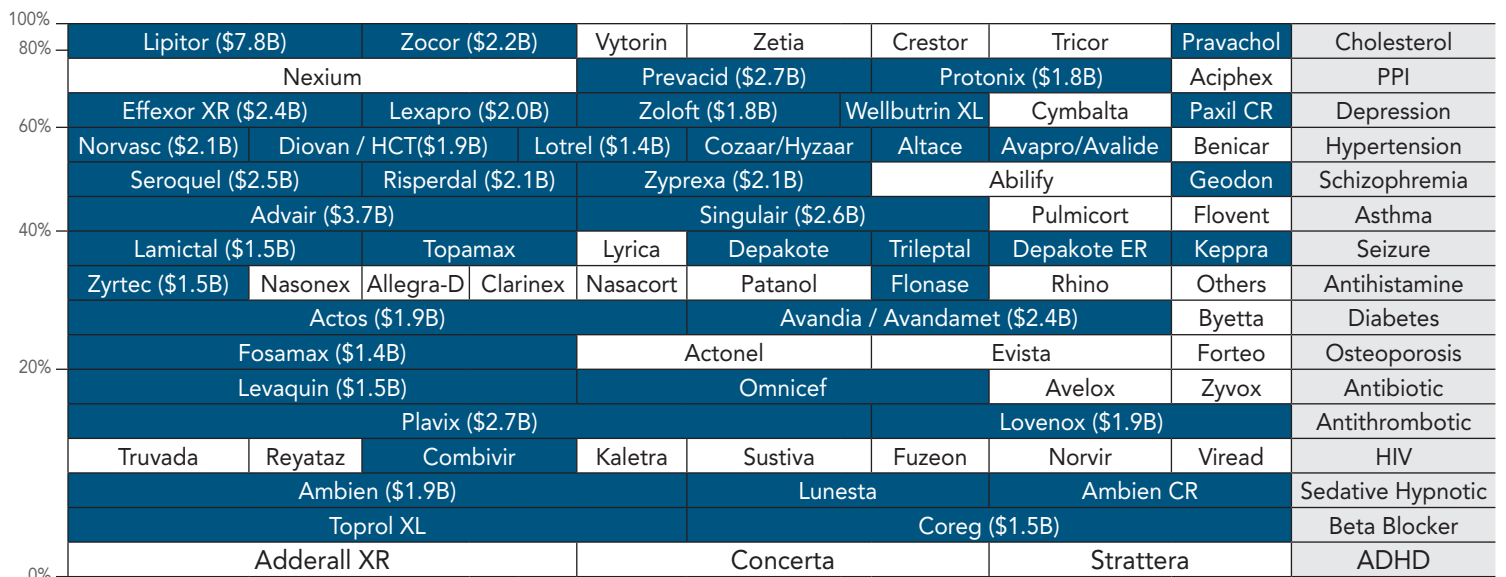
The need for change in the pharmaceutical industry is undeniable. One can't open an industry publication, view a blog or attend an industry conference without reading or hearing a discussion about the forces driving the industry to reinvent itself. Expensive promotion and research and development departments are being critically examined for opportunities to simplify and streamline operations to better align the business with their customers' needs. This effort comes not a moment too soon as IMS Health forecasts a decline in pharmaceutical sales in the United States in 2009 — the first decline in the 50 years that IMS has been recording this data.¹

The economic downturn aside, the drivers of the decline — product portfolio shifts, tightening drug approvals, the rise of specialty therapies, shifts in prescribing power, industry consolidation and greater non-personal promotion — are, variously, the result of deep-rooted industry practices or recent developments. Given this pervasive array of factors, and their corrosive impact on overall performance, the industry is responding to these changing dynamics by critically evaluating their commercialization models and expenditures to establish practices leading to better top- and bottom-line performance.

PRODUCT PORTFOLIO SHIFTS

Throughout the industry's period of strong growth, pharmaceutical sales in the U.S. were fueled by patent-protected medicines. That protection is coming to an end, as many of the currently patent-protected products will lose exclusivity within the next three years leading to an "estimated \$157 billion worth of sales (measured in 2005 terms) to generic erosion."² With IMS reporting total U.S. sales of Rx drugs in 2008 at \$291.5 billion, this shift in revenue will have a staggering impact.³ Figure 1 shows expected patent expirations on those brands accounting for the greatest revenue in the top 16 therapeutic areas.

FIGURE 1. EXPECTED PATENT EXPIRATIONS - TOP 16 THERAPEUTIC AREAS - TOP 100 PRODUCTS (2006–2012)



■ Likely exposure to generic entry 2012 or earlier

It is a commonly shared belief that the days of the blockbuster drugs serving primary care therapies are over, and that niche, specialty drugs will drive future growth.



The portfolio is aging, and generics are moving in rapidly to fill the gap. According to a PricewaterhouseCoopers report, generics “already account for 65% of all prescriptions dispensed in the U.S.”⁴ Belief is that this trend will only accelerate, not just as a result of more opportunity to replace branded drugs with generics, but because of industry innovations such as automated dispensing systems that distribute free samples of generics. For example, Blue Cross & Blue Shield of Rhode Island saw a reduction in Rx expenditures of nearly \$2 million in a pilot conducted within physician offices using an automated dispensing system developed by MedVantx of San Diego.⁴

The favored status of generics by most payers can also encroach on the success of patent-protected drugs, as has been the case with Lipitor when Zocor went generic. When generic versions of the Zocor statin became available, Lipitor lost its place on many formularies, thereby shortening the time Pfizer had until Lipitor went generic.

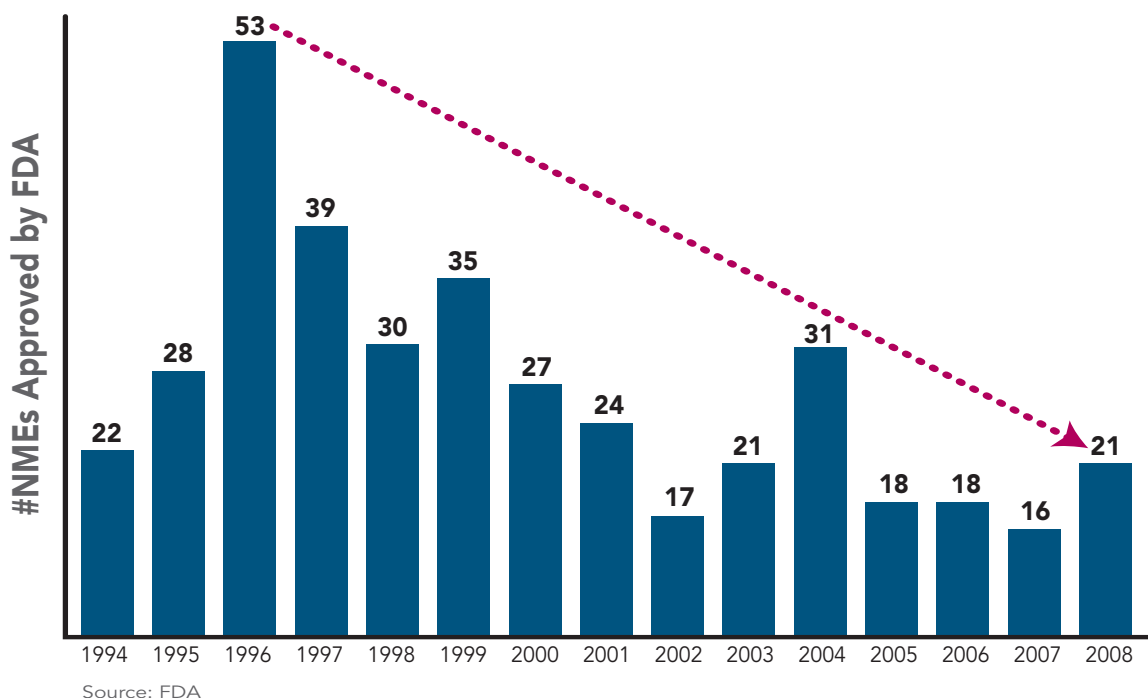
TIGHTENING DRUG APPROVALS

Further complicating the industry’s portfolio woes is the difficulty it faces in approvals of new molecular entities (NMEs). Clearly, strong first-line therapies for most therapeutic areas have already been established. As a result, NMEs must be extremely innovative to attain FDA and managed care approval and reimbursement. The result has been a precipitous drop in NME approvals over the past 12 years (*fig. 2*), putting a severe strain on major pharmaceutical companies’ portfolios and bottom line due to decreasing sales and spiraling research and FDA approval costs.

THE RISE OF SPECIALTY THERAPIES

It is a commonly shared belief that the days of the blockbuster drugs serving primary care therapies are over, and that niche, specialty drugs will drive future growth. IMS has reported that 55 of the 106 blockbusters on the market in 2007 were specialty drugs, versus 12 specialty blockbusters in 2001.⁵ IMS also continues to forecast optimistically in this category, anticipating an 8–9% global growth rate for 2009, accounting for 67% of the world’s total market share.⁶

Figure 2. Number of FDA-Approved NMEs by Year, 1994-2008



SHIFTS IN PRESCRIBING POWER

The shift of power to the payer is also a significant agent of change. The payer's ability to dictate which drugs will be placed on formularies erodes the physician's power in terms of prescribing behavior. It also signals an end to the industry having the final word on price and value. Indeed, industry trends point to a global "pay-for-performance" approval model, where payers will only list drugs on formularies that have shown their ability to meet certain performance criteria.

In addition, the increase of restrictive Rx formularies by managed care companies has led many within the industry to consider regional business units, rather than national teams, to better address geographic market conditions.

INDUSTRY CONSOLIDATION

The recent announced mergers of pharmaceutical giants — Pfizer with Wyeth, Merck with Schering Plough and Roche with Genentech — are consolidating the playing field and creating significant competitive pressures among the remaining players.

NON-PERSONAL PROMOTION

One cannot complete a discussion of the industry changes without addressing the increasing importance of non-personal promotion to reach the physician. No longer are representatives the only sales agent. Non-personal promotional tactics such as e-detailing, e-sampling, webinars, webcasts and call centers are just some of the ways the industry is implementing technology to overcome the limited face time with physicians.

The reduced ability to generate revenue off of blockbuster portfolios, heightened competitive pressures, more stringent product development criteria, the rise in specialty therapies and less physician face time have all contributed to lackluster earnings throughout the industry.



The Short-Term Impact of the Changing Industry

The reduced ability to generate revenue off of blockbuster portfolios, heightened competitive pressures, more stringent product development criteria, the rise in specialty therapies and less physician face time have all contributed to lackluster earnings throughout the industry. As a result, the industry has responded with short-term cost-cutting to improve bottom-line performance while it orchestrates more strategic initiatives to improve overall performance.

The initial result has been a continual litany of layoff announcements. After Pfizer's announcement in late 2006 that it would shed 20% of its U.S. sales force, the industry quickly followed suit. As of October 2008, 53,000 total job cuts were announced,⁷ many of them in marketing and sales (fig. 3). It is anticipated that in 2008–2009 alone, close to 10,000 representative positions will be eliminated by major pharmaceutical organizations (fig. 4).

FIGURE 3. BIG PHARMA ANNOUNCED JOB CUTS

Company	Announced Job Cuts
Pfizer	10,000
AstraZeneca	7,600
Merck & Co.	7,200
Bayer	6,000
Schering-Plough	5,500
Johnson & Johnson	5,000
Amgen	2,600
Novartis	2,500
Wyeth	1,200
sanofi-aventis	700
Total	53,300

Source: PricewaterhouseCoopers

FIGURE 4. RECENT MAJOR U.S. SALES FORCE REDUCTIONS REP POSITIONS ELIMINATED 2008–2009

J & J	April 2009	~900
King	Feb 2009	380
Sepracor	Jan 2009	350 internal, 410 CSO
Sanofi-Aventis	Dec 2008	~650
GSK	Nov 2008	1,000
Schering-Plough	Oct 2008	1,000
Novartis	Oct 2008	550
Merck	May 2008	1,200
Wyeth	Mar 2008	1,200, more likely
Pfizer	Since 2007	>2,000 more likely
Boehringer Ingelheim	Sept. 2009	900

TOTAL = ~10,500

Source: Wall Street Journal, Reuters, Bloomberg, AP

At an average salary and bonus cost of \$90-\$115K for primary care and \$88K - \$135K for specialty and hospital high performance reps, not accounting for overhead costs, it is easy to see why the reduction of field forces was an almost universal initial cost-cutting move despite the negative ripple effect on employee morale.⁸

Cost is not the only factor contributing to the shrinking field force model. Physician access and overall detail effectiveness continue to diminish as physicians find themselves with overtaxed appointment schedules and little time to spare for sales calls. According to studies of sales force effectiveness published by Health Strategies Group in 2007 and 2008, the typical representative makes 40 office calls a week yet spends an average of only 127 minutes in that week actually talking to customers (physicians, nurses, office managers, pharmacists). Health Strategies Group reports that trends in access are continuing to worsen, with representatives surveyed in 2008 indicating the percentage of physicians who are hard-to-see or cannot-be-seen has increased to 55% of their total targets.

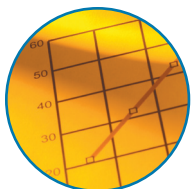
Figure 5 provides a quick comparison of these escalating downward access trends.

FIGURE 5: MINUTES REPRESENTATIVES SPENT DISCUSSING PRODUCT.⁹

	2007	2008
Sample signature/quick detail	1.3 minutes	1.2 minutes
Sample signature with brief product discussion via drop in	4.3 minutes	2.7 minutes
Full product discussions via appointment	10 minutes	9 minutes
Breakfasts/lunches	24.1 minutes	12.5 minutes

Facing such limited access time, the industry is seeking more efficient use of company personnel and looking to strategically partner with outsourced solutions providers to more cost-effectively meet the promotional needs of its entire portfolio. Figure 6 on page 10 provides a quick overview of how such partnerships can be implemented.

According to most industry consultants, the sales force of the next decade will be much smaller and more agile to better mitigate promotional and pipeline risk.

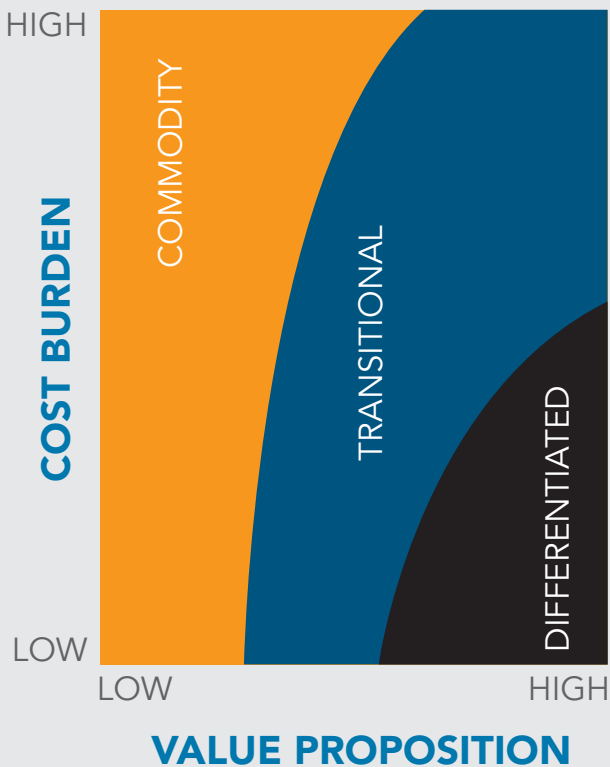
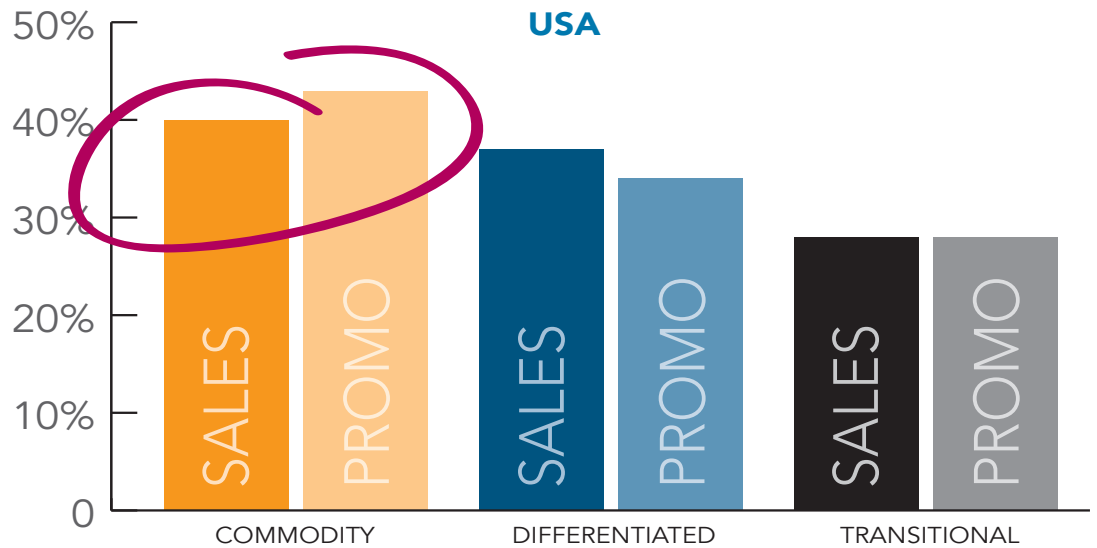


LONG-TERM NEEDS

The current market shifts to specialty therapies indicate that the pharmaceutical industry can no longer drive the market with dollars and manpower, but must find a way to bring value to the patient while addressing the needs and requirements of the physician and payer. According to most industry consultants, the sales force of the next decade will be much smaller and more agile to better mitigate promotional and pipeline risk. Their overall focus will shift to better managing healthcare outcomes for the patient. Understanding the prescribers' value systems and providing them with tools and information resources to help build and preserve respect from their patients and peers will be vital to the success of tomorrow's sales professionals. Strong management and negotiation skills will need to be developed in order to effectively deal with payers.

At the same time, pharmaceutical companies will need to allocate their promotional spend based upon portfolio mix. According to recent studies conducted by IMS, the industry is currently spending too great a percentage of its overall budget on commodity type products in the U.S. given its market share, and this practice needs to be addressed in order for the industry to achieve return on investment (ROI) objectives. (See sidebar: *IMS Defines Market Segmentation for definitions of commodity, differentiated and transitional products.*) Resizing the sales force is only one step in this process. **Finding ways to create flexible, scalable field teams to meet changing market conditions is the true challenge.**

SALES AND SPENDING ANALYSIS¹



IMS DEFINES MARKET SEGMENTATION

In its recent joint webcast with *Pharmaceutical Executive* magazine, IMS addressed how the industry must move away from traditional market segmentation of launch, growth and mature products and revise its approach to market segmentation by defining products in the following three categories established across the two dimensions of value proposition and cost burden:¹

-] **Commodity** — Products that are “minimally differentiated and where payers have a great stake in prescribing decisions”
-] **Differentiated** — Products that are “characterized by significant product differentiation, where no generics are available and payers exert less influence”
-] **Transitional** — Products between the Commodity and Differentiated classes where there is still some choice in the category and physicians are still driving prescriptions

In addition, as the industry seeks ways to improve ROI, finding strategic outsourcing partners to build field force capability is becoming a more permanent component of the ongoing promotional mix.



Emerging Sales Models and Strategic Partnering

Although there is still no consensus on what the final sales models will look like, there is industry agreement that the “one-size-fits-all” sales model is a thing of the past. As major pharmaceutical companies move into sales pilots throughout the country, and large-scale, 500+ national forces are redeployed into smaller-scale, specialty-oriented teams, new sales representative classifications are emerging to better correspond with the product life cycle.

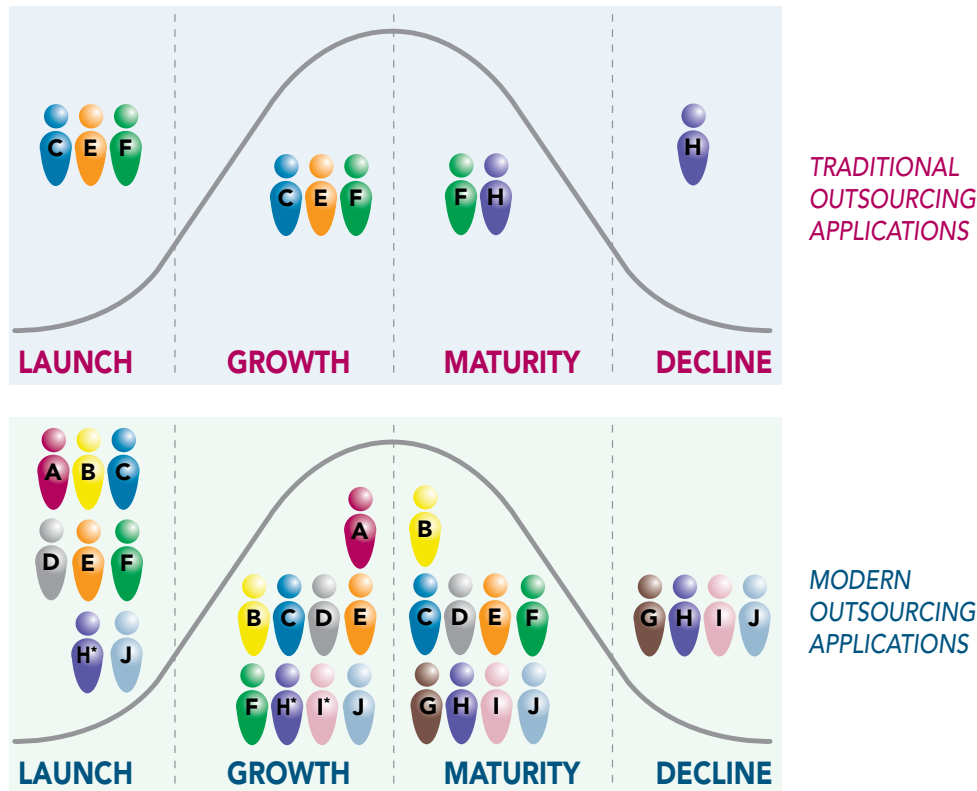
In addition, as the industry seeks ways to improve promotional ROI, finding strategic outsourcing partners to build field force capability is becoming a more accepted and strategic component of the ongoing promotional mix.

Figure 6 matches outsourced sales service provider capabilities with the new sales representative classifications and illustrates how the classification works within the product life cycle. This range of outsourcing options provides strategic flexibility when matching promotional efforts to brand needs depending upon life cycle and brand classification (commodity, transitional or differentiated).

The specific advantages of a particular outsourced service provider will depend upon the actual deployment. That said, in all cases when working with an outsourced service provider as part of a long-term realignment of internal resources, large pharmaceutical companies can expect to realize a significant improvement in both ROI and profits, as well as an increased flexibility in how and when they go to market. They will also have the agility to better match the right representative profile and purpose to the brand or geography.

In addition, small and emerging companies, depending on their size and product potential, may tap outsourced sales solutions to provide flexibility and leverage internal resources, but they also can eliminate or delay their own internal infrastructure costs, thereby minimizing their launch risks.

FIGURE 6: EVOLVING REPRESENTATIVE CLASSIFICATIONS AND OUTSOURCING LEVERAGE OPPORTUNITIES



*Supplemental Representation

	Representative Classification	Profile	Cost
A	Medical Science Liaison (MSL)	Advanced degree (Doctor of Pharmacy, Medical Doctor or Ph.D. in a research science, Registered Nurse [RN], Master of Science in Nursing [MSN]). Several years experience in a particular therapeutic field. Educates product team and clinicians on the scientific basis for new therapeutic areas.	\$\$\$\$
B	Nurse Educator	Former practicing nurses. Presents scientific information to support the adoption of new therapeutic areas.	\$\$\$\$
C	Hospital Representative	5+ years pharmaceutical experience. Responsible for physician details to introduce the brand in the Launch/Growth phase and protect share of voice once the brand is established.	\$\$\$\$
D	Long Term Care Rep	5+ years pharmaceutical experience. Responsible for details to introduce the brand in the Launch/Growth phase and protect share of voice once the brand is established.	\$\$\$\$
E	Specialty Representative	5+ years pharmaceutical experience. Responsible for physician details to introduce the brand in the Launch/Growth phase and protect share of voice once the brand is established.	\$\$\$\$
F	Primary Care Representative	3-5 years of pharmaceutical experience. Responsible for physician details to introduce the brand in the Launch/Growth phase and protect share of voice once the brand is established.	\$\$\$
G	Established Market Rep	Basic pharmaceutical experience. Responsible for physician details to provide brand reinforcement.	\$\$
H	Shared Representative	3-5 years of pharmaceutical or other sales experience, depending on the assignment. Provides support on seasonal products, special promotions, mature products on an as-needed, per call basis.	\$
I	Service Representative	Little or no pharmaceutical sales experience. Good people interaction skills. Used primarily to drop off samples and literature to the office.	\$
J	Virtual Representative	Encompasses all aspects of non-personal promotion: call centers, e-detailing, webcasts, e-sampling, etc. Self-standing services or coordinated by field rep to supplement activities.	\$

Discussions with industry leaders testify to the fact that even the most reluctant are trying to find more flexible, lower-cost approaches. Although each company interviewed may have its own perception on how the sales models will evolve, they all agree that strategic partnerships with outsourced providers will play a significant role.



Field Force Deployment Models

Although the evolving representative types shown in Figure 6 have been defined against a product life cycle matrix, not all new deployments will be established based on this approach. Each company will look to pursue sales models that best meet the needs of its existing and developing portfolios. Although the industry has been historically slow to embrace change in its sales approach, decreasing margins are driving even the most reluctant to find more flexible approaches at a lower cost to meet the needs of its ever-widening customer population. Discussions with industry leaders testify to this fact, and although each company interviewed may have its own perception on how the sales models will evolve, they all agree that strategic partnerships with outsourced providers will play a significant role.

NEW TEAM MODELS

At the very minimum, this means moving away from the deep reach and high frequency approach of countless details to a call approach based on “value outcome selling,” according to a Senior Director at a top-ten pharmaceutical company. Indeed this evolving sales approach calls for representatives to have a much higher clinical capability and a more progressive service mentality; in other words, be more responsive to the needs of their customers. As one Executive Director at a privately held pharmaceutical company expressed, “We can no longer afford to sample drop at \$100/call and we can’t afford to lose any more physician face time. We need to find a new way to engage the physician and deliver our clinical content in a thought provoking, highly intuitive manner.”

In the field this team might consist of a single representative who has both high level selling skills and functions as a customer service representative, as is the existing case with some pharmaceutical companies. Another alternative could be a team comprised of a customer service representative, a primary or specialty representative and a clinical educator. Which approach taken would depend on the organization and where the brand fits within its product cycle. Strategic partnership opportunities with an outsourced provider exist throughout the product lifecycle as shown previously in Figure 6. These partnership opportunities could easily provide cost-effective, no-risk solutions to market coverage while the pharmaceutical company strengthens its own core competencies.

ARE REGIONAL UNITS HERE TO STAY?

There is much debate if the industry will follow Pfizer's lead and move to regional business units. Some industry spokespersons believe that this will occur to a limited degree within their organizations for five to six years and then most likely revert back to centralized units due to the higher costs associated with regional models. Others do not believe the regional model works as intended. "The reasons folks are claiming to go to regional business units is to get closer to the local decision making level," states one pharmaceutical executive. "However, let's not kid ourselves to say these regional units are making decisions at the local level. Someone managing a regional territory cannot know what is happening with all the local providers within a community. There are dynamics beyond the provider – the political climate for example. Some communities send buses around to provide injections. The regional office will not know that. Although good reps pay attention at the local level, our sizing, structure and methodologies are not able to take the local level into account."

Beyond this lack of awareness, a critical issue with regional coverage is its inability to cost-effectively factor in the rich data the industry has collected. "The industry is able to apply higher and higher science to its data collection and analysis," she continues. "Those analytical techniques are not easy to replicate in the field."

THE STRATEGIC VALUE OF OUTSOURCING

Geographic coverage aside, the need to have a flexible and efficient field force is an area where most of the industry is in agreement, and many see strategic partnerships with outsourcing firms as providing that flexibility and efficiency. "Turn it on" and "turn it off" for flexibility in the field are the terms heard repeatedly, from both sales services outsourcers and the pharmaceutical industry they serve.

Today, sales outsourcing firms are viewed as being "professional, flexible, capable organizations" drawing from a pool of individuals who had worked for pharmaceutical companies, or would have if jobs were available, according to an Executive Director at a pharmaceutical company using outsourced sales representatives for over 12 years. Most see no difference between a company and an outsourced representative, and what many like is the ability to rapidly deploy the desired team when using these types of resources. Some look forward to the day when contractual agreements handling all the logistics of possible deployments are in place, allowing rapid deployment of an engagement within a week with just a phone call.

With a quality bank of individuals to draw from, pharmaceutical companies can improve their flexibility and efficiency by strategically deploying outsourced resources to meet the needs of their changing portfolios.



Today, with a quality bank of individuals to draw from, pharmaceutical companies can improve their flexibility and efficiency by strategically deploying outsourced resources to meet the needs of their changing portfolios. For one Associate Director of Contract Sales at a major pharmaceutical company, the best use of outsourced sales services is in primary care, commodity markets. Due to limited physician access, he feels that this is not a market requiring a high science detail, but rather a customer service detail. If the service provider can provide the appropriate individual, and do so at a lower cost than the pharmaceutical company, then it is an ideal fit. The pharmaceutical company can devote its higher-priced personnel to the specialty detail, which he feels is more relationship-based and of higher profit potential to the company. Controlling that relationship with the specialist is critical to the company and something he would not turn over to outsourcing.

Certainly outsourced sales professionals have filled a variety of additional functions throughout the years. For some they have:

-] Added promotional support to provide additional call productivity or pull through on major contracts (*See Sidebar Case Study: More Tightly Matching Promotional Capabilities to Product Performance Drivers.*)
-] Provided part-time vacancy coverage
-] Supplied geographic coverage to add support where company personnel were handling special projects
-] Filled vacancies either temporarily or in an embedded model
-] Met short-term competitive thrusts
-] Boosted seasonal promotion

PDI PARTNERSHIP CASE STUDY:

MORE TIGHTLY MATCHING PROMOTIONAL CAPABILITIES TO PRODUCT PERFORMANCE DRIVERS

Client Challenge:

-] Established product in highly competitive class requiring share-of-voice to sustain position and realize upside potential
-] Field restructuring eliminated ability to provide appropriate field coverage
-] Seeking fast impact: Client sought a solution to quickly stem competitive tide and drive top- and bottom-line brand performance

PDI's Partnership Solution:

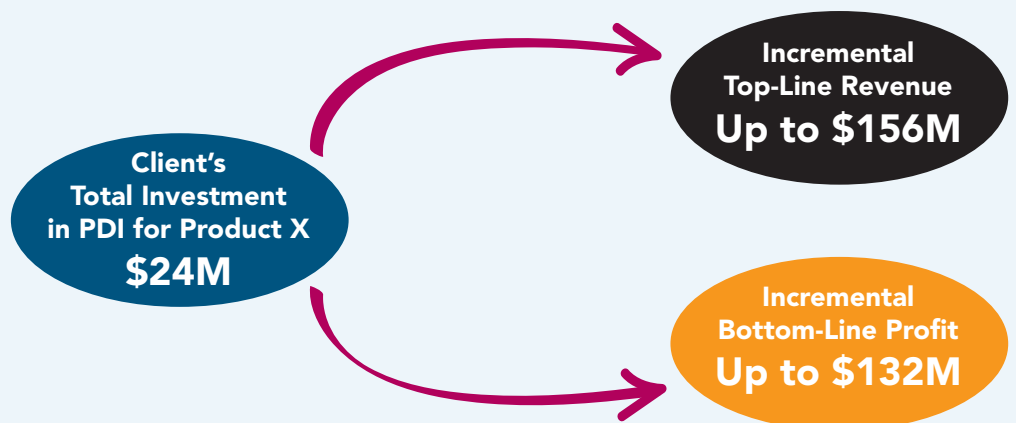
-] Scaled up dedicated field force with selling capabilities tailored to product performance drivers

Result – Direct Comparison of ROI per \$ Invested

	UP TO
New PDI Field Force	\$6.41
Legacy Client Force	\$5.04

ROI on PDI force up to 6.4:1
Profit from PDI up to 34% *higher* per \$ invested

ROI-Based Assessment of PDI Team's Impact on Client's Top and Bottom Line



- ✓ Significant Contribution to Top and Bottom Line
- ✓ Maximized Leverage by Adding Additional Products

HOW MIGHT OUTSOURCING WORK FOR YOU?

-]
 - If you are a pharmaceutical company with a stable of established products and five products in phase III development, you might engage an outsourced sales force to:
 - Scale up or mirror the reach and access for your launch products with primary or specialty outsourced representatives
 - Provide pre-market disease state education for your launch brands with an outsourced nurse educator
 - Represent the established products in your portfolio with outsourced service or established market representatives while your own internal forces detail the launch brands
-]

Perhaps you are looking to pilot a new account manager model to better address the needs of your various customers, using a company representative with strong insights and higher-level selling skills to direct resources into a region. The main body of the supporting account team would encompass primary and/or specialty representatives to detail the physicians within the practices, a nurse educator or MSL to provide scientific back-up and a service representative to sample and provide literature as needed. You may leverage your company personnel for the account manager position and main sales positions, but use outsourced resources for the service and educator roles.
-]

You may be looking to expand the reach of your existing mature brand and are considering the long-term care market as a possible outlet. An existing PDI client set up a pilot to test this premise with a mature seasonal primary care drug using a representative specifically trained for selling in a long-term care setting. For this project, a pilot was conducted during the brand's peak selling season, calling on a small number of long-term facilities. The goal was to target the medical directors, nurses and health educators; provide clinical messaging on the features and benefits; and assist the facility to improve their quality of care. The outsourced structure enabled the pharmaceutical client to end the pilot at the end of the season smoothly and without any internal ramifications.

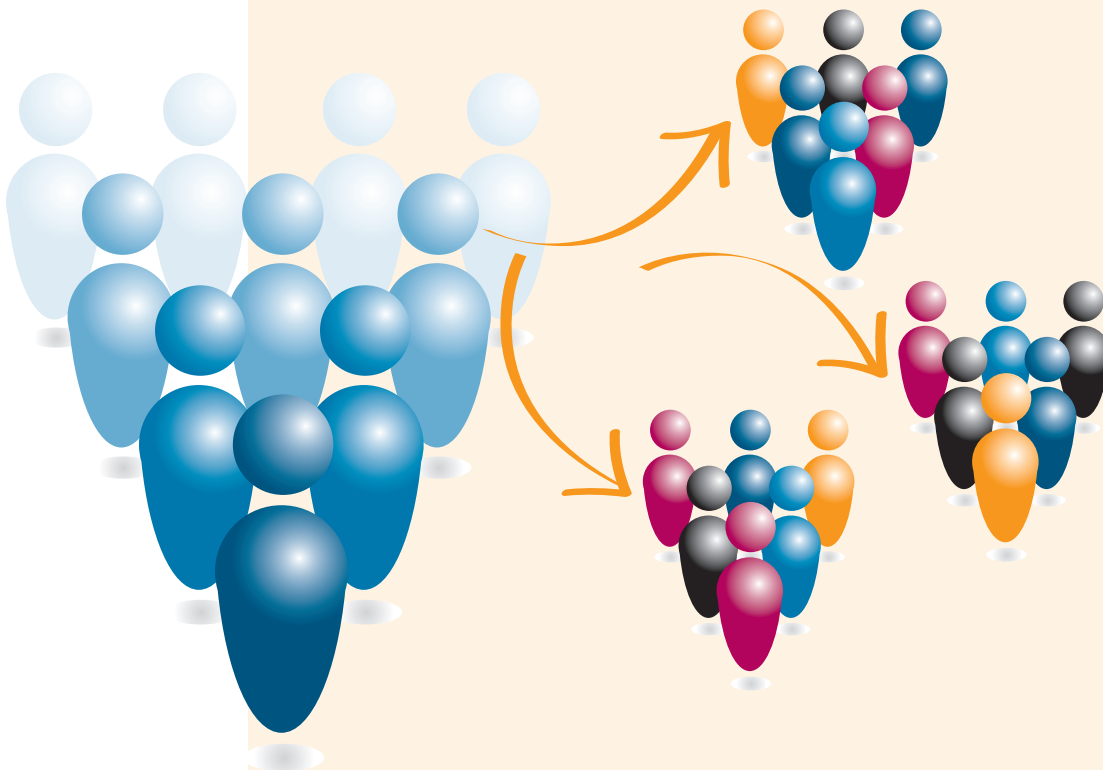
Whatever your application, strategically partnering with a knowledgeable, high quality outsourced sales services provider allows you to keep your internal field resources focused on long-term portfolio needs while you shift to a variable costing structure, rapidly hiring and deploying outsourced solutions tailored to your specific needs. As discussed below, this kind of strategic partnership provides both top- and bottom-line improvements that will serve the industry well as it moves forward with its reinvention.



THE BENEFITS OF STRATEGICALLY PARTNERING WITH OUTSOURCED SALES SERVICES FIRMS

The benefits to leveraging a firm to deliver outsourced sales and marketing services are directly in keeping with the evolving industry dynamics, specifically:

-] More directly matching field promotional investment to the most relevant promotional drivers for each product in the portfolio
-] Increasing the flexibility of field promotion and better managing inefficiencies by providing the ability to rapidly scale promotional efforts by product, season, region or even territory
-] Offering a shift to a more variable cost structure by maintaining strong promotional support for key products while concurrently reducing fixed field force investments and streamlining related overhead as products begin to near patent expiration
-] Testing and piloting tactics to optimize selling effectiveness without disrupting ongoing promotional efforts
-] Driving full top-line and bottom-line performance from the entire portfolio with access to innovative, flexible field assets that can quickly and cost-effectively evaluate and quantify the promotional responsiveness of every product in their portfolio



Conclusion

Changing market conditions, competitive pressures and FDA regulations have all taken a toll on the industry. With the healthcare industry facing reforms that will very likely impact the pharmaceutical industry even further, finding solutions to create as much flexibility as possible are paramount. More diversified rep profiles in more specialized roles are key, and by leveraging outsourced solutions with optimized internal capabilities, the industry will find the flexibility it needs to respond more quickly to changing market conditions while maximizing top- and bottom-line performance.



ABOUT PDI

PDI provides commercialization services for established and emerging biopharmaceutical companies. The company is dedicated to maximizing the return on investment for its clients by providing strategic flexibility, sales, marketing and commercialization expertise.

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