increase, and the venture capital market for the biotechnology sector tightens, prompting increased consolidation within the industry. Merger and acquisition activity within big pharma will also accelerate, as economies of scale emerge as key competitive differentiators in core markets where growth will be hard-fought and incremental.

Increased globalization and expansion into emerging markets such as China, India, and Russia will accelerate to keep pace with the rapid emergence of a new middle class in numerous regions. In stark contrast, growth in the United States and Western Europe will be relatively flat or incremental.

The generic market will continue to grow, particularly in emerging markets where intellectual property and payment models are still being developed and refined.

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Given the dearth of new medical entities, the global economic crisis, and healthcare reform, we can expect increased, and new, pressure from generic manufacturers. While pricing strategies and distribution have dominated the discussion to date, many of these companies will now move aggressively to adopt traditional marketing and brand strategies to differentiate their products, drive demand, and capitalize on the expanding and evolving marketplace.

The ability to more precisely target and treat a range of therapeutic conditions will drive traditional pharma to reorganize and rethink its business model. In a decade, genomics will play a more critical role in the discovery, development, and commercialization of new medical entities.

A new administration, shifting economic sands, and a recent history of product market withdrawals has created great uncertainty across the commercialization process and set many marketers back on their heels. Once an industry of risk and return, pharma today operates in a hyper-conservative and vigilant mode, which adversely affects all key stakeholders and hampers a product's potential to fully capitalize on a narrowing window of return.

Size does matter, so much so that big pharma is looking for additional ways to downsize, when possible, to align with the new market economy, reduce overhead, and contain skyrocketing costs. The impact has been across the board and includes sales and marketing — once the bread and butter of the industry. In fact, outside consultants are now serving as an out-of-house corporate marketing team and being activated and deployed on an as-needed basis, depending on the specific needs and time frame of a brand launch or assignment. Expect this trend to continue.

From free iPods to magazines, pedometers, exercise equipment, educational videos, and just about every reward program imaginable, pharma marketers have spent over a decade trying to crack the elusive persistency problem. Despite the millions of dollars spent trying to prevent attrition, studies still show that three months after a prescription is filled, about 70% of patients stop taking their medication. And that's true regardless of therapeutic category.

Going forward, marketers need to recognize that the answer is not to send more stuff to more patients, but to understand what factors (both conscious and unconscious) are driving the decision-making process, and which ones can be influenced. In many cases (particularly in the absence of coverage or side effects), marketing cannot solve the problem. Only through appropriate insight and segmentation work can we expect to tailor effective solutions that drive true persistency. Arguably, consideration should also be given to making persistency an industry problem where marketers collaborate on impacting patient adherence. Managed the right way, it's a win-win for everyone.

Unquestionably, digital is playing a more important and expanded role in the commercialization equation. This is not surprising, given its ability to effectively and efficiently target specific patient populations and provide a discreet forum for sufferers to learn and share valuable information. The key issue moving forward will be the ability to effectively measure the impact of this medium on conversion and compliance.

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Jeff Stomberg
CEO
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Over the years, biopharmaceutical companies have relied on traditional sourcing models such as staff augmentation and CROs when supplementing their work force needs. Staff augmentation allows for specialized contractors to work on site under the supervision of the client's permanent staff and permits the client to maintain complete control over work processes and product deliverables.

Alternatively, a more costly resource solution is the outsourcing of an entire clinical study to a CRO where a full range of services is provided. In these cost-conscious times, biopharmaceutical companies are beginning to embrace a hybrid approach when staffing clinical research projects. The functional service provider (FSP) model allows for the combined use of various types of staff augmentation and outsourcing concepts.

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Mike Wexler
Principal
Biltmore Technologies offers a hosted sales and marketing data warehouse solution designed specifically for small/midtier pharmaceutical and biotech companies. For more information, visit biltmoretech.com or e-mail mwexler@biltmoretech.com.

As big pharma companies continue to look for ways to reduce large expense line items, they will devote even more time to determining the effectiveness of their contracting strategies, specifically in the areas of contract compliance, levels of formulary control, and rational pricing.

Pharma companies will continue to rely more on data (rejected and paid retail claims) provided by syndicated data providers as opposed to data provided by PBMs and MCOs.

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CEO
U.S. Pharmacopeial Convention (USP) is an official public standards-setting authority for all prescription and over-the-counter medicines and other healthcare products manufactured or sold in the United States. For more information, visit usp.org.