Pierre Boyer – General Manager, Servier BeLux



In oncology, we are moving up a gear to become a more focused and innovative player

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Pierre Boyer, GM at Servier BeLux for the past six years, outlines the unique characteristics and challenges of the Belgian market and shares the company's 2030 strategy, its unique approach to oncology with a focus on hard-to-treat cancers, as well as its focus on patient centricity

Pierre, you came to Belgium as general manager of the BeLux region about six years ago. Can you give us an overview of the affiliate and the market?

After many years in Eastern Europe, I joined Servier BeLux in 2017. BeLux is a historical affiliate and one of the first for Servier Group, having started its activities in Belgium in 1971 and in Luxembourg in 1980.

The affiliate ensures the promotion and distribution of medicines in the cardiovascular and venous disease areas, as well as in diabetes and oncology. In addition, we have a centre of expertise in clinical research that carries out numerous clinical trials in collaboration with hospitals in Belgium, the Netherlands and Luxembourg, and a European affairs department.

Today, Servier BeLux employs 120 people, with about 60 percent of the team coming from Flanders and the other 40 percent from Wallonia.

We rank 15th with a leading position in cardiology and are the market leaders in the treatment of venous diseases. In Belgium, 50 percent of the patients with hypertension receive a Servier

medicine. In addition, we began our operations in oncology in 2017 and today are able to provide doctors with therapeutics solutions for 90 percent of gastrointestinal (GI) cancers.

Just to give you an idea of Servier's volume here, we sell on average 13 million boxes a year, which represents a large volume in primary care, but also in specialty care. If you look at the size of the population, 11 million inhabitants, as compared to 13 million boxes, that is huge.

With respect to new therapies, we are preparing to introduce the first and only approved targeted therapy in Europe in acute myeloid leukaemia (AML) and cholangiocarcinoma (CCA) for patients with IDH1 mutation.

The BeLux affiliate also supplies wholesalers, pharmacies and hospitals in Belgium and Luxembourg directly through our warehouse in Anderlecht.

What would you say are the particularities and challenges that characterise operating in Belgium?

Belgium is not an easy country, but it is an exciting one. It is an affiliate that is well-structured and in a well-established market and the level of professionalism within the team is very high. There is the particularity of having to work in two languages, French and Dutch, and when it comes to organising meetings, we have to split them up or run them in two languages. But that diversity also adds to the strength of the team.

The pharma industry has invested a great deal in Belgium and there is a strong pharma industry ecosystem, which includes some important Belgian players like Solvay, Janssen and UCB. There have also been major efforts to attract companies to invest in manufacturing, R&D, and clinical trials here.

Belgium has also become a leading hub for clinical trials because of the degree of expertise in terms of centres and clinicians, as well as the country's supportive legislation for carrying out clinical trials here.

With respect to challenges, access to innovation is very difficult. Because of the complexity of the system, it can take a long time for Belgian patients to gain access; for oncology 540 days here as compared to 130 days in Germany. That is a big difference, and we need to do something about it and improve access for the benefit of patients.

The situation was better in the past because five years ago we were able to have more of a long-term vision than today. Back then, we were able to discuss the situation with the authorities — the health minister and the National Institute for Health and Disability Insurance (INAMI/RIZIV)— and with the “pacte d’avenir” agreement that was in place then we were able to plan for a 3- or 5-years period.

Today, we lack that long-term vision because we have not signed a similar agreement with the authorities, which means we need to discuss reimbursement every year. This has made the delay in access to innovation longer and longer in Belgium, and the rebate and decrease in price we are forced to apply is huge, which makes it very difficult to establish any kind of forecast or to plan investment.

Another challenge we are facing is the inflation and automatic indexation that has been established in Belgium. This leads to an increase of costs of goods, salaries and other costs while the medicines’ prices are not impacted, decreasing our margins of manoeuvre with regard to further investments.

You mentioned the challenges of the current environment. How is Servier confronting those challenges and what strategies are in place to deal with them?

We are putting a lot of emphasis on cost control and making an effort to accelerate innovation. When we have a new medicine, we make an effort to get that medicine on the market as soon as we can. This is in line with our overall commitment to file for pricing and reimbursement in the 27 Member states of the EU within two years of obtaining a Marketing Authorisation.

In addition, we look to extend product lines and look for new indications to always answer patients’ expectations and unmet medical needs. Keeping the team motivated is also important because we need to remain engaged in this challenging environment.

Last year, Servier launched a new visual identity and embarked on its “Servier 2030” transformation plan. What can you tell us about the new strategy?

The Servier group’s ambition is to make a meaningful social impact for patients and for a sustainable world by 2030. We aim to become an innovative and patient-driven company with a robust pipeline; a resilient, growing and sustainable company balanced on three pillars: specialty

care, cardio-metabolic and venous diseases, and generics.

We also want to be a company with a measurable positive social impact and an attractive company with passionate employees who take pride in their work.

In Belgium, we initiated this transformation journey 5 years ago. Today our organisation is performing well and our positive results are supported by a team of very engaged people.

The company's new visual identity is also more modern, demonstrating our renewed focus on the patient and the environment but also a marker of the successful transformation of the Group. The signature "Moved by you" is also important for the patient, for the HCPs and for the people working at Servier as it demonstrates that we are in the process of transforming the company.

Servier has a leading position in cardiovascular and venous diseases and is building its presence in oncology. What are the company's portfolio priorities?

We established our success in cardiovascular disease and venous diseases and in Belgium we are a leader in these areas. As I mentioned, one out of every two Belgian patients with hypertension is treated with a Servier medicine. With Daflon, which is our medicine for venous diseases, we have a 70 percent market share, and with Diamicron we are leaders in the sulfonylureas diabetes segment.

In oncology, we are moving up a gear to become a more focused and innovative player. We established our oncology operation in Belgium in 2017 and were able to get access and reimbursement for all of our medicines. Today we have 4 medicines in oncology and we are getting ready to introduce the first targeted therapy in acute myeloid leukaemia (AML) and cholangiocarcinoma (CCA) for patients with IDH1 mutation.

We are looking to make therapeutic progress where needs are not yet met, for what are known as hard-to-treat cancers, such as digestive cancers and hematologic cancers where there is no or few therapeutic alternatives for patients. If we look at our oncology portfolio today, we are covering gastrointestinal (GI) cancers such as gastric cancer, colorectal cancer, pancreatic cancer, cholangiocarcinoma (CCA) and now we are moving to haematology cancer and AML.

To step up the pace of research and development, Servier has pursued partnerships with pharmaceutical labs, biotech companies, prestigious academic institutions and start-ups and acquisitions. We have also just opened our global R&D hub in Paris – Saclay, a 40,000m² building

that houses 1,500 R&D employees. This EUR 400 million investment demonstrates Servier's commitment to having a strong social impact.

What are the attributes of Servier's cancer portfolio that make it competitive from a payer's or HCP's perspective?

Being a mid-size pharma and by focusing on difficult and hard-to-treat cancer, we want to provide patients and doctors with therapies that did not previously exist.

Today we are going to introduce the first targeted therapy in AML and CCA with an IDH1 mutation and we have just obtained European approval for these 2 indications. AML and CCA are rare diseases that in Belgium probably do not represent a large patient population, but for these patients, our medicines will increase their rate of survival with an acceptable quality of life.

This approach is part of the company's transformation. While we will continue with our core business of cardiovascular and venous diseases, we will pursue diabetology and oncology. We stand to succeed in oncology because we can provide the leadership we have in cardiology and offer a new approach as compared to big pharma.

Additionally, we have a good reputation in Belgium, based on a well-established team that has a high degree of retention and tends to stay with us for long periods of time. This means that doctors have the same contact and a truthful relationship, which is something really appreciated in Belgium.

Servier is carrying out a number of clinical trials in Belgium. What factors have influenced the decision to conduct trials here, being so close to France?

In Belgium, there is a high level of expertise for conducting clinical trials and we know that trials will be carried out properly and that patient enrolment will work well. Additionally, there are therapeutic experts in Belgium who are well-known at a European level and worldwide, which means they can speak about their experiences with our medicines.

Moreover, by conducting clinical trials here we give doctors the opportunity to test innovative treatments in complex disease areas, and through our Medical Need Programme, we offer patients access to innovation before reimbursement.

On top of those factors, Belgian legislation is also supportive of investment in clinical trials.

You spoke about an increased focus on the patient. What brought about that shift at Servier?

In the past doctors were a priority, but for several years, we integrate the voice of the patient at every stage of the medicine's life cycle. We value their opinion and contribution as we believe their knowledge of their illness and treatment is essential to further research and innovation. In oncology, there is an emotional shock when these diseases are diagnosed and afterwards, they become a part of a patient's life. Therefore, it is important not only to improve treatment but to improve the ecosystem around the patient.

We did a lot of research on patients suffering from cancer in Belgium and are offering a number of services to deal with the psychological aspects of the disease. For example, we have a specific educational programme LEA "Listen, Explain and Act" in Oncology developed in collaboration with patient's association for patients, families and HCPs. We have also a lot of programmes for patients in the cardiovascular disease area and in diabetology about prevention and adherence to treatment

Servier is a company characterized by a high degree of retention of its personnel. What leads to that level of ongoing commitment?

I have been with the company since 2006 and I think people stay at Servier not only because it is a good company with a solid portfolio, but because it has strong values and shares these values with its people.

The fact that the Servier Group is an independent pharmaceutical company, governed by a non-profit foundation, is also important. Our vocation is to be committed to therapeutic progress to serve patient needs with the help of healthcare professionals, and we strive to provide future generations with a world where quality healthcare is available and accessible to all. And working for a non-listed company, governed by a foundation, is different than working for a company with financial shareholders.. Our structure is very well adapted to the long cycle of the pharmaceutical industry and working in this environment represents a unique opportunity in my opinion. Performing is of course just as important and we have to perform if we want to continue to be sustainable, which means we have to find new products and if we find new products, we will be

able to continue to develop the company and our people, thus R&D is key for us.

Is there anything else you would like to share with our international audience?

I would like to mention the fact that in Belgium and globally, incremental innovation is not sufficiently recognized and valued by payers and is a threat which can impact drug availability for patients in our country. To give you an example, if we develop a new application for an off-patent product, the authorities do not recognise it as an innovation. However, a posology of one tablet per day to treat a chronic disease like hypertension instead of several tablets per day is an innovative solution that will improve the quality of life of the patient, their adherence to the treatment, and will bring positive health, and ultimately economic, outcomes. This kind of incremental innovation is not sufficiently recognised whereas it should be valued by the authorities as an innovation that brings benefits to the patients. This has to be recognised and to be paid for as incremental innovation and that will enable us to invest more in innovative drugs. It is something that we need collectively to work together on because it brings value to the patients and to the health system as a whole.

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