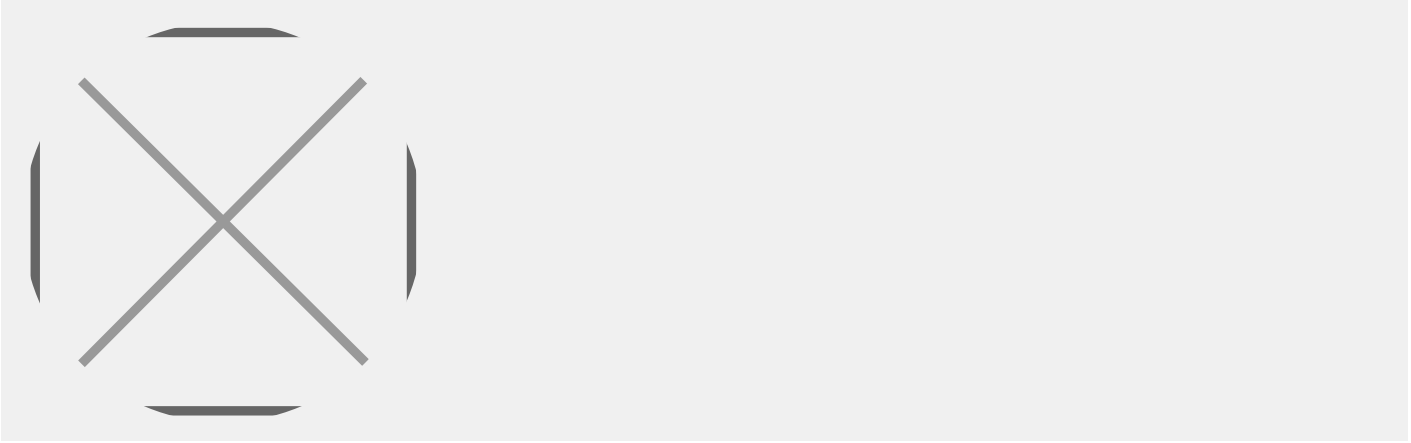
# Interview with Norbert van Rooij, Country Manager Austria, Grünenthal GmbH



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**You have been with Grünenthal since 2004 and as the Austria Country Manager since June 2012. What were your initial goals when you took up the position and how have they panned out so far?**

I wanted to make a change — a change for patients; a change for those who are close to me; a change for the company; and a change for society.

I want to contribute to improvements in healthcare and to pain care in particular.

**What specific goals have you set out for the next 3-4 years for getting products on to the reimbursement system?**

Palexia® (Tapentadol) is our top priority, and perhaps the most interesting molecule currently in the Grünenthal pipeline for Austria. Following the regulatory approval in Austria we are currently in discussion with the reimbursement authorities and expect to conclude this procedure within the next 2-3 months. Tapentadol is quite unique in that for 40 years no new molecule has been developed in the area of strong analgesics. Tapentadol is a new class of centrally active analgesics that combines two modes of action in one single molecule. Furthermore, it is very exciting to learn about the benefits it brings to patients.

Patients with pain disorders seriously suffer if you consider how the symptoms can change their attitudes in life. Tapentadol really does something for a lot of pain patients. Our big ambition in Austria is to get Palexia® reimbursed in order to facilitate easy access for patients.

**Why do you think it has been 40 years since the last real developments in opioids?**

It is a very difficult field. As humans, we tend to forget pain or ignore it if it is not present. It is a classic example of an “out of sight, out of mind” attitude. However, pain is one of the main drivers of healthcare utilization. It goes without saying that people go to the doctor because something hurts. From there, other diagnoses unfold.

The researchers in our company have done fantastic work. The development of a new drug is complex, expensive and research intensive. We now have an outstanding product portfolio and a filled product pipeline.

**When talking to Tomas Bordonaba in Mexico, he described a very stoic attitude towards many illnesses and pain. There is a big social and cultural element to pain care. What is the attitude and cultural approach in Austria? Are patients very open about pain?**

I attended an educational meeting several months ago and one of the presenters explained the correlation between pain and relaxation. An elderly person, so the presenter explained, has a high chance of suffering from pain at night while. So logically, when should we ensure good pain care? At night, of course.

Some pain care nurses in the audience found that interesting as access to pain medicine in their institute was not available from 8 pm until 8 am the following day. So the question is not the attitudes of the patients; rather, it is the healthcare system and how the provider operates. What we do at Grünenthal is put the patient in the centre. From there we start working.

**What are the barriers standing in the way of getting Palexia® on the reimbursement system or are you optimistic about its chances?**

Palexia® deserves to be reimbursed. The reimbursement system in Austria is intended to grant access for innovation and Palexia® is a real innovation. It is a new molecule which did not exist before and it has benefits that you cannot get anywhere else. Patients who need it really benefit from Palexia. It is only logical for the system to reimburse it.

There seems to be a universal struggle to get products into the Austrian reimbursement system.

And that starts with the recognition of pain being a real problem. Imagine what a patient thinks if a doctor says that they have to live with pain. Patients will give up and suffer because they think that the doctor is right. Unfortunately, there are not many ways to deal with pain. However good a doctor is, in many cases patient cannot become completely pain free. With Palexia® we are now able to solve a number of problems in pain treatment which could not be solved before and with Palexia® we have such an amount of data as with no other analgesic before. We should acknowledge that and then the reimbursement of Palexia® will follow.

**In September 2012 one of Grünenthal's flagship products, Zaldiar®, lost its patent protection. What is the company's strategy for coping with that loss? Do you have the capacity to reinvent yourself in the market when it comes to the loss of exclusivity?**

In Austria Zaldiar® is available but never got the reimbursement status. Therefore unfortunately, very few patients can benefit from this product in Austria. This example also illustrates that patent laws are ultimately a problem not just for the originator but also for the companies promoting generics as well as for the health care system: Without a successful originator there is no market for the generics. In the area of pain management the lack of investment in the health care system is striking. The companies investing most are the ones driving innovations. They invest in education, research, organisations and a talented workforce.

What does this mean for Grünenthal in Austria? We are committed to continue to do what we are good at. We focus on patient centred innovations such as Palexia® and our future pipeline.

In Austria, as with Grünenthal worldwide, we are strong in the field of clinical development. Twenty-five percent of our team in Austrian works in clinical operations.

**When speaking to Bayer, they told us that Austria is a country that is punching above its weight in clinical research despites its small size, mainly because of a talented workforce. Do you think Austria is deserving of its reputation as a clinical development hub?**

To me it is quite simple. If we did not have a market, I would advise my superiors to not do any research here. We are living in a much interconnected Europe. Talented people are willing to work anywhere else in the European Union. As an international company, it very much comes down to where to invest and to go where you think you can actually do something. In our case it is very much related to access to care for pain patients. In Europe the attitude towards pain and its treatment differs significantly from country to country. Therefore, I prefer to do research in the country where the patients can directly benefit.

**Can you explain Grünenthal's Vision 2020 to us and how it applies in the Austrian context?**

Vision 2020 sets the ambition achieving innovation leadership in the pain indication area and, at the same time, becoming the most patient-centric pharmaceutical company. That is exactly what we want and what we are doing.

**Per Grünenthal's business divestment plan, the second instalment of the purchase price for the central and eastern European countries and the Middle East was €160 million which raised liquidity significantly. Has that had a significant impact in Austria?**

No, not for the pain business. However, as we sold the gynaecology business and the central European business, our office space in Austria became less.

**Was the silver lining from that experience being able to focus much more closely on Austria?**

I was not in the Austrian team at the time so I cannot say with authority. The money that was invested in operational research has been reinvested throughout the entire group.

**What advantages and challenges have you experienced working for a family owned company? Anything above its competitors based on the way it is run?**

Grünenthal is indeed a very much a family-oriented organization. Our targets are discussed in a very rational, reasonable and fair way with a long-term focus. We can openly explain what we can and cannot achieve. There is a lot of realism here. It is incredibly transparent. Of course we have our targets, but as we have little pressure to exaggerate our achievements we do not need to sugar-coat our achievements. In a shareholder-owned company I might not even mention certain risks to my boss, but within Grünenthal management communication is very transparent.

**You are one of the most passionate people we have interviewed so far with regards to care for the patient. I feel that must be reflected in the company as a whole because Grünenthal is involved in a number of social initiatives. Can you elaborate on that and what your involvement is?**

We are using the synergies and cooperating with the European activities of Grünenthal at-large. First, we have the EFIC-Grünenthal Grant for young researchers. Several researchers from Austria have been nominated for it, including some this year. Second, we cooperate together with the European Federation of IASP® Chapters (EFIC®) on international platform called “the societal Impact of Pain” (SIP). As I mentioned earlier, if society is not aware of the need to improve pain management, there will never be any understanding why our products need to be reimbursed. Imagine that your father had chronic back pain that prohibited him from going to work. Your father would suffer but it would also ripple throughout the entire household. If we do not create an understanding of the problems pain patients are confronted with, we will never be able to get the resources and innovations to improve the situation for patients. Hence as Grünenthal we engage to increase the societal awareness of the impact of pain.

Through “the societal Impact of Pain” (SIP) platform we aim to bring all stakeholders together: patient representatives, medical professionals, politicians and decision makers. It is an exciting project because there are a lot of people who just start talking to each other for the first time. For example, within the SIP setting caregivers talk to pharmacists or payers talk to patient representatives on matters regarding pain management. They might know each other as business partners, but not necessarily as community co-operators. Building on the SIP platform several fruitful projects have been initiated.

Third, throughout Europe and in Austria we initiated a project called CHANGE PAIN. CHANGE PAIN aims to enhance the understanding of severe chronic pain patients' needs and develops solutions to improve pain management. We want to support the change of attitudes towards pain of all parties involved. In Austria we have three pillars: education, research and publication. There is a great demand for professional information on pain management. Go to your own doctor and ask her how many hours of education she has received on pain. In most countries you would expect education in pain management to be a significant part of the medical education. But, instead, often doctors will confirm daily practice requires more education in this area. From a system perspective pain is not taken as seriously as it deserves to be. CHANGE PAIN supports medical professionals by providing practical instruments.

Last but not least, in Austria last year we gave out an award to journalists who published about pain. That is quite an interesting project because journalists play an important role in increasing awareness about pain and its impact on daily life for patients.

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