

Interview: Wojciech Koziejowski, Managing Director, Lundbeck Poland



11.03.2014

“

We have made some progress in terms of the conceptualization of depression as a disease. Previously, the popular attitude was that depression was a temporary emotion; one that could be overcome by will power,” Wojciech Koziejowski, Managing Director, Lundbeck Poland.

In what ways are Lundbeck’s products helping to address Poland’s current healthcare needs?

Lundbeck is a unique company, as its products have been dedicated to the central nervous system (CNS) for over 30 years. By focusing on psychiatry and neurology, we have found a niche that is growing dramatically, as a result of an ageing population and fast-paced lives. Alzheimer’s disease affects a good number of Poles and this number is expected to increase as the average age of the population increases. Furthermore, 3-4 percent of Poles suffer from depression. Alcohol addiction is another issue troubling society. The average Pole drinks about 13.6 litres of pure spirits per year, which puts Poland in the upper middle tier among European nations. We are now seeing a shift from spirits to beer as the alcoholic market leader in Poland. However, people do not understand that volume rather than alcohol selection is a more important factor in alcohol addiction.

Our analysis of the market has kept Lundbeck among the leaders in this area. Our relatively small size reduces the length of our decision making process. This allows us to be efficient and

competitive. Additionally, we have always had high quality drugs. Our blockbuster drugs include Lexipro and Cipralex, which have proven very successful antidepressants. Lundbeck continuously introduces new innovative products. Helping people with their troubles motivates me and my staff to come to work every day.

What is Lundbeck's outreach and awareness strategy concerning the severity of psychiatric disorders and alcohol dependence?

We introduced an evidence-based promotional approach that pinpointed doctors who were very interested in innovative treatments, particularly addressing side effects. We have also made changes in our distribution system and our training program for our representatives.

We also lead the industry in terms of education, distributing and translating educational materials and articles for the patient and their families. An Alzheimer's patient, for example, will quite rightly receive care and guidance on how to deal with the disease. However, as most of the burden is with the patient's family, we provide materials for the family that can help them cope with this psychiatric disease. Our literature is so well done that other companies and organizations have asked our permission to use it.

In Poland, psychiatric disorders are still heavily stigmatized, especially in smaller cities and rural areas.

This is sad, as psychiatric disorders are typically the most debilitating afflictions in people. That being said, we are growing a reputation as a responsible company. We achieve success ethically with passion and dedication in line with our mission.

**In terms of life-threatening diseases, such as brain diseases, how does Poland rank?
What does Lundbeck bring to the table to treat depression?**

In my opinion, resources for the treatment of brain diseases are not as high as in oncology. The decision makers are focusing on oncological matters even though no significant difference exists between these two hardships. The idea is in everyone's head that they will die from cancer.

We have made some progress in terms of the conceptualization of depression as a disease. Previously, the popular attitude was that depression was a temporary emotion; one that could be overcome by will power. We have a new drug that will be introduced this May that we believe will be effective on depression and cognition. Cognition is usually overlooked in depression. Our hope is

that the patients taking these drugs will think better, and therefore do better. In practice, a person who is suffering from depression, with the help of this drug, will be able to work more efficiently, which has an obvious benefit on the overall economy.

Since the introduction of the Reimbursement Act, what challenges do you find the most difficult to overcome?

Our innovative products were previously not eligible for reimbursement, largely due to financial restrictions. As a result, we introduced our products to the private market rather than the general market because people cannot afford to purchase these products without reimbursement. Our innovative products such as the drug I just mentioned will have to go through the reimbursement process, which is a nightmare.

But the government is saying that all the savings they are making from the Reimbursement Act will be reinvested into innovative drugs.

This is not entirely true. The Reimbursement Act did save more than 655 million USD and some new products, mainly in oncology, have been introduced. However, the recipients of these new products must fit within certain criteria and thus they are not technically available to the open market. Such complications account for why January 2014 saw five percent less return than January 2013.

Who is responsible for the delays in the reimbursement process? How does Poland compare among other European countries?

The issue is not who is responsible for the delays, but how to adapt to the delays. It is important to note that 4.2 percent to 4.5 percent of GDP is dedicated to the healthcare system in Poland today. Compared to our peers, our system is very under-funded. Many people do not consider healthcare as an investment in health. We are behind Slovakia and other Eastern European countries with whom we share a similar past. Poland still has catching up to do.

Last year Lundbeck launched Selincro, a drug indicated for the reduction of alcohol consumption in adult patients with alcohol dependence, a type of depression. This drug is the first and only medicine approved for the reduction of alcohol consumption. How successful has this new drug been on the market?

This link is crucial as 32-35 percent of depressed patients are alcohol addicted. The strong connection between depression and alcoholism is difficult to treat. These troubles used to be treated by abstinence, refraining from consuming alcohol at all. Focus shifted to harm reduction, as

abstinence did not achieve the desired success. Logically, we believe that if we cannot make patients stop, perhaps we can reduce their drinking and thus their harm. Alcohol is connected to more than 60 diseases and the financial cost of drinking is between 1-3 percent of GDP. Through clinical trials, our patients were split 50/50 in terms of wanting to quit drinking and reducing drinking habits. Four weeks into the study, 62 percent of the participants who initially wanted to reduce their drinking changed their minds and wanted to quit drinking entirely. Alcoholism is not only a social problem, but an economic one: a report done by a Polish university estimated the government revenue from alcohol tax at USD 5-6 billion, and the healthcare cost due to alcoholism at USD 15 billion.

How do you tell a government running for re-election to give up the USD 6 billion they earn today in order to get the nearly USD 15 billion that you are going to save which is long term and cross-industrial?

Popular opinion in politics is so powerful that no government that wants to remain in power will do what it must. The economic value chain is missing in the strategy. You have people who are living longer but also people who might be receiving disability benefits and cannot work. If these people could have the medicine they need, they could work a few more years, which means more revenue from taxes, vat, and a diminishing burden on the system.

In terms of financial goals, how has Lundbeck achieved financial targets and growth in the past two years?

In terms of losing current revenue via the Reimbursement Act or the introduction of generics, we are not really affected. Overall, we are doing well in a harsh environment that is lacking reimbursement. According to the IMS report, Poland is 16th in the world with a pharmaceutical value of nearly 9 billion USD. At the same time, parallel trade is a rampant issue. Again, the IMS estimates that about USD 655 million in drugs were exported from PL.

What revenue target has Lundbeck set for this year?

We introduced Selincro this year, which opened up a new potential market of four million people. This market was not our main target. Even the alcohol addiction market is miniscule compared to CNS. Our priorities remain in opening new markets and to convincing the authorities to reimburse the product. That is the biggest ambition.

What challenges and opportunities might Lundbeck encounter in the future?

It will be difficult to introduce psychiatric treatments without reimbursement, but we do have three big products that will be released in the next few months. One is an anti-psychotic long-acting injectable. This drug is reimbursed in the Netherlands and Denmark and was just registered in the EU a few weeks ago. Our challenge will be to convince people to begin and maintain this very effective treatment.

To read more interviews and articles on Poland, and to download the latest free report on the country, [click here](#).

[See more interviews](#)