

Interview: Xavi Martí, Managing Director, Lundbeck, Spain



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Xavi Martí, managing director of Lundbeck Spain, discusses how the affiliate responds to the challenge of social stigma surrounding mental diseases and new strategies to open up the company's portfolio to a broader range of new, innovative products.

2015 represents the 20th anniversary of Lundbeck in Spain. How will the affiliate celebrate?

We will celebrate in a national meeting with the former founder of this affiliate, which will involve patients, doctors and employees to publish our work in helping people and improving lives for two decades.

Having been part of this organization and affiliate for so many years, what have been some of your biggest achievements?

As a research company, essentially we must create a good atmosphere specialized in CNS, and the primary challenge has been creating a real relationship with psychiatrists and neurologists. This not only includes reps, but myself in terms of creating relationships with KOLs in psychiatry and neurology. In doing so, we have the same aim to help people, improving quality of life. Psychiatrists are different from other specialists; they are aware of the problems that immediately envelop the patient, and in Spain they have been very involved with Lundbeck in terms of combating stigma, which surrounds many of these illnesses.

What are some examples in which Lundbeck has helped to de-stigmatize this attitude or cultural perception?

Several years ago, Lundbeck's headquarters created an art gallery called "Art Against Stigma", combining paintings from well-known artists with those from artists suffering from these diseases. This gallery moved from country to country, and when it came to Spain six years ago, we used the paintings in some regional and national congresses, spending a few days in each city with patients and doctors. We invested in a great deal of publicity for this event, trying to demonstrate that mental illnesses hinder artists' full potential. We also created short films annually with patient associations and a group of psychiatrists and neurologists in order to collect and sponsor several Nobel artists, each year highlighting a different disease. Every artists perfectly illustrated how caregivers and families around patients suffer, to show how conditions like depression or Alzheimer's affect those around patients.

Because of general expenditure cuts, the service timing that doctors give to patients in Spain is shorter, and these professionals are often under stress and pressure. This has negative impact on patients because medications like antidepressants work in parallel with psychological support; both are complementary. Most risk associated with diagnosis or treatment stems from the timing that doctors give to patients. Specialists tend to have more time to discuss these issues, but for GPs it is tough to correctly diagnose a patient in ten minutes, often resulting in prescription mistakes. Patients need good diagnosis and strong psychological support; you cannot have one without the other.

Spain was one of the countries hit worst by the crisis in the Eurozone. Have you seen a correlation or increase in the number of mental illnesses in Spain through depression or alcohol abuse?

The crisis has resulted in more depressed and alcohol-dependent people. Thankfully, the government does have some money to support all of this. Cost-control measures for healthcare means that the number of depressed people is higher but diagnosis or number of treatments is not increasing. There are simply not enough resources to meet the demand.

How has the Spanish market reacted to Lundbeck's change in focus from blockbuster models to pushing out multiple, smaller drugs?

Blockbusters really are no longer blockbusters as we know them, because they are built in a way in which doctors and GPs are able to prescribe under their own criteria. Since all government issues related to market access have cut the freedom of the doctor, the rules are stricter. It means they

are not able to prescribe the drugs that they feel are most appropriate. In that sense, drugs have become more specific for patients and we are no longer able to have drugs for any kind of depression. We have to be faster in research, and we must be closer to patients to understand their real needs. The Lundbeck organization has adapted its strategy to be closer to and more understanding of doctors' needs, and as such doctors are more like partners. We want to know exactly how patients feel and doctors' relations to patients to have a better understanding of the mental health ecosystem overall.

Lundbeck is investing in new products like Selincro, which is our first drug for alcohol dependency. We are also preparing the launch of a long-acting anti-psychotic formulation with Otsuka, and we are preparing the launch of a new antidepressant in Europe for 2015.

How do the health authorities generally react to products related to mental health? Do they appreciate the value that Lundbeck adds?

Lundbeck's awareness image is solid. While the government is very concerned about cost-containment, there are of course different approaches. For example, the health authorities believe that all drugs in today's market cover the needs for depression, perhaps with a greater emphasis on patients. But generally the politicians believe that new drugs for depression are not needed. For alcohol abuse, the authorities are very sensible. In the last year and a half, many contacts at the regional and local levels of politicians and stakeholders involving in the healthcare have been talking more about alcohol problems in Spain and are evaluating alcohol impact not only in alcohol-dependent patients but for all illnesses linked to alcohol like hypertension. There is also a big emphasis on younger generations of alcohol abusers, and understanding the origins of this illness. Because of our efforts to support patients and programs that support Lundbeck's products, the authorities are very open to discuss this topic.

In terms of how you engage with regional stakeholders, has Spain been good in terms of adapting to new models like multi-channel marketing?

I think most international companies are adapting to new multi-channels, but of course they have still been supporting the relationship between reps and doctors, particularly in Mediterranean or Latin countries. Most of the business is built around the relationship, but any kind of new technologies helping you to transmit the message much better for the needs of the doctors and their patients is welcomed. Companies only based in the relationship but do not control the message to doctor are disappearing. Most of the companies we are dealing with are adapting to the new technologies, but it will not substitute the relationship with the doctor; rather, it is built

over the relationship.

Local partnerships and acquisitions form a cornerstone of the Lundbeck strategy. Earlier this month, the company acquired US-based Chelsea Therapeutics for \$658 million. How does a deal like this affect operations in Spain? Are local partnerships more important?

These acquisitions provide new opportunities for new therapies and areas of development. At the corporate level it opens up opportunities to deal with innovative drugs. In the Iberian context, the focus is more on commercial innovation. As a Mediterranean country, we used to have many deals in co-marketing, and share of voice was the driver of success. Since Lundbeck is very focused in creating relationships with specialist partners, we establish agreements that provide the opportunity to GPs for new therapies. In that way, for diseases like Alzheimer's and Parkinson's we deal directly with psychiatrists and neurologists because these diseases fall in the hands of specialist. In the past, with Cipralex for instance, we had a field force tailored specially to GPs. Since Cipralex is now off-patent, we can sell all direct contact with GPs and we are starting to deal with partners that have strength in market access and are strong in the GP area. It means that building a partnership in Spain is a commercial proposal to help us in the GP sector.

What is the strategic importance of Lundbeck in Spain in relation to the whole organization?

Before our patent expired four years ago, Spain was ranked second in sales and number one in profit. Since Cipralex went off-patent, we are now fifth or sixth. We expect to recover some positions in the Lundbeck ranking with new launches since other subsidiaries will lose the patent of Cipralex this year; the turnover of those subsidiaries will depend more on new products compared to 2013. Spain represents about one third of total sales worldwide of Azilect, making the country number one for sales. Sycrest has been the best launch and today Spain is ranked first for this product. We expect that with new launches, we will recover our position between Lundbeck and recover the first position in every launch like we have in the past.

How do you plan to grow this subsidiary in the near future?

Lundbeck used to be a one-product company until a few years ago, when we launched a number of products. These products will be out of patent in the coming years. Our focus on new products will be the key to recover turnover. The big challenge will be how to invest in the most efficient way possible over the next two years to optimally overcome turnover again. We are very oriented to patient needs. Ultimately, helping people suffering from mental and neurological illness will pave

the way for success in new products now and in ten years.

After 19 years of running Lundbeck Spain, what drives you to still come here every day?

Everything is open and transparent. The relationship with people creates a good atmosphere, and thus people work much more than you ask for. In creating this atmosphere, the passion appears. It works in two ways. You feel that people are giving the best to the environment and thus do your best. If you are confident with people, they are confident in you. It reinforces your work. It means change all the time. Being approachable to people changes how they give you the information which is usually more important than the information itself.

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