Interview: Mads Stoustrup – General Manager, Novo Nordisk Switzerland



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Diabetes is well managed in Switzerland's patient-centric healthcare system, yet with new data showing Novo Nordisk's GLP-1 has strong cardiovascular benefits, the company is working to drive a change in treatment standards.

Switzerland has been recognized as the most innovative country in the world, and is known to have a highly innovative and high quality healthcare system. How is this translated into the way diabetes is treated in the country?

The Swiss healthcare system is certainly of very high quality, with patients generally having broad access to innovative treatments and high quality care. Patients with diabetes are treated by approximately 220 specialist endocrinologists, with between 2000 and 3000 GPs treating primarily type II patients on their own. Significantly, the system is by design very patient-centric, with patients and their treating physicians having a high degree of input over what products to use and how to treat a patient. These patients and physicians can really look at all the available treatment options and select the one that fits their situation best, and in general they tend to prefer high quality and innovative products. This is something we at Novo Nordisk see clearly when we bring new innovations to Swiss patients, and thus we have seen high rates of adoption and penetration of our new generation of insulin (Tresiba®, Ryzodeg®) and combination products (Xultophy®) based on the insulin degludec molecule..

While the Swiss healthcare system is innately patient-centric by design – due to the decentralized structure of the healthcare system – there are few national level data sources by which we can study diabetes effectively as a public health issue per say. However, this is very indicative of the way Swiss systems work; there are 2336 communities across 27 cantons that all make decisions at a local level, and this aspect of the Swiss mentality has led to the development of a patient-centric healthcare system.

What would you highlight as an area where there is a significant potential for Switzerland to improve the treatment of patients suffering from diabetes?

We are very proud to see some fantastic results from the LEADER trial with our Victoza *(liraglutide)*, the GLP-1 liraglutide, which not only shows how Victoza can treat glucose levels, but also how it has strong benefits for cardiovascular health. Adults with diabetes are two to four times more likely to die from heart diseases. Demonstrating that a product like Victoza has benefits beyond treating diabetes itself but also on cardiovascular health is fantastic news and a huge accomplishment. Moreover, data from our SUSTAIN and DEVOTE trials helps to demonstrate the significant impact of new and innovative treatments on patients' lives.

The LEADER results have already led to a change in the Swiss medical guidelines for treating type II diabetes patients, as such that it is becoming "standard practice" to treat high risk patients with one of the products which is shown to have cardiovascular benefits. This is a change in practice that we are still working to encourage amongst GPs, as many patients are still being treated using established oral treatments like sulfonylureas and DPP-4s, and there is of course some resistance to switching to an injectable treatment. The cardiovascular risk reduction combined with superior effects on glucose and weight, we have seen with Victoza *(liraglutide)* is something unseen with any of these established oral treatments, and Novo Nordisk has an important role to play in supporting this change in treatment paradigm.

How have these findings affected Novo Nordisk's relationships with KOLs and specialists, and what changes are you making to your communications strategy?

Our relationships with specialists and KOLs is changing, as we now need to speak to the cardiologists also to see how cardiovascular risk reduction impacts patient treatment, and how we can work with them to save lives. Blood sugar can no longer be viewed as just an isolated variable to be controlled, but an aspect of a patient's health that can be managed alongside other health concerns. Going forward, Novo Nordisk will be focusing more on topics related to cardiovascular risk reduction, and as we do so, we will be working with both endocrinologists and cardiologists to

figure out what this really means in terms of the evolution of the holistic treatment of patients with diabetes.

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CEO Lars Jørgensen has recently announced that Novo Nordisk will be focusing on developing products to treat diabetes-related complications. Considering a market like Switzerland, to what extent can such complications be avoided through proper management of diabetes, and how would you assess the need for more treatment options for common complications?

The need for more effective management of diabetes-related complications is massive. At Novo Nordisk, we often discuss the informal “rule of halves”, which expresses that only about half of people with diabetes are diagnosed. Of those who are diagnosed, only half receive treatment from a qualified healthcare professional and again just half of these people achieve their treatment targets. And only half of this small group actually achieve the desired outcome and live a life free from diabetes-related complications.,

In more concrete terms, certainly a greater proportion of patients are diagnosed and well treated in a high-quality healthcare system like Switzerland’s than in many other countries, but getting diagnosed early and achieving treatment goals is still a huge challenge. Many patients, even in a market like Switzerland, are not experiencing the best-case scenario, and as such there are still too many patients who do develop significant complications of their diabetes. We still have a big task to improve quality of care.

Considering your current portfolio of innovative products, how would you assess Novo Nordisk’s performance in Switzerland and remaining potential?

Over the last few years, there have been waves of innovations introduced to the diabetes market by both Novo Nordisk and other innovators. Just from our side, we launched Tresiba in May 2013 as one of the very first countries globally, Ryzodeg *(insulin degluec and insulin aspart)* in 2014 and most recently Xultophy *(insulin degludec and liraglutide)* in January 2015. It has been a big honor and privilege to bring these products to the market. But we are not alone; the Swiss diabetes market is very competitive and many companies are very active.

Swiss physicians and patients were relatively quick to adopt new treatments, and as such both Tresiba and Xultophy have a very strong position in the basal insulin segment. However, all of these products still have remaining growth potential, much of it in the type II segment where many

patients are treated by GPs – in fact GPs write about half the prescriptions for injectable diabetes products in Switzerland. Much of our feedback has shown that with the flood of new products in the diabetes market over the last few years, some physicians and patients are feeling somewhat overwhelmed, and thus it is taking time to adopt some of these new products.

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It is important to recognize that this situation is of course quite different for specialists and GPs, and similarly for diabetes type I and type II patients. For type I patients, we see a large segment of patients really understand their disease, do a lot of their own research, and eagerly await the opportunity to try new products, and their specialists tend to be relatively fast adopters. Thus this market is relatively well developed. With type II patients treated by GPs, we see different dynamics, with less pull from the patients themselves and many GPs not prescribing these innovative therapies as quickly. This is a big challenge – and opportunity for us.

As you just mentioned, pharma companies have limited access to GPs in Switzerland given the limited number of annual visits. What are some of the ways you use to create an impact given this constraint?

Indeed, we only can visit most GPs once or twice per year and this is a big challenge for us and the pharma industry. In comparison, there are countries in Europe where reps can visit prescribers almost weekly. Thus, it is critical to optimize our communications ahead of time, to ensure the scientific story we convey to prescribers is as impactful as possible. To do this, we lab test our sales story with different physicians, seek extensive feedback from the marketplace, and conduct regular communications training with our commercial staff. In the end, it is just about getting the small details right – for instance sharing the statistics for the performance of Victoza versus the standard therapy, and not just versus a placebo. The small details and precise wording really matter when you can only see each prescriber once or twice per year.

However, generally speaking, it means medical marketing in Switzerland is more about other events and less about visits to a physician’s office. We do a lot of work to make sure we can engage physicians in other relevant situations, including symposiums, conferences, and continuous medical education programs. For the most part, we still focus on these sorts of traditional communications channels in Switzerland, and given the patient-centric nature of the Swiss healthcare system as a whole, it is of course essential to clearly lay out the benefits new innovations bring to patients in a persuasive and precise manner.

To wrap up, what will be your top priorities and objectives for Novo Nordisk Switzerland over the next few years?

There are three core objectives for our organization over the coming year or two. The first is to continue to drive the commercialization of our entire innovative diabetes portfolio including Victoza, Tresiba, Ryzodeg and Xultophy.From a commercial perspective we need to work hard to ensure these brands have a strong and successful presence in the marketplace and that we leverage the entire portfolio.

Our second priority will be product launches, as we have three coming up this year with our obesity product Saxenda, our new fast acting insulin apart (FIAsp), and our long-acting recombinant factor IX. Starting strong out of the gate with all three of these products will of course be a top priority for 2017 and 2018.

Finally, our third priority is to help to change treatment standards across Switzerland so that type II diabetes patients are treated with our GLP-1 Victoza as early as possible because of the cardiovascular benefits. This remains quite a challenge, as we have limited access to GPs and many physicians and patients may hesitate to switch from an oral to an injectable treatment, but we will be investing the time and resources necessary to drive this change because it can save lives.

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