

Interview: Sylvie Pilon - Vice-President and General Manager, Lundbeck Canada



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Sylvie Pilon, VP and GM at Lundbeck Canada, shares the highlights of her first year leading the Canadian affiliate; the challenges associated with Canada's complex market access environment, particularly for mental illnesses; Lundbeck's commitment to supporting patient associations in order to reduce the stigma associated with mental health conditions; and her priorities for the next few years.

Sylvie, coming up to the first-year anniversary of your appointment as VP and GM of Lundbeck Canada, what have been some key milestones or achievements?

Lundbeck has formulated a clear global strategy that is focused on four key disease areas: depression, schizophrenia, Parkinson's disease, and Alzheimer's disease. Implementing this strategy has been my mandate for the Canadian affiliate over the past year. I am pleased to share that we have been very successful as a team. Looking at metrics, the Canadian affiliate is delivering solid double-digit sales growth for our promoted brands while meeting our profitability target. Importantly, the results of our annual Employee Satisfaction Survey (ESS) indicates that our staff are more motivated and dedicated than ever, as well as extremely proud to work at Lundbeck.

We are having a good year, but this does not happen by accident. Everyone needs to align behind one common vision and strategy.

On a personal level, what struck me at first was how few women were represented at the top within the pharma industry. In contrast to that, Lundbeck Canada - as well as our executive management team at Lundbeck North America (LUNA) - has quite a balanced team. It is time we see more women at the top. As a company, Lundbeck is making a conscious effort to ensure that we have strong female leadership for the next generation. I am excited to be seeing more and more diversity within the Lundbeck organization.

In your six years at Lundbeck, you have overseen both the CNS and oncology portfolios. Can you share how they have performed over the past few years?

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Our oncology portfolio began as a partnership with Cephalon (later acquired by Teva), with whom we initially partnered for a couple of products before ramping up production very quickly to meet demand for Canadian patients. During the launch years, we probably had the fastest growing oncology brand! The products include a chemotherapy for lymphoma patients, which could result in long-term remission, as well as an orphan drug for acute promyelocytic leukemia that could possibly cure it, which received priority review and reimbursement and is now available for Canadian patients.

On the CNS side, Lundbeck has been the undisputed leader in mental health, recognized by patients, physicians and KOLs. Even though we are small, we are mighty. We have commercialized two important antidepressants in Canada and have recently launched our latest innovation in this area. This drug is on track to achieve similar milestones as our previous products and we are working hard to ensure that all patients in Canada have access to this important therapeutic option. We have also partnered with Otsuka Pharmaceuticals on two new antipsychotic medications, which were actually launched in Canada before Europe. Over the next year, we are planning to launch new indications for these products as we prepare for the future.

Looking forward, Lundbeck also has a very rich and exciting product pipeline that we cannot wait to bring to Canada to make a difference to patients.

Canada is seen as a rather complex country for market access. How do you build that business case within the global Lundbeck organization to ensure that the company invests in the Canadian affiliate?

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Fundamentally, there needs to be a strong business case, which depends on a positive return on investment (ROI). Within the global organization, it is all about advocating for resources and building a strong business case.

Canada has traditionally been a very important market for Lundbeck but recent changes to the market access system in terms of both Health Technology Assessment (HTA) and pricing and reimbursement are proving to be challenging. Firstly, the Canadian Agency for Drugs and Technologies in Health (CADTH) record in mental health is not ideal. From 2004 to 2015, CADTH has recommended 52 percent of drugs for non-mental health conditions for public reimbursement, but when it comes to mental health, that number is 24 percent. In the category of depression specifically, over these 11 years, they have not recommended a single new innovation – zero percent. These statistics are dismal.

Furthermore, changes are being proposed to pricing as well, with the Patented Medicine Prices Review Board (PMPRB) guidelines being reviewed and changes being proposed that could dramatically decrease the prices of innovative Canadian medicines. For a company, fundamentally we need to be able to have a predictable business model in order to continue to do business in Canada and provide access to therapy. The current uncertainty is therefore a concern for the industry.

If the overall market access environment becomes more difficult and uncertain, the business case for Canada will certainly become harder to justify.

Why is market access seemingly even more complex and difficult for mental health conditions?

Part of the issue stems from the way mental health drugs are evaluated. Conditions like depression and schizophrenia are highly heterogeneous. One person's depression may manifest very differently from another's, which is why patients need treatment options. Patients often have to cycle between a number of drugs to find one that is right for them. Schizophrenia is a similarly complicated disease with high numbers of people experiencing relapse that may, in many cases, be the consequences of not having the correct medication.

Mental health takes a significant toll on Canadian society. The estimated cost of mental illness in Canada is CAD 51 billion dollars per year, 20 percent of the population lives with mental illness and approximately 500,000 Canadians miss work each week due to a mental illness. 4000 people die from suicide each year across Canada and nearly 90 percent of them would have lived with mental illness.

Particularly in terms of the public healthcare system, which serves some of the most vulnerable groups within society, limiting options to older generic drugs does a disservice to them. The elderly, incarcerated, aboriginal communities and the working poor – all of these people do not have access to innovative new medications in a timely manner.

On top of everything, there is still a huge stigma associated with mental illness. The hardest step for patients is really to admit they have an issue and then to seek treatment. It does not help anyone that, subsequently, it is still difficult for them to access suitable treatments: be it a drug, access to healthcare practitioners or therapies. Thankfully, the Canadian government is finally recognizing that it is a crisis but more action needs to be taken.

As the leader in some of these disease areas, how is Lundbeck advocating for these issues you mention?

We are leaders, but we are small and we need help too. Firstly, as a result of the stigma surrounding mental illness, patient advocacy is still rather embryonic. In contrast, many cancer patient associations have been rather successful at making their voice heard and making significant changes for the patients that they represent. There are many patient associations for mental illness in Canada, but they have been rather disparate. It should be easier for people to get organized to advocate – together – for access to better treatment.

A new coalition referred to as Canadians for Equitable Access to Depression Medication (CEADM) was recently formed and is led by the Canadian Mental Health Association (CMHA), bringing all stakeholders together to advocate for change at the highest level. We cannot continue to have the most vulnerable members of our society lacking access to treatment, be it new innovative medications or important psycho-social therapies. Stakeholders are getting organized; it will take a nation to make a significant change, but I am confident now that it will happen.

At Lundbeck, we want to serve the community that we live in. At the national level, we partner with patient organizations such as the Canadian Mental Health Association, the Mood Disorders Society of Canada and the Leukemia and Lymphoma Society of Canada. We not only sponsor their Defeat Depression and Light the Night events; we also walk the talk! Across the country, we have employees participating in these walks and runs alongside the patients we help serve.

At the local level, we have created the Lundbeck Stars Ride, an annual event that's organized and executed entirely by our employees. Each year, we raise funds that benefit a local organization dedicated to mental illness or cancer. Proceeds from this year's ride will go to Friends for Mental Health. Also, for the past six years, a group of dedicated employees have participated in the

Montreal Ride to Conquer Cancer, raising over CAD \$300,000 in the process.

Beyond the scope of mental illness and cancer, we do our part to help those in our local communities. Our employees have spent the day volunteering at soup kitchens, we have wrapped Christmas gifts for women's shelters during the holidays and we have donated funds to the Red Cross during disasters such as the Alberta fires or the Quebec floods, to name just a few.

What would you say is the perception and positioning of the Lundbeck brand in Canada?

Not many companies today are still involved in the development of treatments for mental illness as many have divested their portfolios. We continue to focus on this area, so we have built a very good reputation among physicians. They have praised our innovative products, our support for patient programs, our knowledgeable sales representatives and the quality of our physician training and education programs.

The patient groups we work with appreciate our dedication to awareness and the reduction of stigma as well as our willingness to help them drive meaningful change.

We also believe that our efforts in safeguarding the mental health of Canadians begins at home, which is why we have a number of policies in place that promote work-life balance, and health and wellness among our employees. This caring corporate culture has led us to be named one of Montreal's Top Employers again, for the fourth year in a row.

To begin wrapping up, what are your main priorities for Lundbeck for the next few years?

We need to continue to fight for patients to have access and focus on the four key disease areas I mentioned, while maintaining profitable growth. For me, business objectives and patient needs go hand-in-hand, because you cannot ultimately have one without the other.

At Lundbeck, our WHY is clear: we believe in challenging the status quo because Canadians living with brain disease and cancer deserve better. We need to continue to push for patients and make a positive impact on their lives.

On a more personal note, do you have any advice for aspiring female leaders within the pharma industry?

Nothing happens unless you work for it and go out of your comfort zone – but do not forget to have some fun along the way. 'Work hard, play hard' is the mentality here. Finally, create a meaningful culture where people love what they do – and do what they love!

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