Interview: Martynas Jocys – Marketing Director Baltics and General Manager Lithuania, AstraZeneca

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Martynas Jocys, Baltics marketing director and Lithuania general manager at AstraZeneca, talks about the role that innovation has played in the company’s strategy, the need for increased patient access in Lithuania and the other Baltic countries as well as the launch of new products for oncology, biologics, severe asthma, diabetes, and respiratory diseases.

Can you begin by briefly walking our readers through AstraZeneca’s history?

From the beginning AstraZeneca has been a very innovative company, not only selling medications but also driving positive change across the healthcare environment through patient education and engagement.

Historically, we have been quite strong in therapeutic areas such as psychiatry and cardiology, with many blockbuster drugs within the respiratory, gastroenterology and oncology segments. In 2015, the company globally went through some changes triggered by the approaching expiration of patents for major products such as Symbicort®, Nexium®, Crestor®, and Seroquel®. AstraZeneca then decided to remain as a pharma company focused on innovation, discovering, and developing new drugs. We also decided to prioritize a few therapeutic areas: cardiovascular and metabolic diseases, oncology and respiratory, and opportunity-driven neuroscience and gastroenterology.

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Now in 2017, we are already seeing the first results and these new drugs are coming to the market.

We have new drugs coming for diabetes and respiratory, biologics for severe asthma, one with very positive opinions so it will be approved soon by the EMA during December/January 2018, and a huge portfolio for new innovative oncology medication. The patient need for this new oncology medication is very high, so we are willing to engage in discussions with healthcare providers on how to make these treatments available.

Have you been able to overcome AstraZeneca's global patent cliff through the launch of new products in these three strategic therapeutic areas? What are the keys to successfully launching and marketing a product in Lithuania?

We have been declining in sales, both globally and in the Baltic countries for the last few years, but 2018 is the year we expect to grow consistently and retain that growth.

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Regarding the last part of your question, the first key is setting the correct priorities, being bold but realistic and having the right structures in place to make those priorities happen. When the structure is set, it should be a balance between being Baltic-focused and recognizing global responsibilities. This is not necessarily easy to achieve because, for example, we only have a few oncology customers in the Baltics, so on paper it seems like one person could manage the Baltics responsibilities easily, but in real life you need the local touch as well.

You have more than 15 years of experience in the Lithuanian pharmaceutical industry and have been a member of IFPA's executive board for several years. What have been the most significant changes in the Lithuanian pharmaceutical market over the last five years?

In the past few years, several changes have occurred in the internal and external environment which have affected the industry. One of the most relevant for us was the sign of a sustainability agreement with the previous Ministry of Health and the European Pharma Association almost three years ago, where one of the commitments was sustainable growth of the percentage of GDP allocated for pharmaceuticals. So that was quite a development for taking collaboration with the Ministry to the next level. This agreement was for two years, we have not signed one with the current Ministry yet, but we are in the negotiations process.

Overall, for the last five to six years, the investments in the pharmaceutical sector have been growing, which I think is positive, and if we look in general at the expenditures on pharmaceuticals, they are close to 20 percent from the total of care expenditure, which is adequate compared to the European level. But this is not because we are spending, in absolute numbers, a lot on medication but rather because we are spending too little in other areas of healthcare and on the salaries of healthcare practitioners. I think it has been developing in a positive direction but there's still a need to improve access to innovative medications across different therapeutic areas.

How would you assess Lithuanian patients' access to innovative and highly-needed medicines, and how is this different from the other Baltics states?

I would say it differs from therapeutic area to therapeutic area. If we look at the areas in which unmet medical need is highest, such as oncology, patients cannot wait for several years until the access increases because for them they either get treatment, or they no longer need it. In Latvia, the situation is much worse compared to Lithuania and Estonia. If we take lung cancer as an example, Tyrosene-Kinase Inhibitors (TKIs) have been part of the standard care in Lithuania and Estonia for four or five years, but Latvia is not there yet, and TKIs are not reimbursed. In other areas such as immune-oncology treatment for melanoma, is reimbursed in Estonia, negotiations with manufacturers are taking place in Lithuania but Latvia is still far away from reimbursing these

medications.

On the contrary, if we take Type Two diabetes, disease with globally increasing incidence and prevalence rates, – we see that in Latvia and Estonia's innovative oral medications usage is already comparable to Nordic countries. In Latvia and in Estonia, novel medications share in non-insulin medicines market is around 25 percent while in Lithuania it is only around five percent. The reason is the influence of the reimbursement restrictions in Lithuania and the attitude from the healthcare providers. They believe that everything in Lithuania with diabetes is fine, that diabetes is very well controlled with existing drugs and that they are doing a very good job in keeping the budget flat while in other countries payers are not able to do it. I am not convinced that such an approach – where innovative medications are seen as a threat to the budget and therefore their usage is limited and postponed as much as possible – leads to better outcomes for diabetes patients.

Could you expand on what solutions the industry can provide to the government to continue reducing these gaps in patient access?

There are lots of ideas and we have also come with some proposals to the health authorities about how they should do it. The first thing that I can think of is that there should be data-driven decision making and that should be the strategic objective from the healthcare authorities' point of view. Once we have this, then there should be a plan to evaluate what the need is and where we should reallocate, identify where we need more, where we need less, and then prioritize accordingly engaging industry in to discussion how to improve access.

The current Financial discussion at the government's planning is to have last year's budget, and possibly plan for next year's one. At the end of the day it is about how to stay within the budget and that's it. There is no one – or at least we don't see that many people from the payers' side – who would be willing to discuss with us what are the real medical needs, what are the innovations coming and how access to these could be ensured. We are open for the discussion.

Is clear that you are one of the companies in the Baltics that believes the most in the region. Why do you believe that the Baltics can be a great place for clinical trials?

When I started my career, I worked as a clinical research associate, and I believe here you can find a good combination of factors such as speed, quality and reasonable cost which are critical in the success of clinical trials. All the European Regulations and practices applied in the region reduce the time and facilitate the processes for clinical trials. On top of that the costs are still affordable. We do not have any official statistics on KPIs; however, data shared within Clinical Trials Committee of the association indicates that Lithuania stays highly competitive. Moreover, when it comes to the untreated patients' pool – since in the region the accessibility of medicines is still limited – we have good recruitment rates. We are small, but we are growing and this growth I believe will be sustained for quite some years.

Clinical trials is one of the main investment areas for innovative pharma MNCs in Lithuania. As a global innovation leader, what is the footprint of AstraZeneca in this regard?

It is quite an easy task because we implemented an EFPIA disclosure code in the Baltic countries where we disclose all the values transferred to HCPs and HCOs. AstraZeneca is in the top three in the Baltics when it comes to investing in clinical trials. We are not doing trials ourselves, but instead collaborating with CROs who run the trials on our behalf.

"Be a great place to work" is one of the global strategic guidelines of AstraZeneca, what are the best HR practices in the company to align the global strategy with the local core?

AstraZeneca is a global company with Swedish and UK roots – countries well known for their

engaging cultures. I feel that one thing that is clearly different in AstraZeneca and really makes an impact is the emphasis on collaboration and teamwork. It is one of the main attributes that is also always recognized by our new recruits.

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