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A Blueprint for Launch

As new drug launches proliferate in the hotly contested specialty therapeutic space, companies are finding that success is often pre-determined by actions that take place very early in the development and commercialization cycle. The vital drivers of success are (1) the quality and depth of interactions with three key influencersclinicians, payers, and the patientand (2) harnessing the powerful integrative effects of advanced, state-of-the-art technology infrastructure. Done right, both points can help a new medicine outperform on the timelines to market launch as well as facilitating prompt take-up by practitioners in the market placeultimately delivering strong P&L in a business where time is money. Has anyone heard of a better source of competitive advantage than this?

One company, Keryx Biopharmaceuticals, offered to share its own set of best practices, building on the December 2014 launch of its first compound, *Auryxia*, developed to control serum phosphorus levels in patients with chronic kidney disease (CKD) on dialysis. The company devised an integrated four-plank strategy to accelerate its go-to-market launch date, which came only three months after the FDA approved *Auryxia*, on Sept. 5. It included a set of unique clinical trial designs as well as a key opinion leader (KOL) engagement blueprint designed to anticipate the likely actions of patients, payers, and clinicians as the basis for a truly differentiated positioning for *Auryxia* in the marketplace.

In addition, Keryx implemented new cloud-based technology to support the rollout, giving the commercial teams access to customized information and supportive analytics that tackled one of the enduring flaws in traditional launch strategies: poor alignment among internal groups that are supposed to be working together to execute around a packed timeline while being ready to react to unanticipated challenges from regulators, competitors, and environmental changes in the market.

Madison highlights four process innovations that the company applied to push this new medicine to market: 1. Build a critical therapeutic niche to address an unmet need 2. Differentiate and provide access 3. Launch with a technology foundation that unites internal-external teams 4. Go to where the talent is

Managed Markets: Positioning Your Product For Success with Pull Through Strategies

The managed care model has seen huge growth in the US pharmaceutical industry, with an estimated 85 percent of all prescription drugs now reimbursed through a managed care plan. It follows that gaining access to a managed care formulary can spell the difference between product plenty and outright penury. But a formulary win alone is no longer sufficient to guarantee strong commercial returns through the full extent of the product life cycle Something more is required.

That something is an effective, outward-facing "pull-through" program to increase patient acquisition and retention to therapy, at each stage of the life cycle. Pull through programs focus on targeted messaging, qualitative insights and quantitative data benchmarks, all designed to help sales leaders understand how to leverage the local market influences that drive perceptions of access among healthcare providers. The goal should be to disengage the negative influences on product uptake and acquire or "pull" more patients into the brand. Pull through programs are a response to a customer environment that is astoundingly dense and increasingly interdependent. It's not only payers who now control the levers on patient access to medication; there is an array of emerging stakeholders and influencers that set that perception, including Integrated Delivery Networks, Hospital formularies, Key Opinion Leaders, physician and organizational technology platforms, local standards of care, and

national and regional healthcare policies.

What Is Pull Through?

"Pull-through" can mean different things to different people. Some define pull through as a process aimed at increasing market share and generating sales for a specific product within a given time frame. Others define pull through as broadcasting a formulary listing to enhance the value of managed care contracts. Others define pull through as a bridge builder to physicians. No matter how organizations define pull through, its practical application centers on influencing physician adoption of a drug that leads to increased patient acquisition, especially against competing therapies.

Pull Through: The Payer Perspective

As companies seek to maximize a brand's access, the insurer/payer's own business objectives may be compromised. If the insurer believes it, will he demand retribution, such as in the form of a reduction or withdrawal of formulary status?

To properly align the stars for this to happen, there are several things that must occur. If the product has good access (ideally on formulary with no restrictions, and where use of competitive products is inhibited by some controls), this positions it as among the more "cost-effective" options for the insurer. In this ideal situation, there will be a maximizing of market share along with augmented rebates for payers and lower insurer health costs. Both parties will want to extend and grow the use of this product. However, real life is so complex that most of big pharma's marketers, medical affairs and sales departments have not been able to implement the level of "appropriate utilization" most desired by the insurer. A key disconnect is the distrust between insurers and pharma based on the notion that only a "win-loss" zero-sum game can take place between the two parties, in such a competitive set of circumstances.

It's all about Standing Out!

The healthcare environment is becoming more complex, with emerging influencers in the market all attempting to either control the way healthcare is practiced or drive perceptions about products or services. This makes it harder for the healthcare professional to understand who actually has control in deciding what medicines the patient population is eligible to receive for reimbursement through multiple insurance plans. In response, companies are adopting a more customer-centric approach, through 'Go-To-Market' business models to help address the variability of influences that healthcare stakeholders have on the prescription decision-making process. Even though pharma firms recognize that their commercial models need to change in line with the proliferation of outside influences on market choices, analytic tools and insights are only starting to emerge that will enable organizations to keep pace.

Key Questions To Shape Your Pull Through Strategy

Our research has identified the following as most important: .1. How is overall brand performance influenced by the decision triad of the payer, patient and practitioner? 2. To what extent is the prescribers' product selection determined at the pharmacy level? 3. How does payer benefit design influence patient behavior? What benefit design controls do payers leverage to manage brand utilization? 4. What are the key brand/switching patterns relative to the brand's competition? Is my brand losing or gaining patients? To which competitors? How does the payer influence brand initiation, conversion and adherence? 5. Is the cost of the medication and patients' socioeconomic status impacting the patient's ability to start and stay on the medication? Are patients abandoning prescriptions? How does abandonment vary by territory, payer, prescriber and patient demographics? 6. What is the influence of generic utilization on my brand? Are certain payers, patients or practitioners more likely to start or switch to generics? 7. How can tactical selection, resource allocation and fine tuning of messages be enhanced by understanding the impact of influencers?

The End of Pharma Marketing or a New Beginning?

FDA licensing approval is often touted as the essential marker of a new drug's successbut what counts far more is the skill of the developer in ensuring physicians, patients, and insurers know about the product to the point they are willing to do three things: prescribe it, pay for it, and use it. Making this connection is the function of the marketer, whose arts of persuasion are being tested by intensifying therapeutic class competition, disclosure rules on promotional spend, and access and reimbursement controls driven by a selective and often contradictory definition of "value".

Pharmaceutical history's "modern age" began in the 1970s when a shift from the traditional "sales model" to a "marketing model" converged with an era of exciting science. The next several decades saw a cavalcade of market-leading therapies that revolutionized modern medicineiconic drugs like *Inderal* or *Mevacor* that have

been all but forgotten by later generations of marketers who cut their teeth on the fourth-in-class therapies that followed. The word "innovation" wasn't yet in vogue, but those days were, in many ways, the best of times. Looking back, it might be tempting to conclude that early blockbusters of the '80s and '90s were good enough to "sell themselves," but it took genuine marketing vision to make investments in critical outcomes research and blaze the trail for game-changing strategies like DTC. Subsequent decades put marketing to the tougher challenge of promoting drugs whose margins of improvement were more nuanced, but those efforts were still handsomely rewarded so long as healthcare spending remained unchecked. In today's more austere budget environment, customer willingness to pay for minute distinctions is diminishing, while market access trumps marketing savvy as the driver of sales. We might almost be ready to say a eulogy for the very concept of "marketing," were it not for several other equally important trends, including the growing power of the patient, the role of digital technology, and the potential for new paths or processes to speed the transition from bench to clinic. At this watershed moment, we need to be thinking hard about how marketing must be redefined to remain relevant. Our question is inspired less by a sense of pessimism than by a recognition of opportunity, and at the same time, a concern that marketers may not be adapting fast enough to some of the new realities. The signs are everywhere we're in a period of transition even more profound than that shift 30 years ago from the sales model to the marketing model. The industry is already bidding farewell to the "blockbuster" as we once defined iti.e., drug therapy for common ailments or widespread prevention and embracing the concept of niche market products, often priced at a much higher premium. We also know that the regulatory environment will be increasingly inhospitable to drugs that have small incremental benefits; it's clear that payers are looking for differentiating value that they can measure right out of the gate. That explains the swelling ranks of orphan drugs (nearly 200 of which could be approved in the next few years alone), and it also accounts for a new interest in drugs that work very well on only small sub-populations of diagnosed patients. Everyone understands that they need to reframe what commercial success looks like and rethink how to get there. It's not so much that we are defining unmet medical need differently; it's that we are defining solutions differently, in terms of a higher certainty of benefit or showcasing a solution that carries a unique value proposition.

Digital's Place in the Pharma Marketing Mix

Thirty-nine years ago this past June, an article appeared in *BusinessWeek* that offered readers what was for its time a startling degree of foresight. Four paragraphs down, just above their first historic mention of what they called "the paperless office," the authors of "The Office of the Future" passed along a prediction by George Pake, head of Xerox's Palo Alto Research Center: "Pake says that in 1995 his office will be completely different; there will be a TV-display terminal with keyboard sitting on his desk. 'I'll be able to call up documents from my files on the screen, or by pressing a button,' he says. 'I can get my mail or any messages. I don't know how much hard copy [printed paper] I'll want in this world.'"

Coming in a time when the typewriter was still *de rigueur* in any modern office, the first part of Pake's prediction was far-seeingand quite correct. The integration of computers into office environments may seem like a self-evident development with hindsight but I don't recall anyone predicting the future ubiquity of smartphones or social media 20 years ago. So the first part of Pake's prediction should be considered one of the more impressive in the history of business prophecy.

The second part of Pake's prediction the bit about paperis more troublesome. In the same 20 years that saw Pake's display terminal prediction come true, the use of paper in North American offices actually rose. And while paper use in offices has declined somewhat since the 1990s, overall world consumption of paper has grown by four times since Pake made his prediction.

We as marketers can achieve extraordinary things with digital tools. They have transformed the business of health, greatly for the better, and will continue to do so in ways that we can barely imagine today.

But no matter how enthusiastic we are about the shiny new tools in our toolbox, and no matter how much we talk to each other at digital conferences about how digital and mobile and social have grown from mere tactics to Capital-S Strategy, vast swaths of our audience are still consuming vast swaths of content via traditional channels. Why? Because in today's world, the speed of technology evolution is outpacing human habits, and human nature. People have been reading and writing and sketching on paper for nearly two thousand years, and on a variety of other non-digital

tactile media for unknown thousands of years before that. We'll probably reach the age of the paperless office and fully paperless content consumption someday, but it'll most likely be after everyone who reads this article is dead.

Any evolution in the fundamentals of ways humans communicate and perceive their world takes a long time generations steeped in the old ways must pass and new generations be born, often several times over, before such an evolution can be considered complete. Even evolution itself is an evolution"On the Origin of Species" was first published more than 150 years ago, and still only about six in ten Americansor so says Pew Research believe in its fundamental assertion.

According to the AMA's Physician Master File, 47.4% of all active physicians were age 50 and up as of 2012. So nearly half of our single most important constituency are old enough to remember watching the Apollo 11 mission on television. Also, more than half of physicians regardless of age55%, according to Kantar's latest surveystill read articles from medical publications in physical form, nearly double the number who read such articles on a tablet and well more than double the number that read them on a smartphone.

The question for marketers is the same today as it was in 1914 and will be in 2114: Who is our audience, and what is the best way to communicate with that audience? Now, brand audiences are not monolithic they include all sorts of internal variations depending on the variables of each brand's labeling and value proposition, not to mention the variability of people and their information consumption habits. That's why one needs a marketing mix. But if we really know our audience, we can at least draw certain basic conclusions. Such as: if our median audience member is more than 50 years old, it would be foolish for the center of gravity of our marketing mix to lie on the digital side of the scale. So why the rush to digital? We as marketers are suffering from a cognitive biasa bias in favor of our own preferences. We are by nature creative and innovative people, and it's our responsibility to stay abreast of new developments in marketing, so we surround ourselves with the new, the innovative, the transformative. Digital turns us on. So we have a tendency to place our audiences in our shoes, rather than the reverse. We see our audience not as they are, but as we are. In so doing, we run the risk of failing to place our messaging in front of large numbers of people who might well benefit from it, people who don't correspond to our own biases about media consumption. To avoid the effects of this cognitive bias, we need to reacquaint ourselves with our brands' audiences. The emergence of digital media and research tools offers us greater capacity than we've ever had before to find out as much as possible about our audiences' individual content delivery preferences. Then, we can go about the task of definingor redefining our marketing mix, incorporating digital and traditional elements as the audience's nature dictates. That mix will likely include a majority of one and a significant minority of the other, depending on the nature of the audience. But it will always be a mix, strategically appropriate content passing through a carefully balanced recipe of the various forms of media delivery, digital and otherwise. Yes, digital is the future of marketing. But brands and the people that use them don't live in the future they live now. To be successful as marketers, we need to remember two things: 1) that our messages belong where our audience is todaynot where they may be in the future and 2) because our target audiences are not homogeneous, applying a balanced marketing mix is crucial. Whether the medium is stone, papyrus, paper, billboards, bus stops, television, desktops, smartphones, the Oculus Rift, or little chips embedded in the brain wherever our audience is today, in all its infinite variations, that's where our message belongs.

The Seven Deadly Sins of Product Launches

The pharma world is currently composed of the “haves” and the “have nots.” The haves recognize that the industry has transitioned from the Commercialization Stage (“Pharma 1.0”) to the Competitive Stage (“Pharma 2.0”) of its lifecycle and have adopted dramatically new and different ways to win. The have-nots continue to compete the same old way, effectively using yesterday's battle plans and approaches to try to win today's brand wars. Nowhere is this more evident than in product launches. In my experience as a competition consultant, I work with companies and brand teams who consistently launch blockbuster products by leveraging Product Launch 2.0 approaches. Unfortunately, I also witness many other companies who repeatedly make the same launch mistakes. Here is what I refer to as the “Seven Deadly Sins of Product Launches.”

<u>Sin #1: Seeking to win the launch year</u>

Most brand teams still try to “win the Launch Year” by conducting a military-style campaign. Once a company

receives regulatory approval for their new product, they send waves of infantry-like sales professionals supported by heavy air promotional cover into physicians' offices to battle the competitors' beefed up front-line field forces. At the end of one year, the launch company analyzes sales data to determine the ultimate trajectory of the new product's sales in that market. One of the strongest examples of such an election launch campaign was Gilead Sciences' launch of its hepatitis C virus (HCV) drug Sovaldi Gilead built up so much pre-launch buzz and excitement for Sovaldi that many physicians were withholding HCV patients from marketed treatments and "warehousing" them in order to wait to prescribe this new agent.

Sin #2: Trying to win by differentiating your product

In the majority of US Presidential elections, very few voters know the numerous details or specifics of a candidate's policies; they typically vote based on how they generally feel about the candidate and the campaign agenda. Consequently, the most successful campaign parties use a two-step campaign approach. First, they seek to convince the electorate and constituents to focus on their carefully selected campaign platform issues, particularly the perception of how their candidate would handle these issues. Then they campaign to create the optimal perception of how their party candidate would be best at handling these issues while serving in this leadership role. Essentially, by taking the lead on the campaign agenda, they force rivals to play their game. In the current environment, pharmaceutical launch teams that force competitors to play their game according to their own issues, rules, criteria, and timetable usually win the game.

Sin #3: Using outdated marketing tools and tactics

Many pharmaceutical companies and their partner agencies deploy obsolete launch techniques and promotional tactics. For example, numerous launch teams continue to rely on lengthy product positioning statements, product messages, and sales aids. However, in today's text-heavy, six-second video world, these protracted approaches are tuned out. Doctors, patients, and other constituents today simply cannot keep up with the overwhelming number and amount of different products, trials, data, and details. Consequently, these stakeholders form an overall perception of the different products and select the product with which they feel most comfortable.

Sin #4: Focusing on traditional customers

Election strategists know that they cannot win by simply focusing on voters; they have to impact voter influencers or campaign constituents such as the media, political pundits, and major campaign contributors. Similarly, product launch teams need to focus beyond their traditional customer triad of physicians, patients, and payers to engage many other stakeholders. Stakeholders can be defined as those constituents who can influence the perception, access, and utilization of pharmaceutical products. Stakeholder Management 2.0 consists of several key principles. First, there are numerous types of stakeholders, including but not limited to government agencies, patient advocacy groups, media, analysts, regulatory authorities, politicians, policymakers, professional and lay associations, and many others. Second, their influence can be very different in diverse competitive landscapes and lifecycle stages. For example, Pre-Launch stakeholders are often very different from Post-Launch stakeholders.

Sin #5: Not anticipating competitive counter-launches

In elections, it is typical for opponents to attack their rivals preemptively, especially early in the campaign when voters are beginning to form their initial impressions of candidates. In fact, many candidates will seek to be the first to pre-position and create a negative impression of their opponent(s), often by negative campaigning and pulling proverbial skeletons out of their rival's closet. Not surprisingly, the same occurs in new pharmaceutical product launch campaigns. Savvy, aggressive companies most notably Bristol-Myers Squibb and Novo Nordisk--form teams and plans to "counter-launch" against potential new products that threaten their current or future product sales and market shares. Most commonly, rivals will try to form the early first perception of a competitive product by pre-positioning the product in a negative light. Counter-launching companies may deploy many other strategies or actions to preempt new product launches, including legal, regulatory, or payer limitations on market access or specific stakeholder communications and activities.

Sin #6: Failure to pressure-test the pre-launch plan

One essential way to prepare for counter-launches and overall product launch success is to conduct a series of competitive simulations or business war games 2.0. The new competitive simulations go way beyond traditional war games to incorporate multiple issues, competitors,

landscapes, stakeholders, and market factors. Brand teams role-play their competitors and themselves to identify not only competitive insights but--more importantly--a few prioritized strategies and executable action steps to help launch products win in the market.

Sin #7: Failing with "Launch Excellence Programs"

The most egregious sin of all is companies and consulting firms that actively perpetuate and promote the first six sins in so-called "Launch Excellence Programs." Increasingly, companies are recognizing that many of their product launches have failed to meet corporate and market expectations. As a result, they hire consulting firms or initiate internal launch excellence centers to try to counter this trend. These training programs often teach and embed across the organization the very Pharma 1.0 launch strategies and tactics that caused previous product launches to fail. Consequently, many of these "Launch Excellence Programs" are in actuality "Launch Failure Programs."

Adapt or Die: Nine Pharma Lessons from the Battlefield

The pharmaceutical industry is essential to the innovation that leads to new cures and treatments for patients worldwide. I find myself amazed when I research your organizations and discover the sheer number and scope of medicines that you are bringing forward at great risk and significant up-front cost. You make a difference everyday, and I am sure that alone is very rewarding. It is important to our nation that the pharmaceutical industry continues to thrive. I am convinced that a key element of this is effective, adaptive leadership. I have been blessed to be a leader at many levels. I graduated from West Point in 1977 and embarked on a 35-year military career, culminating in command of all the US Army installations, representing a annual budget of $12.3 billion and with responsibility for the welfare of some 120,000 staff. When I retired from the military, I decided to write a book that would capture my leadership experiences and lessons learned (*Adapt or Die: Leadership Principles from an American General)*. I took 35 years in the Army and four years at West Point and condensed it to nine leadership principles, with a focus on faith and family.

A world of change: The pharmaceutical industry is highly volatile. When I was at the US Army War College, we talked about a world that is VUCA (volatile, uncertain, complex, and ambiguous). That defines what your business is about. Today, pharma is close to a trillion-dollar industry worldwide, which rivals energy. There is a steady shift to technological advances. Delivery of care methods are changing. Availability of healthcare is changing. Global markets are changing, driven in large part by an aging population. There is greater competition. And there is always the looming "patent cliff". Taken together, what this means is the pharmaceutical industry needs adaptive organizations and adaptive leaders to run them.

Nine ways to lead

Below are some observations to enable your organizations to be more adaptive.**1.** Terms of engagement. Engaged leadership is critical. Leaders should love their subordinates like they love their own children. But today's pharma CEO must ask intrusive questions to learn more about the workforce. It is critical to remember that leaders must be careful what they ask. There is no such thing as a casual conversation if you are a leader. If your employee tells you something based on your question, they expect that you will respond by doing something. **2.** Strength in stability. Anyone who works for an employer five days, every week, deserve predictability. Constantly changing rules is a severe degradation to workforce morale. Leaders must protect their employees from changing circumstances, and give them as much freedom to thrive as possible. They must shield their workforce from any problem, and turn every event into an opportunity and not an obstacle. And they must show their employees that it is OK to focus on their families. It is possible to both work hard and play hard. It is all about time management, and focusing on important things. **3.** Decision timewhy rush? Leaders must decide when to decide. Too many times leaders make rash decisions, merely because they do not want to appear to be indecisive. The first decision a leader must make is when does the decision have to be made. Decide when to decide first. Then take advantage of all available time to research the decision, seek input from everyone involved, and talk to folks about the idea in advance to see how well it will be received. Don't rush it. **4.** Downward mobility. I am convinced that leaders must look down, not up. Too many folks spend their work days trying to impress their boss. They ignore their employees. Your employees will take care of you if you take care of them. Focus on their needs, on their welfare. They will surprise you with what they can get accomplished. **5.** Demand, don't demean. In order for an

organization to be high performing, leaders must be demanding, but not demeaning. It is OK to demand adherence to high standards. When goals are accomplished, do the appropriate recognition and then "raise the high bar." Also, set goals that are just beyond reach to motivate increased performance. However, leaders don't need to be demeaning to do that. **6.** Open communication. Make it a point to have an effective counseling program in your organization. Require leaders to routinely sit down with their employees and discuss job performance. This has to be done at least quarterly. **7.** Seek a supportive mix. Leaders should always celebrate diversity. Not just social acceptance, but true celebration. Take a close look at who is in your "inner circle." If they look just like you, you are limiting yourself. **8.** Mentee, mentor. Companies that have a vibrant mentor program do well. Everyone should have a mentor, and everyone should be a mentor. It is how companies grow and flourish. Mentors are accessible, they listen well, and they truly care. Encourage your employees to seek out mentors. **9.** Have a blast. Leaders should have fun. If the leader isn't having fun, no one is having fun. When people are having fun and enjoy what they do, they are more productive. They look forward to coming to work. If you look closely at the companies that people most like working at, they all have programs to encourage having fun.

Product Positioning

In 2009, marketing partners Eli Lilly and Daichii Sankyo were preparing to launch their new blood thinner *Effient* (prasugrel) which appeared to have greater efficacy than the market leader *Plavix,*the world's second best selling product, sold by Bristol-Myers Squibb and Sanofi. EvaluatePharma predicted "*Effient'*s sales would reach $1.42B by 2014 and be the biggest growth driver at Eli Lilly over the next seven years." Lilly and Daichii Sankyo were preparing a traditional blockbuster-style launch.

Unbeknownst to Lilly and Daichii Sankyo, BMS had assembled a multi-disciplinary internal counter-launch team nearly two years before prasugrel's approval to preempt its rival's launch. The team's primary strategy was to pre-position prasugrel as a "niche product" with "bleeding concerns" by consistently communicating this four-word positioning to highly influential, prioritized stakeholders. For example, one and half years before the FDA approval of *Effient,* Sanford Bernstein analyst Dr. Tim Anderson told the*Boston Globe*, "Prasugrel might get approved, but I see it as more of a niche-type product. Better efficacy but with higher bleeding, including fatal bleeding." During July 2008 conference call, a BMS COO Lamberto Andreotti told analysts: "The way I see it, if and when it is approved, [prasugrel] will be a niche product." Seven months before prasugrel's approval, thought leader Dr. Sanjay Kaul of LA's Cedars Sinai Heart Institute told Reuters that "[prasugrel] is likely to be a 'niche product.' I don't think it will be widely used based on the bleeding concerns.'" Similar opinions were voiced by Leerink Swann analyst Seamus Fernandez, who told the *New York Times*that prasugrel "may end up as a niche product, not a blockbuster," and by Decision Resources market analyst Michael Latwis: "We think it's going to initially be very much a niche product."

When *Effient* was approved by the FDA in July, 2009, the die was cast. BMS had effectively pre-positioned its rival *Effient* as a niche product with bleeding concerns, thus undermining its launch. *Effient* achieved less than one-tenth of its projected $400 million first year U.S. sales. A*Pink Sheet* analysis of consensus forecast projections for 13 U.S. products launched in 2009-10 revealed that *Effient* represented the year's single biggest launch failure. What's the message here? Pre-positioning of *Effient* by its rival BMS underscores how dramatically pharmaceutical product positioning has changed over the past 15 years. Marketing professionals must adopt radically different positioning approaches. Three fundamental factors have driven this change. In the late 1990's, the pharma industry transitioned from the growing Commercial Stage ("Pharma 1.0") to the mature Competitive Stage ("Pharma 2.0") of the industry's lifecycle (See Figure 2) This resulted in markedly more competitors and competitive noise in the market, creating communication challenges for product positioning. In addition, this transition changed the timing of product positioning. Aggressive rivals now often attack launch products in the Pre-Launch Phase when they are most vulnerable, forcing launch companies to position their new agents months or years prior to launch to avoid being pre-positioned. This evolutionary industry transition paralleled a larger market transition to a digital world dominated by the Internet and other information technologies. This new digital environment is characterized by shorter attention spans; faster, shorter, and more concise information bites ("i-bites"); and accelerated uptake and repetition of digital reports and communications. These two transitions in turn accelerated the development of a new pharma stakeholder ecosystem

beyond the traditional triad of physicians, patients, and payers which holds increasing power over the access, utilization, and perception of pharmaceutical products. Pharma marketers now must position their products across a myriad of influencers, including powerful Pre-Launch constituents.

WISE MEN'S WISDOM

1."I have three precious things which I hold fast and prize. The first is gentleness; the second is frugality; the third is humility, which keeps me from putting myself before others. Be gentle and you can be bold; be frugal and you can be liberal; avoid putting yourself before others and you can become a leader among men." **— Lao Tzu. 2.** "Only those who will risk going too far can possibly find out how far one can go." **— T. S. Eliot 3.** "The brotherhood of men does not imply their equality. Families have their fools and their men of genius, their black sheep and their saints, their worldly successes and their worldly failures. A man should treat his brothers lovingly and with justice, according to the deserts of each. But the deserts of every brother are not the same." **— Aldous Huxley 4.** "Happiness does not come from doing easy work but from the afterglow of satisfaction that comes after the achievement of a difficult task that demanded our best." **— Theodore Isaac Rubin 5.** "In the long run, we shape our lives, and we shape ourselves. The process never ends until we die. And the choices we make are ultimately our own responsibility" **— Eleanor Roosevelt 6.** "The only thing worse than being blind is having sight but no vision." **— Helen Keller . 7.** "Knowledge comes, but wisdom lingers. It may not be difficult to store up in the mind a vast quantity of facts within a comparatively short time, but the ability to form judgments requires the severe discipline of hard work and the tempering heat of experience and maturity." **— Calvin Coolidge 8.** "A friend should be one in whose understanding and virtue we can equally confide, and whose opinion we can value at once for its justness and its sincerity." **— Robert Hall 9.** "Success is not a destination, but the road that you're on. Being successful means that you're working hard and walking your walk every day. You can only live your dream by working hard towards it. That's living your dream." **— Marlon Wayans 10.** "I am not bound to win, but I am bound to be true. I am not bound to succeed, but I am bound to live up to what light I have." **— Abraham Lincoln**

"I think we should immediately launch this program before our rational thinking sets in."

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