Pharmaceutical Executive
Global Digest
February 2014
www.pharmexec.com

End of the Road for the American Rx Sales Rep?

Face-Face Meetings

Why they remain vital in the digital world

Product Positioning 2.0

Some easy ‘i-Bites’ to remember

The iPad’s Future in Pharma

Time to stop using the iPad as just a glorified touchscreen

Events

Upcoming pharma conferences around the world

Selling and Marketing in the Digital Age

On the Move

Recent international appointments in the C-suite

End of the Road for the American Rx Salesperson?

If the past few years have been difficult for U.S. drug sales personnel, 2014 may be the year the "pharma salesperson" really begins his slow walk into extinction.

How does the Rx salesperson fit in with the sweeping changes to the U.S. healthcare system being ushered in by 'Obamacare'? Tom Norton reports.

During my years with two major U.S. pharmaceutical companies, some of the most interesting individuals I got to know were field salespersons. Certainly one of my favorites was a gentleman who had achieved "master salesperson" status with the firm and had amassed a sales record few could rival. His entire being was centered on "the sale" and to me, his handling of these encounters was just this side of magical. It was rare that he didn't make the sale and he frequently told me, "There's no better job in the world than being a drug salesperson. I just love the hunt...":

That, of course, is not the situation today for the American Rx salesperson. The "hunt" is pretty much done. Overall, and based

Image Source/Getty Images

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

on the pharmaceutical sales layoffs of the last 36 months, it appears that fewer than 60,000 Rx representative positions exist in the U.S. today. This is down from well over 100,000 in 2006. Indeed, Lilly announced less than a year ago that it was laying off 1/3 of its entire sales force.

But if the past few years have been difficult for the American drug sales personnel, 2014 may shape up as the year that the dying breed known as the "pharmaceutical salesperson" really begins its slow walk into extinction. The one-two punches of Obamacare, as well as the rapid rise of the "private employer health exchanges" could spell the end of this career designation, once and for all. Here's why...

Obamacare and the Rx Salesperson

As most of us realize by now, Obamacare for all its chaos and uncertainty, is very likely to become a lasting reality on the American healthcare scene. If this premise is true, we should understand that the underlying concept of Obamacare is "less is more"...That is, Obamacare is spreading out the current service that is "American healthcare" by clipping off the quality & quantity of care at the top of healthcare and using that "excess" to provide, for the first time, basic healthcare at the bottom...

> The expense for Rx care must be reduced. Where does the Rx salesperson fit into this scenario?

And if less is more, how is the U.S. drug industry to be impacted? On the healthcare cost-of-operating spreadsheet, the expense for Rx care, as with all healthcare services, must be reduced. Where does the Rx salesperson fit into this scenario?

First, it is not hard to see that if eventually 30 million Americans are receiving their Rx services through an Obamacare insurance program, the opportunity to "present, respond, and close the deal" is very likely going to be limited...if ever provided.

This is because the public exchanges are working through very limited offerings that each insurance provider has assembled for the four "metal" classes of care that are being provided to the public. The idea of a salesperson walking the halls of say, Aetna Insurance, to "close the deal" for the Aetna "bronze level" of care in the California exchange is just not the reality of 2014.

If anything, Aetna is likely communicating with that salesperson's pharmaceutical headquarters, indicating the drug categories that Aetna intends to offer in California's various programs, and is requesting bids from the Rx company to determine if there is anything further to discuss.

The Rx firm dealing with California will engage the insurer via a very limited number of specialized company negotiators. Thousands of sales field force reps pounding the pavement will have nothing to do with the outcome.

This scenario is being played out across America this year. As Obamacare slowly finds its equilibrium, the cold, hard fact of where this new public health plan will leave the traditional drug salesperson is becoming quite clear. That is, they simply are not be needed.

Private Employer Health Exchanges

Another concept, potentially even more impactful than the public operations, has quickly become a major player in the life of Rx salespersons in this country. This is the healthcare concept known as the "Private Employer Health Exchange".

On January 1, 2014, more than 330,000 employees from companies like Sears, Darden Restaurants, Walgreens, and many others began utilizing the services of an employer

health exchange. As all of the new private exchange participants are tallied over the next three years, it's expected they will be running about even with the Obamacare signups – i.e., about 30 million.

How do the private employer health exchanges work? Unlike the public exchanges in Obamacare, each employee is actually given a "defined contribution" or amount of money to "buy" their healthcare needs. The employee will then be provided with a series of insurance options offered through entities like Aon Hewitt, Mercer, etc. The employee then chooses the best healthcare option that the employee can buy from the stipend provided.

Specifically in the area of Rx drugs, as with the Obamacare approach, employees are experiencing limited formularies, which although perhaps a bit "richer" than those being offered under Obamacare, are none the less, reduced brand name offerings versus those that the employees were receiving under "defined benefit" plans.

These also feature large numbers of generics in their formularies. The thinking here is that for employees who have become more cost conscious of their healthcare spending due to the "defined contribution", using more generics will be accepted.

Which brings us back to how the American Rx salesperson will fare under this rapidly expanding private care scenario.As with Obamacare, not well. Firms like Mercer and their competitors certainly are not making time for drug sales presentations from individual reps as they design the Rx offerings they are creating for the employers and insurers. Once again, the "sales" of drugs to these massive "defined contribution" options is being undertaken by specialized Rx headquarters groups who carefully calibrate and bundle the best possible packages their firms can offer in an attempt to win large chunks of business from these private health exchanges.

Obviously, there is no place for the Rx salesperson in this scenario. None.

> As Obamacare finds its equilibrium, the cold fact of where it leaves the traditional drug salesperson is becoming clear.

The End of the Road for Rx Sales in the U.S.

Given all of the above, it does appear to be just about the end of the road for Rx sales in the U.S. One-on-one sales, if occurring at all, now appear to be trending towards digital Skype presentations, or You Tube videos that a physician can watch whenever convenient. In many of these formats, the doctor can actually access a "sales rep" to question some aspect of an Rx product. There are no "real sales people" involved. Only Rx telemarketers.

So, my favorite old sales friend no doubt wouldn't recognize the Rx "hunt" of today. Of course, it still exists. It's just that the mechanisms used to accomplish the goals of the hunt have changed. Prescription drug companies are still making sales, and are still making profits, if greatly diminished as compared to the halcyon days in the 1990's and early 2000's...

But the days of the selling by an Rx sales "magician" would appear to be over. Replaced instead by digital algorithms, reams of user analytics, and highly trained pharmaceutical employees — who probably couldn't artfully answer a physician's "objection" if they heard one.

About the Author

Tom Norton is Principal at NHD Smart Communications. He can be reached at tnorton@nhdcomm.com

Don't Forget to G.O.Y.A!

Digital devices have made it possible to conduct business without ever leaving your desk. But something is just plain-old-wrong with that, writes Al Topin.

We are now in touch with our business 24/7, but often grow out of touch with the people that make up that business...

Maybe you've seen the old United Airlines commercial where the business owner gathers his staff and delivers the news that their oldest customer fired them that morning because they have lost touch with his business. He then proceeds to hand out airline tickets and tells his staff to get moving and visit each of their customers, while he visits his old friend.

Imre Cikajlo/Getty Images

Phone and fax machines were the culprit in the United commercial. Today, with e-mail, voicemail, texting, Skyping, Face Time, conference calling, tweeting, and more, we have multiple opportunities to avoid personal contact. We are now in touch with our business 24/7 but often grow out of touch with the people that make up that business,

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

whether they're a client or a colleague down the hall.

We've heard the reasons:

- There's not enough time in the day.
- Travel budgets have been cut.
- Travel is a pain.
- Clients need stuff now.
- The brand team is in 15 different global locations.
- Texting is easier and faster.
- We can see them at the annual congress.

The problem is rampant, even in our own office. Arranging a meeting between four people takes hours of e-mail meeting requests bouncing back and forth. Using e-mail instead of conversation sometimes confuses client direction or is vulnerable to misinterpretation.

One day I'd had enough. I stood up in a staff meeting and wrote the letters G-O-Y-A on the whiteboard, and I waited. Eventually someone figured it out, which prompted a group conversation about the value of walking down the hall and popping into someone's office to book a meeting or relay a client's request. (I'll let you figure it out as well. Hint: it isn't the name of a 19th century Spanish artist).

> Our dependency on devices seems to reward quantity of communication over quality. But personal relationships have taken the hit.

I admit it, I'm not from the generation that instinctively texts, tweets, likes, or friends. But I do know how to use iPads, iPods, and iPhones, and I know how to link them to my car's sound system. And frankly I still see enormous value in investing in the time and effort to travel cross-country to see a client or prospect face- to-face in a meeting or over lunch. And I think that putting two or three people in the same room with a whiteboard and marker beats Face Time calls and direction exchanged via e-mail any time.

It's not that people have gotten lazy, but our dependency on devices seems to reward quantity of communication over quality and makes multitasking a badge of honor. And personal relationships have taken the hit.

Admittedly, neither agencies nor clients can spend every day on a plane or face-to-face with their teams. Learning to leverage the productivity of digital devices is a critical survival skill with the pace of business today being what it is. But one-on-one relationships are still vital to building trust, making decisions, and maintaining long-term business relationships.

So how do you break the digital habit and GOYA (got it, yet?)? Here are a few guidelines for starters.

Set specific face-to-face goals. Such as an agency team visiting a client once a month, or a brand manager working in the field once a quarter.

Rotate meeting venues. Even status meetings are important, so move them around. Schedule one on the phone, the next at the client, and the next at the agency.

Meet halfway. If distance is a problem, find a city in the middle and split the difference.

Wander the halls. GOYA works internally at our respective companies or agencies as well. Drop into someone's office versus calling. Arrange a meeting verbally, then send the meeting notice to confirm. It avoids a ton of back-and-forth e-mail traffic.

Pick up the phone. Ironically, a phone call is often the quickest way to discuss, decide, or approve. Try that first, then go to e-mail.

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

Make sure the important meetings are in person. Presenting a new marketing plan, unveiling new creative, or even going over a tactical budget are key points in our process. Do those face-to-face, and save WebEx for down-the-line changes and modifications.

Go the extra mile (literally). There's no more obvious way to show your commitment to the brand (no matter if you're client or agency) than by showing up in Des Moines in a snowstorm.

We are all time challenged, and our to-do lists have become overwhelming. Digital meetings, quick texts, and e-mails solve real problems. But they also create other issues. In-person meetings are more work to schedule, plan, and prepare for. And unless you have access to a private plane, travel just gets more difficult all the time. I promise you it's worth it.

Go the extra mile (literally). There's no more obvious way to show your commitment to the brand than by showing up in Des Moines in a snowstorm.

Take a look at the United Airlines commercial I mentioned at the start. It's a bit dated, but it makes the point.

Now Get Off Your A**!

About the Author

Al Topin is President of Topin & Associates, and a member of Pharm Exec's Editorial Advisory Board. He can be reached at atopin@topin.com

What's the iPad's Future in Pharma?

The iPad still isn't being used to anywhere near its full potential. Gabriel Cangiano, Ron Kane, and David Windhausen look at the key role it can play in the future of pharma.

Physicians don't want pretty pictures; they want ways to improve the efficiency of how they treat patients and affect outcomes.

Three years into the Apple-led tablet era, very few developers are treating the iPad as anything more than a glorified touchscreen operating in a vacuum. Pharmaceutical marketers are particularly guilty of this; the considerable majority of our industry's work on tablets consists of "computerized" presentations for sales reps to show to physicians. Such presentations often do take full advantage of the visual capabilities of the medium, with impressive images, multiple pathways of information, and ways for the rep to customize the presentation to each individual.

But physicians don't want pretty pictures; they want help — ways to improve how they practice medicine, the efficiency of how they treat

Oleksiy Mark/Thinkstock Images

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

patients, and how they can affect outcomes.

And the iPad is not just a visual medium; it is an interactive medium — and interactive in more than just the ability to touch different arrows to see different pictures. The confluence of these two facts offers pharmaceutical marketers what may be their greatest opportunity of the digital age: the opportunity to offer tools that use the full capacity of the iPad to help physicians do their jobs, and help patients stay healthy.

Interactive, not just visual

As of the end of August 2013, the No. 2 paid health and fitness app in the Apple App Store was Smart Alarm Clock, an app that monitors sleep cycles and records disturbances during the night while also calculating the right time to wake up the user to avoid under- or oversleeping.

Now, imagine if a sales rep on a top sleep aid brand, at the end of his 90-second iPad detail full of fancy 3D images and impressive statistics, could say, "Doc, I'd like to show you a tool that your patients can use to help monitor their sleep," and reveals his brand's very own Smart Alarm Clock. Voila — here's a digital tool that patients can use to better understand their condition — and, even better, generate data for the physician so she can adjust treatment accordingly.

You'll have to imagine hard, because this isn't happening. Smart Alarm Clock wasn't developed by some billion-dollar insomnia brand; it came from Sport.com, a website that specializes in mobile fitness applications.

Why isn't this happening? Because for all our big talk about digital and mobile, we in pharma are still thinking like carriage engineers trying to design cars.

Drawing from decades of experience communicating to physicians with more primitive visual media, we have been quick to push the iPad to its visual limits with in-depth MOAs and seamless multidimensional presentations. But the difference between those presentations and the old leave-behind is one of form, not substance; we're just using a more robust platform to communicate the same information to physicians.

For all our big talk about digital and mobile, we in pharma are still thinking like carriage engineers trying to design cars.

The interactive capabilities of the iPad and its brethren permit much more than that; they enable us to present tools of real value to physicians and patients.

Going far beyond monitoring sleep patterns, an iPad could actually change how patients are diagnosed or even tracked for disease progression.

In Parkinson's disease, for example, a physician could use the iPad to monitor the progression and severity of tremors — and presence in the office would not be required. Instead of depending solely on their own judgment against a decidedly subjective set of written guidelines, physicians could use the iPad's motion sensitivity to test against a measurable range of scores; with sufficient participation over time, this approach could transform the way Parkinson's, or other movement-disorder related diseases, is categorized within the medical community. The iPad and devices like it may completely rewrite physician treatment guidelines.

And why can't an iPad become the centralized portal for each patient's management of their diseases, medications, and medical records, tethered to physicians through EMR, to pharmacies, even directly to payors?

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

Marketers often speak of the closed loop; apps like this could offer a closed loop for patients and physicians, with reward systems that could provide discounts on related products or even lower insurance premiums a la the Progressive Snapshot model. On top of the value-add for patients and physicians, think of the impact that such a system could have on patient compliance, and thus a brand's bottom line.

With the current

Nearly every trend of significance in the pharmaceutical marketplace is pushing us in exactly this direction.

Are overworked physicians closing their doors to sales reps? They might feel differently if those sales reps were bringing them tools to reduce their workload.

Are digitally savvy patients looking for better ways to maintain their lifestyles while managing their diseases? They would jump at the chance to be able to monitor their "numbers" without going to see the doctor, or check their records with a swipe or two.

Are payors demanding hard evidence of effectiveness? The iPad in the hands of a patient offers the capacity to quantify disease progression to a level of detail that even the most impressive device in any physician's office cannot match, since it can be in the patient's hand at any time.

A solution to many of the industry's biggest challenges has fallen straight into our lap — if only we are clever enough to take advantage.

A solution to many of the industry's biggest challenges has fallen straight into our lap — if only we are clever enough to take advantage.

We believe that the great pharmaceutical brands of the 21st century will not necessarily be the ones that are the most effective against their target disease, or do the best job of getting brilliant creative in front of physicians, but the ones that offer the best combination of efficacy and value-added tools for the physician and the patient.

In a marketplace filled with "me-too"isms — follow-on products only marginally "better" than their predecessors, multiple drugs from the same classes, and so on — the day will soon come, if it hasn't already, when pharmaceutical brands will be judged more for what comes wrapped around the pill than for the pill itself.

So any brand that aims to be great can no longer depend on its sterling trial data; it must find other ways to provide value to its constituencies.

And right in front of us — already in the hands of most of our sales forces as well as large numbers of physicians and patients — is a tool whose interactive capabilities seem designed to meet this very need. The technical skill to develop interactive health support apps exists — hence Smart Alarm Clock — but for now our industry's will is lacking

Or perhaps what is lacking is imagination — the ability to see the boundless opportunity that lies just beyond our tiny sandbox of promoting traditional messages on a fancier screen.

We are waiting.

About the authors

Gabriel Cangiano is Account Director, Intouch Solutions. Ron Kane is VP, Allora Health Services. David Windhausen is Executive VP, Intouch Solutions.

Pharmaceutical Executive
Global Digest

CAST
CUSTOM AUDIENCE SEGMENTATION TOOL

PHARMA BOOKS

Comprehensive Global Coverage

interpreting dynamic industry challenges.

Pharmaceutical Executive

CBI

ADVANSTAR PHARMACEUTICAL

reach

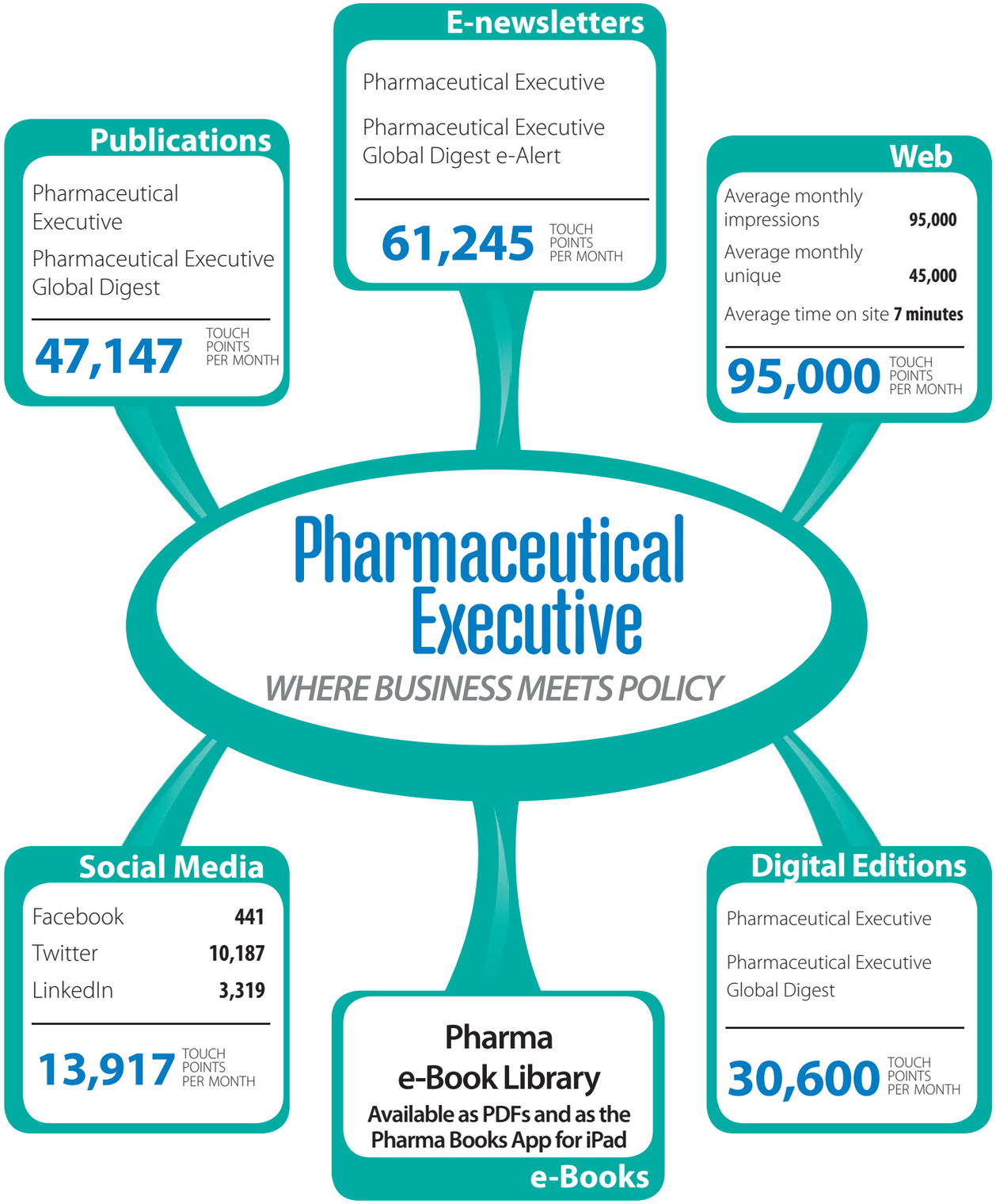
Meet your customers where they are in the format they can consume information – in print, online, through e-newsletters, global digest, or e-books. Pharmaceutical Executive is the global publication that probes the intersection between business and policy.

frequency

You set the frequency. Pharmaceutical Executive connects you to a global audience of over 90,000 pharmaceutical, biopharmaceutical executives. When you add together the power of multiple channels and touch points, you get to critical mass on messaging faster.

leverage

Take advantage of every opportunity to integrate your marketing message seamlessly into the channels where C-suite and executive directors are completely connected, engaged and informed.



impact

Pharmaceutical Executive surrounds your message in an award winning environment.

2012
Neal Award finalist for Best Technical Content

2011
Neal Award winner for Best Commentary

2009
Neal Award for Best Single Article

2007
Neal Award finalist for Best Issue, May 2007,

2005
Neal Award finalist for Best Issue

2003
Neal Award winner for Best Issue

2002
Grand Neal Award, cover story on the convergence of diagnostics and pharmaceuticals

amplify

No matter which channels you select, this cross-platform portfolio is unique in its innovation and strategic thinking. Engaged professionals are constantly returning for further information – this gives you the opportunity to be found as often and whenever you want…with the strongest possible message.

engage

Not all touch points are created equal. Through a combination of print and digital editions, you get the best possible opportunity to target your message.

As a cross-platform package, you maximize every option and you can be assured that your campaign is seen by the industry's top decision makers.

TAKE YOUR BUSINESS TO THE NEXT LEVEL

With Pharmaceutical Executive and Pharmaceutical Executive Global Digest, you will reach more pharmaceutical and biopharmaceutical executives than ever before.

BUSINESS DIMENSION	QTY
Pharmaceutical	54,782
Biopharmaceuticals	22,950
Contract Services	10,236
Consultant	5,825
Marketing Communications *(including advertising & PR agencies)*	4,498
TOTAL UNIQUE SUBSCRIBERS	**90,929**

FUNCTION DIMENSION	QTY
Business Development	3,797
Consultant	3,197
Corporate Management	26,711
Finance	1,403
HR	815
IT	1,851
Managed Care	2,920
Market Research	1,218
Marketing	12,913
Media Planning	1,375
Medical Affairs	4,860
QA/QC	7,201
R&D	16,386
Regulatory Affairs	2,651
Sales management	7,771
TOTAL UNIQUE SUBSCRIBERS	**90,929**

www.pharmexec.com

CONTACT YOUR PHARMACEUTICAL EXECUTIVE SALES REPRESENTATIVE:

Bill Campbell | bcampbell@advanstar.com | 847-283-0129

Laurie Marinone | lmarinone@advanstar.com | 508-808-4723

Mike Moore | mmoore@advanstar.com | 732-395-1996

Russ Pratt | rpratt@advanstar.com | 732-346-3018

Product Positioning 2.0

To win in the new Pharma 2.0 world, Stan Bernard explains how pharma professionals should position their products in four 'i-Bite' ways.

Pharmaceutical product positioning has changed dramatically over the past 15 years...

Pharmaceutical product positioning has changed dramatically over the past 15 years, with three fundamental factors driving it. In the late 1990's, the industry transitioned from the growing Commercial Stage ("Pharma 1.0") to the mature Competitive Stage ("Pharma 2.0") of the industry's lifecycle. This resulted in markedly more competitors and competitive noise in the market, creating communication challenges for product positioning.

In addition, the 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, an environment of shorter attention spans; faster, shorter, and more

Refat Mamutov/Thinkstock Images

concise information bites ("i-bites"); and accelerated uptake and repetition of digital reports and communications.

To win in this new Pharma 2.0 world, pharma professionals need to transform how they position their products in four i-Bite ways.

Many professionals confuse lengthy "product positioning statements" with true product positioning.

1. Sooner — Be first sooner

Too often, pharma companies and their ad agencies are conducting product positioning research or waiting for Phase III clinical data to "finalize" their positioning just prior to product approval. Unfortunately, this belated Pharma 1.0 approach ultimately fails in the Pharma 2.0. It is critical for the launch company to be the first to position their own product.

2. Simpler — Be i-bite concise

Many pharmaceutical professionals confuse lengthy "product positioning statements" with true product positioning. A product positioning statement is a series of phrases or sentences that articulate the drug's unique selling proposition, typically including the brand name, product category, target customers, key benefit, and primary competitive differentiation. It should be used only for an agency to develop advertising or a communications strategy.

In contrast, product positioning consists of a few words, not sentences. In fact, the best product positioning is usually four words or less, and the fewer words, the better

For example, Gilead Sciences positioned their new HIV agent Stribild with one word during the product's Pre-Launch Phase, "Quad", to position their four-drug, single-tablet regimen. Most key stakeholders, including opinion leaders, analysts, and the media were regularly using the term "Quad" prior to launch.

3. Better — Create a better product perception

Gilead had already been effective in convincing doctors and patients of the advantages of what it called "single tablet regimens" (STRs). When it was time to launch Quad, the company seamlessly transferred the single-tablet regimen or "STR" positioning of Quad to the cleverly-chosen brand name "Stribild", which literally incorporated the "STR" initials. In fact, the company had used the terms "QUAD STR" throughout its NDA summary documents for the FDA filing. The positioning of Stribild as a "Quad" product was unique because no HIV competitor had a single tablet regimen consisting of four agents.

4. Clearer – Clarify and consistently communicate your positioning

Throughout the Pre-Launch period, Gilead ensured that its internal and external stakeholders clearly and consistently communicated its Quad/Stribild positioning.

Many pharma companies struggle trying to communicate a myriad of supporting messages, typically tailored to multiple types of stakeholder segments. In contrast, the most effective Pharma 2.0 competitors focus on doing it sooner than rival firms and utilizing consistent simple language to communicate a better product positioning.

Stan Bernard is President at Bernard Associates, LLC. He can be reached at SBernardMD@BernardAssociatesLLC.com

For the full version of the article, click here.

APPOINTMENTS

EUROPE

Shire (Dublin, Ireland) has announced that chairman Matthew Emmens will step down in April to be replaced by Board Member Susan Kilsby. Kilsby joined the Shire board as a Non-Executive Director in September 2011 and has been chair of the audit, compliance and risk committee since May 2013.

Merck KGaA's Chief Financial Officer Matthia Zachert is to step down after three years to join the chemical firm Lanxess as CEO. Zachert previously swerved as Lanxess's CFO from 2004 to 2011.

Professor Maria Beatriz da Silva Lima of the University of Lisbon, Portugal, has been elected chair of the Scientific Committee of the Innovative Medicines Initiative (IMI).

USA

Mark Iwicki has joined the Parkinson's focused biopharma Civitas Therapeutics (Chelsea, MA) as President and CEO. He takes over from the company's co-founder Glenn Batchelder, who will remain on the Board of Directors. Iwicki was previously CEO of Blend Therapeutics (Watertown, MA) and before that CEO of Sunovion Pharmaceuticals (Marlborough, MA).

Health economics and policy authority Precision Health Economics (Los Angeles, CA) announced the appointment fo two new thought leaders, former Food and Drug Administration (FDA) Commissioner Andrew von Eschenbach, MD, and former Deputy Assistant Secretary of Treasury Wesley Yin, PhD.

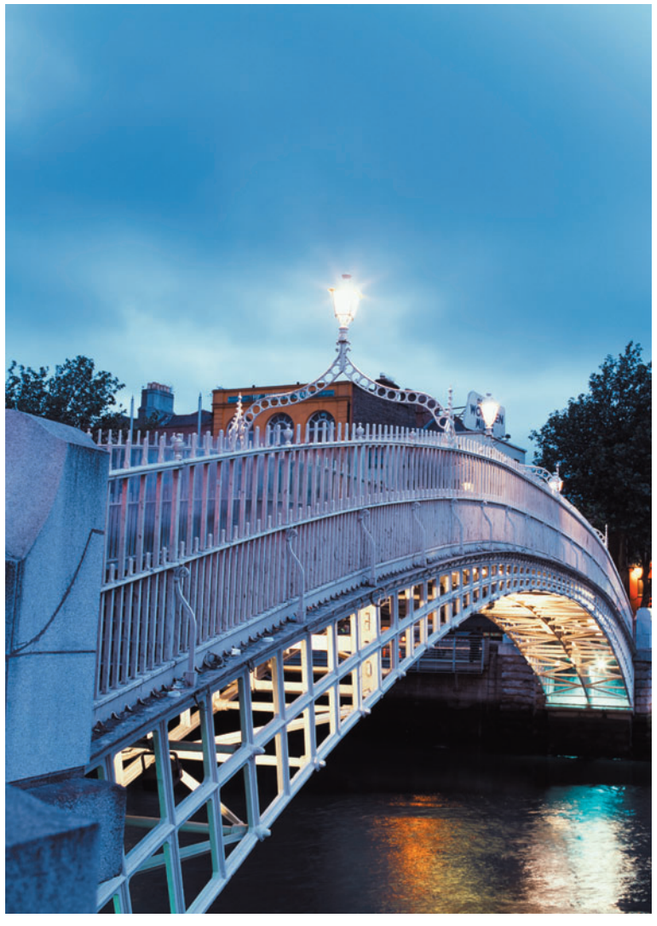
The EY Global Life Sciences Center (Boston, MA) announced two appointments. Mitchell Cohen was named Global Life Sciences Tax Services Leader, and Kimberley Ramko was appointed Global Life Science Advisory Services Leader. EY also reported that Scott Bruns will continue as Global Life Sciences Assurance Services Leader, and Jeffrey Greene will continue as Global Life Sciences Transactions Advisory Services Leader.

Bruce L.A. Carter joined the Biothera (Eagan, MN) Board of Directors.

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

LATE PHASE RESEARCH/REAL-WORLD DATA

May 22–23: Dublin, Ireland



Stockbyte/Thinkstock Images

Real world data is quickly becoming a necessary component of evidence that must be gathered to demonstrate a product's effectiveness to payers, regulatory agencies, physicians and patients. This event will examine the Big Data explosion and the role of new healthcare delivery models, looking at shifting stakeholder demands and understanding how payer motivations are driving requests for value-based outcomes data.

http://www.cbinet.com/conference/pc14011#.Us2AYP15lFw

CLINTECH 2014

March 11–13, 2014: Cambridge, MA, USA

The only forum dedicated to leveraging clinical technology to advance clinical trials, ClinTech 2014 provides insight into the latest innovations and strategies for staying nimble to meet the needs of evolving operating models.

http://www.cbinet.com/conference/pc14177#.UihZ7EJgP8s

iStockphoto/Thinkstock

Eloi_Omella/Thinkstock Images

EYEFORPHARMA BARCELONA 2014

March 18–20: Barcelona, Spain

eyeforpharma Barcelona 2014 is the world's largest meeting of commercial pharma executives, with over 600 global leaders already confirmed this is set to be bigger than ever. The conference demonstrates real innovation and real value for your customer.

For further information, VISIT HTTP://WWW.EYEFORPHARMA.COM/BARCELONA/INDEX.PHP

littleny/Thinkstock Images

IPHARMA 2014

May 8–9: New York, USA

iPharma 2014 is the most educationally robust digital marketing forum dedicated to bringing together the biggest movers and shakers in the life-sciences industry.
Over two days in New York City, key stakeholders and their teams will collaborate to share insights and explore effective tools and strategies to revolutionize the way the industry engages with consumers and HCPs.

For further information, VISIT HTTP://WWW.CBINET.COM/IPHARMA#.UVOIH_3FZFW

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events

Pharmaceutical Executive
Global Digest

Mission

Pharmaceutical Executive Global Digest provides industry intelligence so managers in the international pharmaceutical community can advance their business, management and marketing practices to gain competitive advantage. PEGD interprets the current and future challenges the industry faces and enables pharmaceutical professionals to overcome them with cost-effective, time-saving solutions.

Published by:

ADVANSTAR

Advanstar Communications (U.K.) Ltd
Bridgegate Pavilions, Chester Business Park,
Wrexham Road, Chester, CH4 9QH, UK

US Corporate Office
641 Lexington Ave., 8th Floor
New York, NY 10022-4503

Subscribe online at www.pharmexec.com

Pharmaceutical Executive Global Digest is **FREE** to qualified subscribers in Europe. To apply for a free subscription, or to change your name or address, **PRESS HERE.**

Contents
US Sales Reps
Face-to-Face Meetings
iPad's Future
Product Positioning
Appointments
Events