

# Shifting paths of pharmaceutical innovation: Implications for the global pharmaceutical industry

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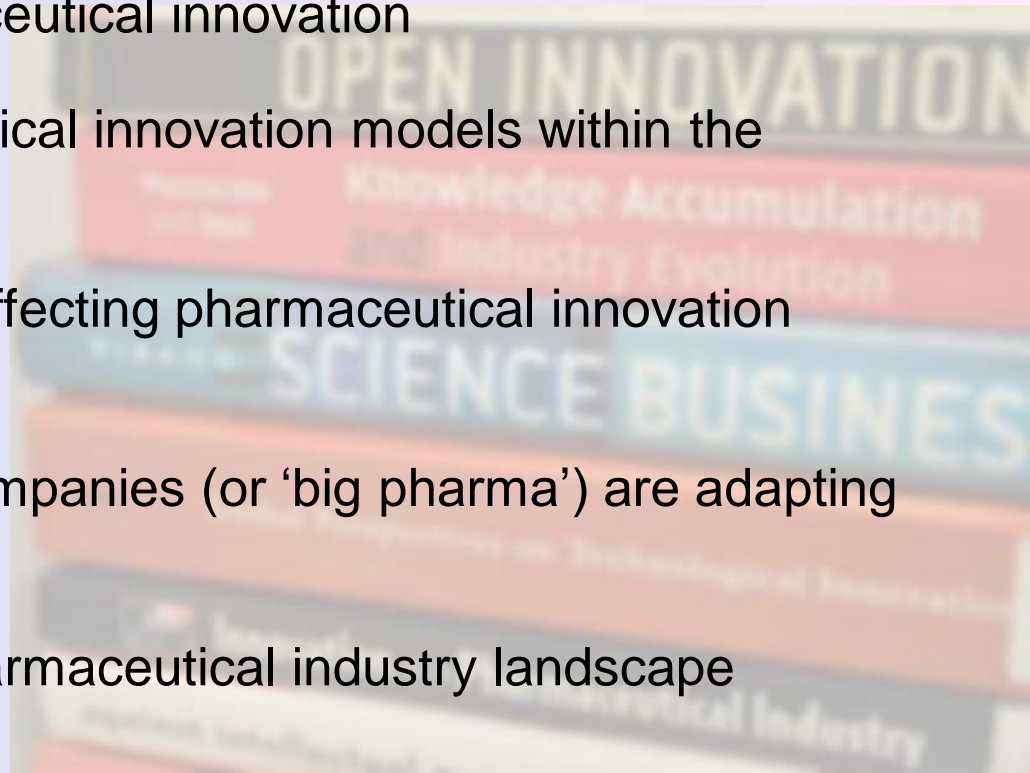
KIE Conference, London, UK, 10-13 September 2013

## Background

- Study rationale
- Relationship between pharmaceutical and biotechnology

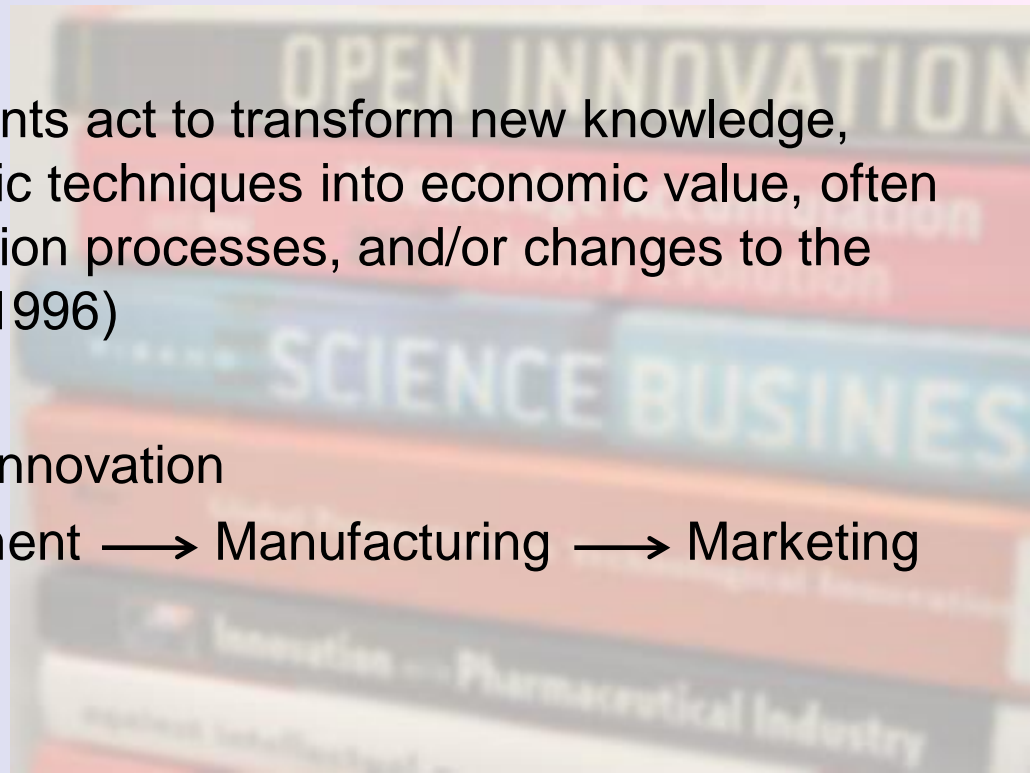
## Overview of presentation

- Conceptualisation of pharmaceutical innovation
- Evolving paths of pharmaceutical innovation models within the historical context
- External and internal forces affecting pharmaceutical innovation models
- How large pharmaceutical companies (or 'big pharma') are adapting their innovation strategies
- Implications for the global pharmaceutical industry landscape



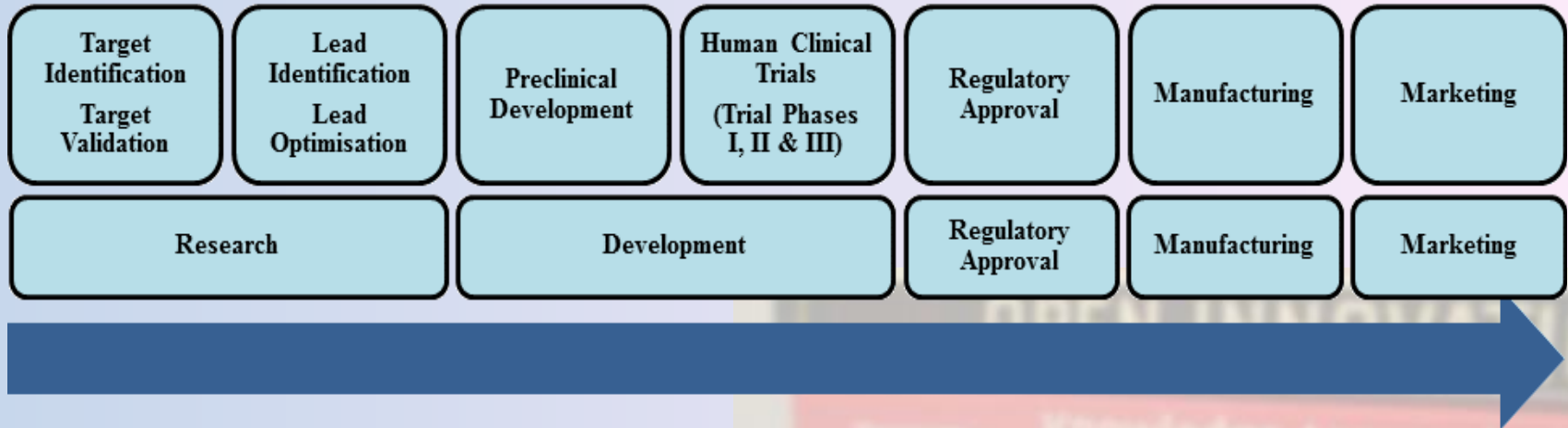
# Conceptualisation of pharmaceutical innovation

- Classical view of innovation (Schumpeter, 1939)
  - new function of economic production, such as new products, new means of production, new form of organisation, or new markets
  - giving economic value to an invention
- Technological innovation
  - 'the process whereby agents act to transform new knowledge, inventions, and/or scientific techniques into economic value, often through products, production processes, and/or changes to the organisation' (McKelvey, 1996)
- Value Chain of technological innovation
  - Research → Development → Manufacturing → Marketing



# Conceptualisation of pharmaceutical innovation

- Value chain of pharmaceutical innovation



- An additional step in the pharmaceutical innovation value chain
  - Mandatory regulatory (marketing) approval of a new drug by regulatory agencies (e.g. US FDA, or UK MHRA) based on experimental proof of the drug's safety and efficacy in human.

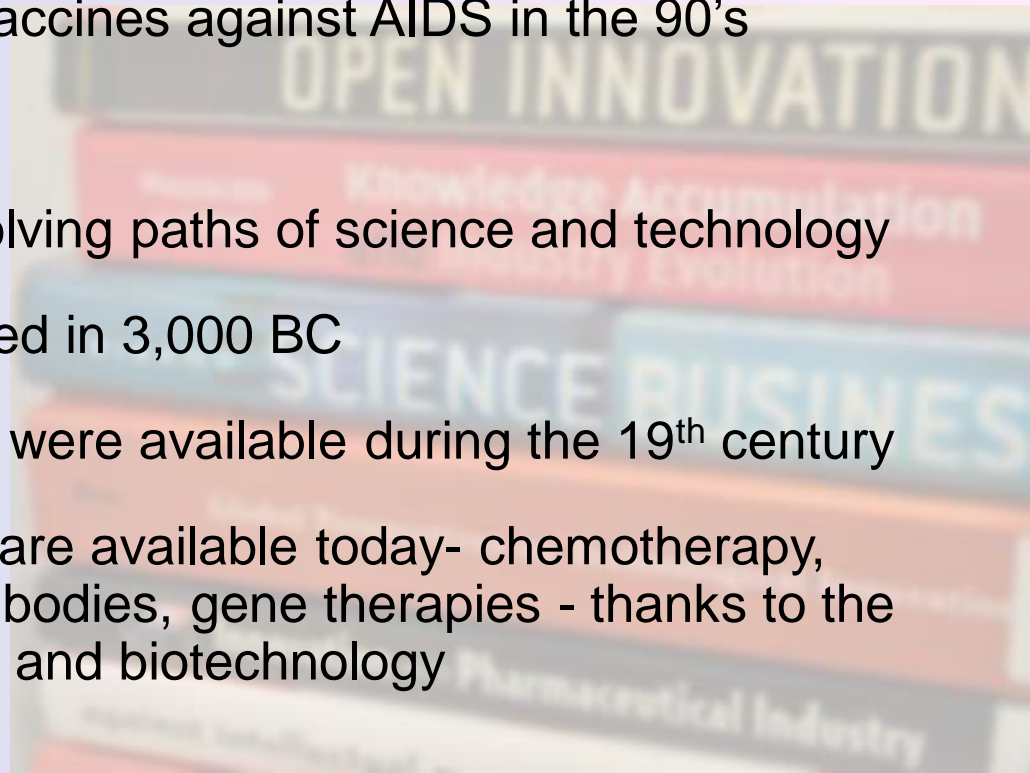
# Forces producing pharmaceutical innovation

- **Demand pull**

- Innovation occurs when a need is recognised in the economic system
- Outbreak of HIV/AIDS in the early 80's triggered the need for a cure
- Innovation of drugs and vaccines against AIDS in the 90's

- **Technology push**

- Innovation follows the evolving paths of science and technology
- Cancer was first recognised in 3,000 BC
- Surgery and radiotherapy were available during the 19<sup>th</sup> century
- Various cancer treatments are available today- chemotherapy, vaccines, monoclonal antibodies, gene therapies - thanks to the applications of bioscience and biotechnology



# Conceptualisation of pharmaceutical innovation

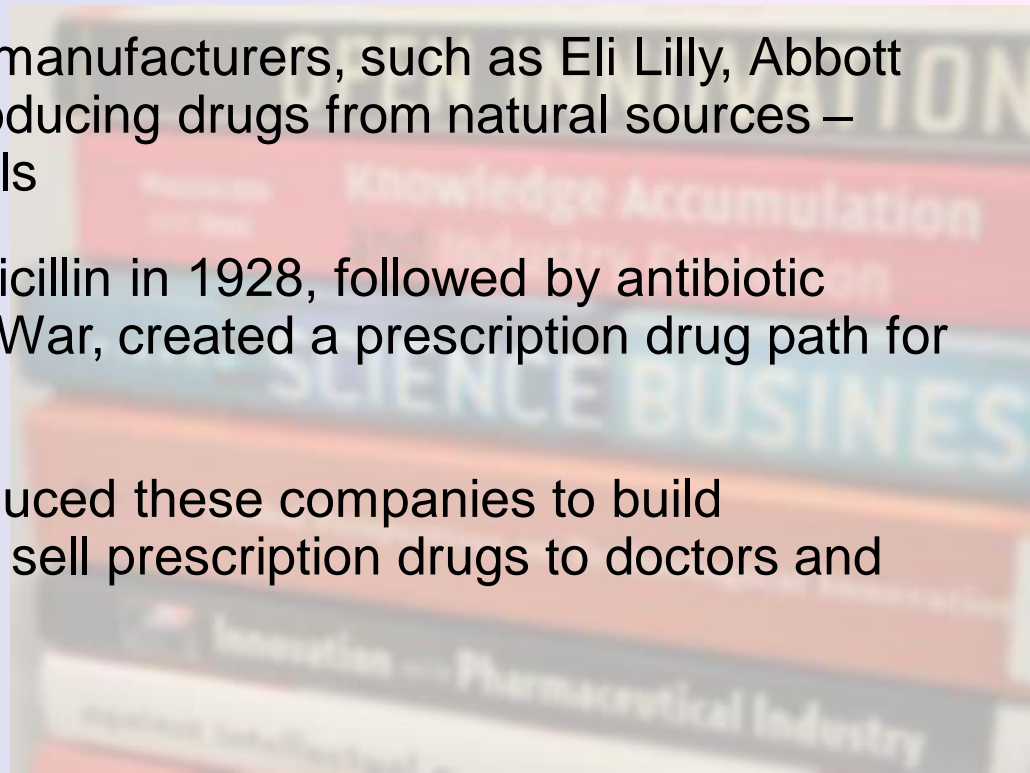
- **In summary**

- Innovation is a function of the value that is embodied in a new product, new market or a new form of organisation
- The value is created by firms through innovation activities
- The value is delivered through commercialisation of a new product, penetration into a new market, or bringing an organisational change
- In pharmaceutical innovation, a new drug or a new drug market represents the value that is created by pharmaceutical companies
- Cyclical 'demand pull' and 'technology push' forces are creating new paths to pharmaceutical innovation
- Pharmaceutical companies are adapting their R&D and business models to create value along the new paths



# Historical evolution of pharmaceutical innovation models

- ***The path to prescription drugs – the ‘integrated model’***
  - Pharmaceutical industry originated in Europe and the US around mid-19<sup>th</sup> century
  - In Europe, chemical companies like Ciba, Sandoz, Bayer, Hoechst led the early pharmaceutical industry leveraging organic chemistry based research and manufacturing
  - In the US, pharmaceutical manufacturers, such as Eli Lilly, Abbott and SmithKline, started producing drugs from natural sources – plants, animals and minerals
  - Fleming’s discovery of Penicillin in 1928, followed by antibiotic demands during 2<sup>nd</sup> World War, created a prescription drug path for many of these companies
  - The ‘demand-pull’ force induced these companies to build capabilities to produce and sell prescription drugs to doctors and hospitals



# Historical evolution of pharmaceutical innovation models

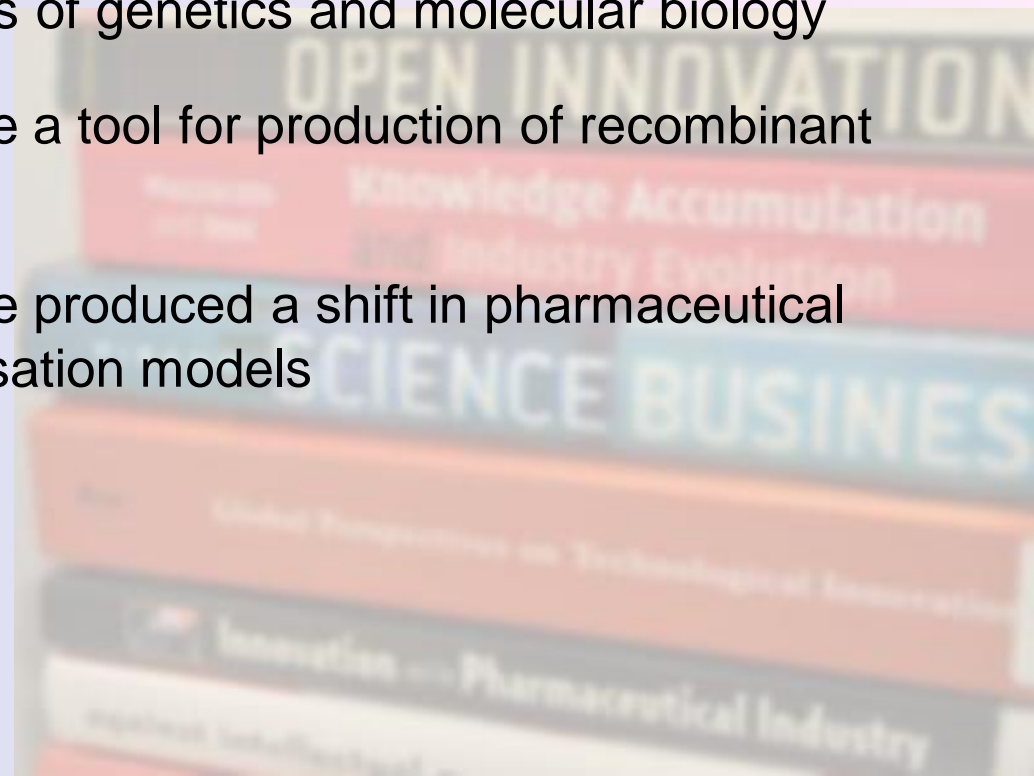
- ***The path to prescription drugs – the ‘integrated model’***
  - Through government supports these companies intensified R&D programs that facilitated the applications of microbiology, enzymology and biochemistry
  - They became large integrated and oligopolistic companies with R&D, manufacturing, marketing and distribution capabilities
  - Pharmaceutical became an R&D-intensive innovative industry based on:
    - ✓ Target-based drug discovery,
    - ✓ Economies of scope in R&D,
    - ✓ Public and national institutional supports for health research,
    - ✓ Strong Intellectual Property (IP) regime, and
    - ✓ Stringent drug approval procedures





# Historical evolution of pharmaceutical innovation models

- ***The path to biotechnology R&D – the ‘collaborative model’***
  - Discovery of DNA in the early 1950s and genetic engineering in the 1970s created a new path for pharmaceutical R&D – the ‘biotechnology’ path
  - Biotechnology became a research tool in drug discovery based on knowledge and applications of genetics and molecular biology
  - Biotechnology also became a tool for production of recombinant protein drugs (e.g. insulin)
  - The ‘technology-push’ force produced a shift in pharmaceutical industrial and commercialisation models

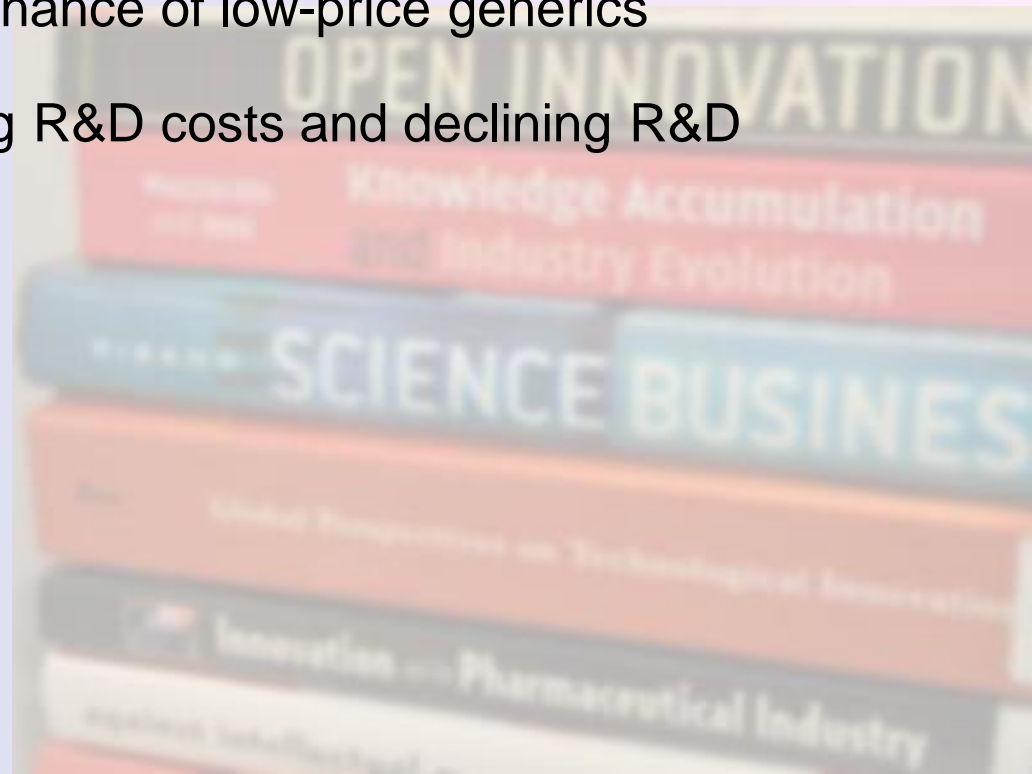


# Historical evolution of pharmaceutical innovation models

- ***The path to biotechnology R&D – the ‘collaborative model’***
  - Hundreds of university research spin-off companies emerged to commercialise biotechnology R&D, but lacked capital and organisational capabilities
  - They collaborated with large pharmaceutical companies to support their R&D; a few of them, Amgen, Genentech, Biogen, turned into large integrated companies (big biotechs)
  - The large pharmaceutical companies, through collaborations and acquisitions, exploited biotechnology applications in drug R&D, and produced novel billion-dollar value ‘blockbuster drugs’ (e.g. GlaxoSmithKline’s anti-ulcer drug Zantac)
  - Through selling ‘blockbuster drugs’, and through series of mergers and acquisitions, the large pharmaceutical companies grew even larger, and became what we know as ‘big pharma’ today

# Current evolution of pharmaceutical innovation models

- ***The path to creating and delivering value – the ‘open innovation models’***
  - A number of external and internal forces are making big pharma’s integrated model unsustainable
  - External market forces are payers, government policies, emerging market dynamics and dominance of low-price generics
  - Internal forces are spiralling R&D costs and declining R&D productivity



# Current evolution of pharmaceutical innovation models

- ***The path to creating and delivering value – the ‘open innovation models’***
  1. Government policies – healthcare reforms and drug price controls
    - WHO 2010 World Health Report describes various government reforms to extend affordable healthcare services
    - The 2010 Affordable Care Act in the US extended healthcare coverage to previously uninsured 32 million citizens through mandatory subsidised health insurance
    - The 2009 healthcare reform in China brought the entire 1.2 billion population under primary medical services, including 300 essential medicines, through basic medical insurance system



# Current evolution of pharmaceutical innovation models

- ***The path to creating and delivering value – the ‘open innovation models’***
  1. Government policies – healthcare reforms and drug price controls
    - Traditionally regulatory approval of new drug based on safety and efficacy has been the biggest hurdle to market entry
    - Now it's the reimbursement criteria assessed and set by payers
    - Other pricing hurdles include, for example -
      - ✓ Discounts on Medicare drugs in the US,
      - ✓ Price cap and compulsory licensing of patented drugs in India,
      - ✓ ‘Value-based pricing’ based on new drug benefits in the UK,
      - ✓ Reference pricing of new drugs in Germany,
      - ✓ Number of price-controlled drugs doubled to 700 in China, and forced discounts on 400 medicines

# Current evolution of pharmaceutical innovation models

- ***The path to creating and delivering value – the ‘open innovation models’***
  2. Emerging markets – China, India, Latin America and Africa
    - Emerging market share of global drug spending to reach from 20% in 2011 to 30% in 2016
    - Drug spending in the US and Europe to shrink from 58% to 49%
    - The African pharma market size will double to \$45 billion by 2020
    - There are challenges, however, in emerging markets –
      - ✓ Weak regulatory controls and IP protection
      - ✓ Lack of health insurance programs and thus inability to support expensive drugs
      - ✓ Large gap in per capita drug spending between developed and emerging markets, estimated to become \$609 and \$91, respectively, in 2016

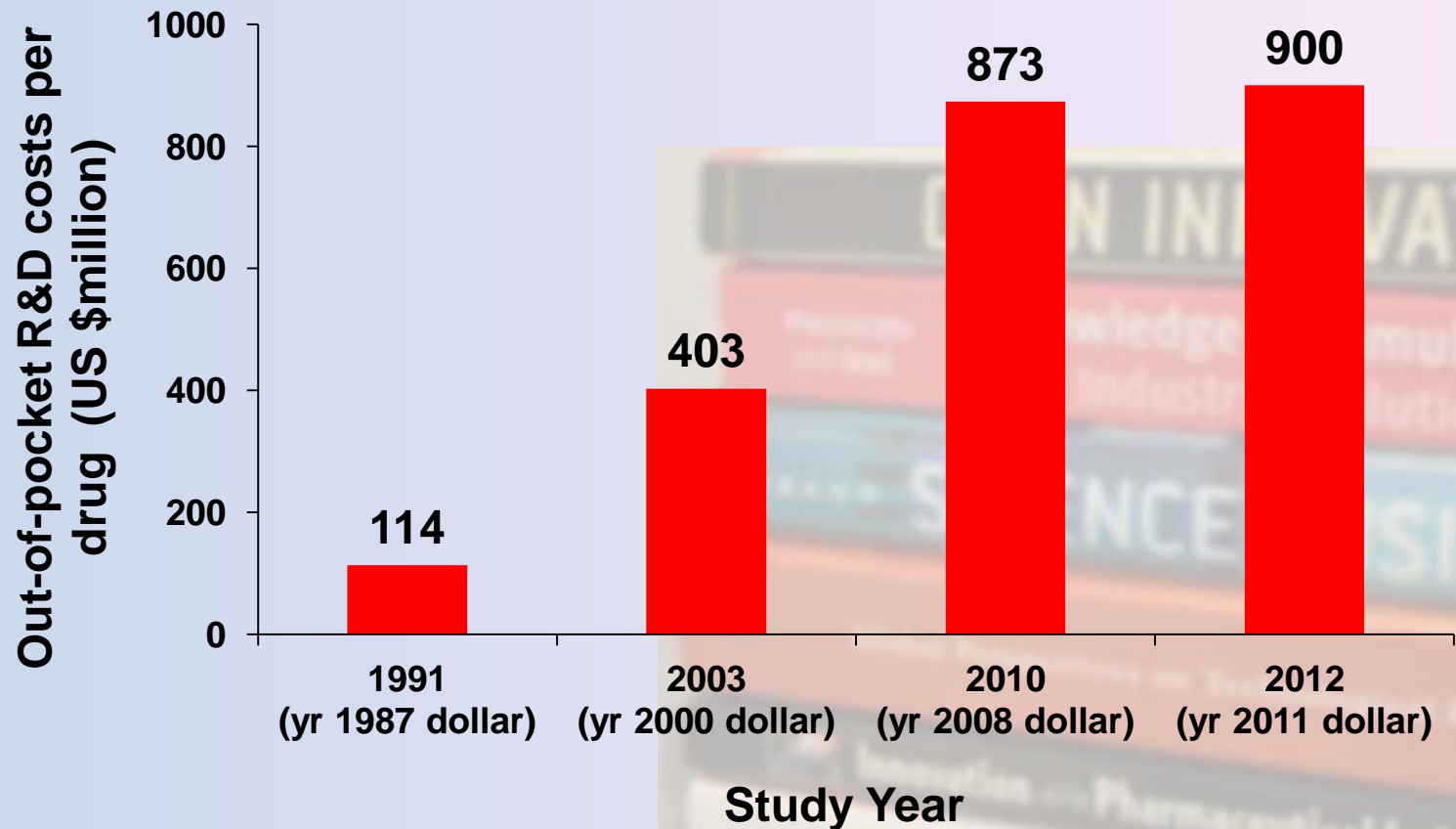
# Current evolution of pharmaceutical innovation models

- *The path to creating and delivering value – the ‘open innovation models’*
  3. Patent cliff – the end of ‘blockbuster era’ for big pharma
    - \$148 billion in potential loss between 2012-18 due to patent expiry
    - Top ten drugs losing patent in 2013 generated \$15 billion in the US in 2012 and going to lose \$8 billion of that value by 2016
    - Drug spending in developed markets will shrink \$127 billion between 2011 and 2016 due to growing share of low-price generics
    - Between 2011 and 2016, global brand drug spending will grow by only 8%, compared to 80% growth in generic drug spending
    - Spending on specialty drugs (biologics, orphan drugs) for cancer, HIV, hepatitis C and rare diseases is also growing pretty fast

# Current evolution of pharmaceutical innovation models

- *The path to creating and delivering value – the ‘open innovation models’*

## 4. Spiralling R&D costs and declining R&D productivity





# Current evolution of pharmaceutical innovation models

- *The path to creating and delivering value – the ‘open innovation models’*

## 4. Spiralling R&D costs and declining R&D productivity

Company	Total R&D Spending 1997-2011 (\$ billion)	Number of Approved Drugs	Average R&D Spending Per Drug (\$ billion)
AstraZeneca	59.0	5	11.8
GlaxoSmithKline	81.7	10	8.2
Sanofi	63.3	8	7.9
Roche	85.8	11	7.8
Pfizer	108.2	14	7.7
Johnson & Johnson	88.3	15	5.9
Eli Lilly	50.3	11	4.6
Abbott Laboratories	36.0	8	4.5
Merck	67.4	16	4.2
Bristol-Myers Squibb	45.7	11	4.2
Novartis	83.6	21	4.0



# Current evolution of pharmaceutical innovation models

- ***The path to creating and delivering value – the ‘open innovation models’***
  - In response to the external and internal forces, big pharma is taking new innovation paths - leading to ‘open innovation’ models
  - Big pharma is creating value through exploiting evolving scientific and technological knowledge
  - Many big pharma companies are creating open innovation networks with leading academic researchers, and biotechnology and pharmaceutical companies to boost drug R&D
  - Examples of open innovation networks – TransCelerate Biopharma in the US, Pfizer’s ‘Global Centers for Therapeutic Innovation’, J&J’s four innovations centres



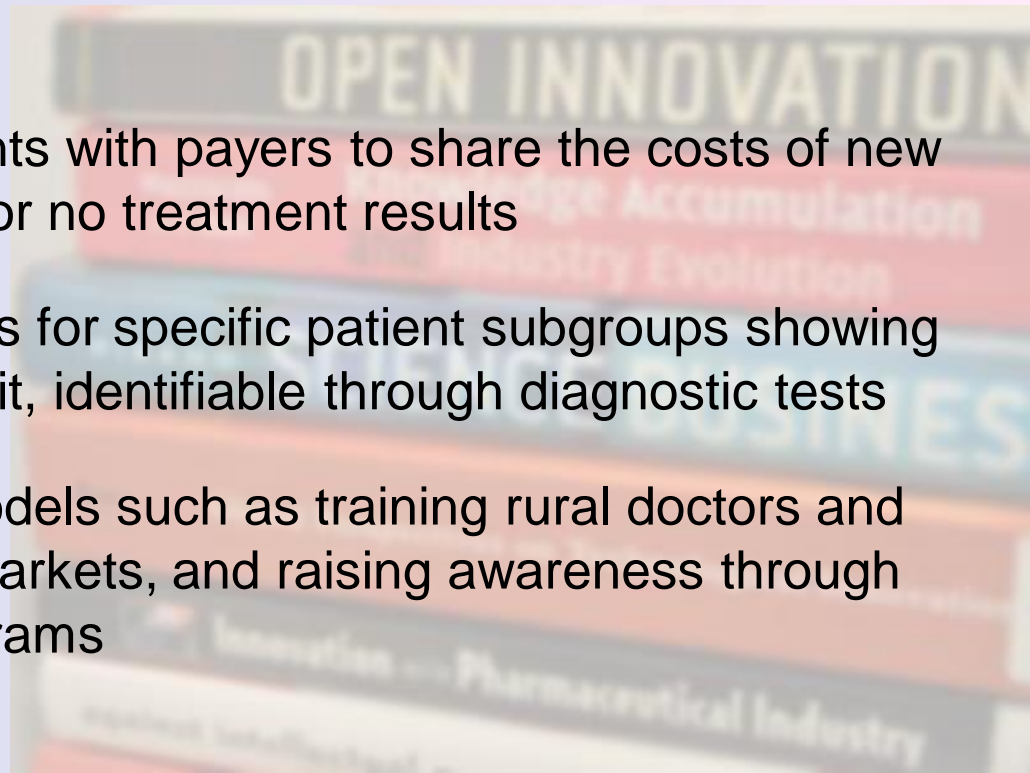
# Current evolution of pharmaceutical innovation models

- ***The path to creating and delivering value – the ‘open innovation models’***
  - Big pharma’s open innovation approaches to creating value –
    - ✓ Mergers, acquisitions and in-licensing deals with pharmaceutical and biotechnology companies to extend their portfolio with specialty drugs
    - ✓ Expanding R&D, manufacturing and sales networks in emerging markets through capital investments, and joint ventures and collaborations with local companies
    - ✓ Joint ventures with generic manufacturers in emerging markets to capture the value of global generic market that will almost double from \$240 billion in 2011 to \$430 billion in 2016



# Current evolution of pharmaceutical innovation models

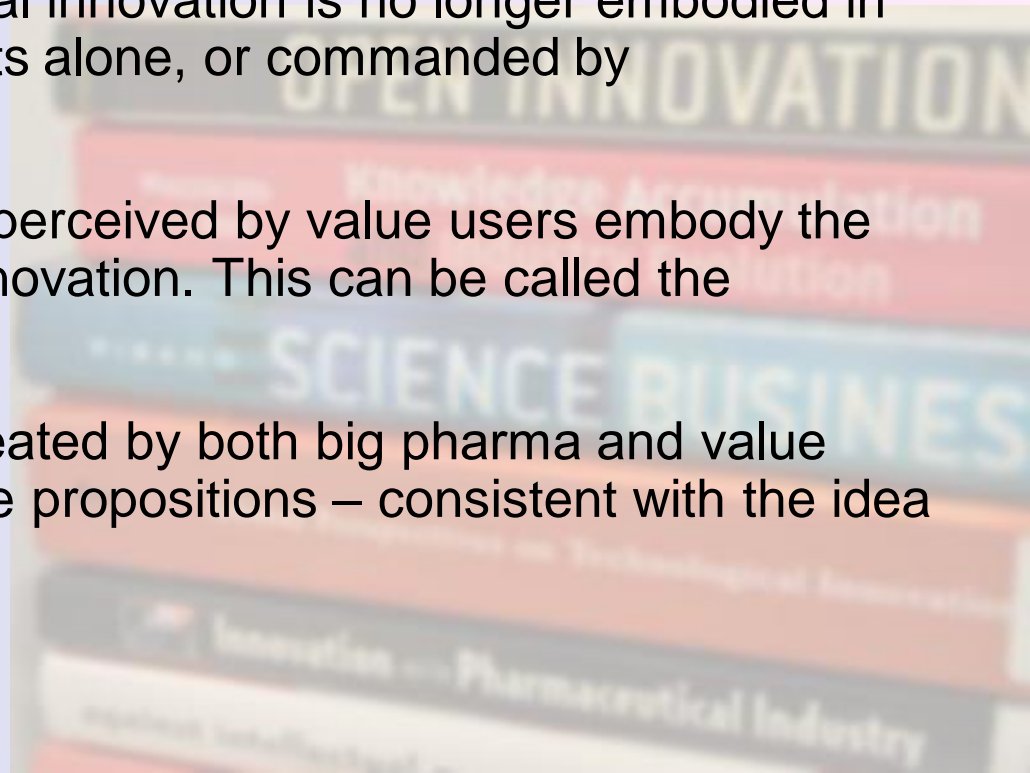
- ***The path to creating and delivering value – the ‘open innovation models’***
  - Big pharma’s various open innovation approaches to delivering value to customers –
    - ✓ Collaborations with payers (insurance companies) to identify treatment responsive patients and improve healthcare practices
    - ✓ Risk-sharing agreements with payers to share the costs of new drugs showing limited or no treatment results
    - ✓ Personalised medicines for specific patient subgroups showing a particular disease trait, identifiable through diagnostic tests
    - ✓ Healthcare delivery models such as training rural doctors and patients in emerging markets, and raising awareness through patient education programs



# Conclusion

- **Perceived value**

- The value of new drugs depends on their performance and benefits
- The value is determined by value users based on their performance, and also based on market-specific needs (e.g. poor patients in emerging markets)
- The value of pharmaceutical innovation is no longer embodied in new drugs and new markets alone, or commanded by pharmaceutical companies
- The benefits of new drugs perceived by value users embody the value of pharmaceutical innovation. This can be called the 'perceived value'
- The 'perceived value' is created by both big pharma and value users through various value propositions – consistent with the idea of 'open innovation'.



# Conclusion

- **New landscape of pharmaceutical industry**

- Division of value proposition between developed and emerging markets becoming evident
- In developed markets, the value of high price specialty drugs chronic and rare diseases, and low price generics for common diseases are replacing the value of blockbuster prescription drugs
- In emerging markets, value is created through increasing stakes in large volume generics manufacturing, and through discounts and price cuts on expensive specialty drugs
- Big pharma's success of innovation lies in seeking ways to capture value from new market opportunities
- Big pharma's path forward makes a shift from product-centric innovation towards market-centric innovation

# Questions?

