ANITA MENON

# Go To Market

*Everything between a medicine being approved and a patient actually taking it. Five questions, in the order that matters.*

WHO THIS IS FOR

**General managers, commercial leads and marketing and sales teams in the Gulf, Asia and other emerging markets.** Most useful if you are sizing a team, choosing a distributor, or trying to work out why a product that is approved and listed is still not selling.

**ANITA MENON**

Commercial leadership across the GCC, India and APAC

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# What go to market is, and is not

Go to market is everything between a medicine being approved and a patient actually taking it. **That is it.** Get that far and you have a business. Don't, and you have a registration certificate.

| IN SCOPE | OUT OF SCOPE |
| --- | --- |
| Who pays for it. | Whether the drug works. That is clinical. |
| Where it gets bought. | Getting it registered. That is regulatory. |
| Who decides which brand. | Getting it on the list. That is access. |
| How many of your people are needed, and doing what. | What the brand says about itself. That is brand strategy. |
| Whether it is actually on the shelf. | How it is made and shipped. That is supply. |
| What the patient pays at the counter. | |

**WHY I BOTHER SAYING THIS**

*I have read a lot of plans where go to market meant a launch campaign and a rep count. Access owned the listing. Marketing owned the message. Nobody owned the part in between, which is the part that decides whether anything sells.*

# Five different people, not one customer

Nearly every plan I read calls all five of these **the customer**, then points everything at the doctor. In these markets they are five different people who want five different things.

| | |
|---|---|
| **The patient** | Takes it. In a cash market, also pays for it and decides whether to buy the next pack. |
| **The doctor** | Prescribes it. Often has no idea what it costs or whether it is covered. |
| **The pharmacist** | Hands it over, and very often picks the brand. Paid on margin, not on your brand. |
| **The payer** | Pays for it. A government, an insurer, or the patient themselves. |
| **The buyer** | Buys the stock. A tender body, a hospital, a pharmacy chain, a wholesaler. |

**TRY THIS**

*Name all five, for your product, in your market. If two of them are the same person, good, that simplifies things. If you cannot name one of them, you have just found the hole in your plan.*

# Five questions, and the order matters

Answer them in this order. Not because it is tidy, but because each one closes off the options for the next. Decide your team size before you know who pays and you have guessed.

1

### Who is my customer?

Who chooses, and who buys. These are often different people, and neither is always the doctor.

2

### Who pays for it?

A government, an insurer, or the patient. If an insurer, find the cap and the co-payment before you answer.

3

### How does it reach the patient?

Tender, hospital pharmacy, retail pharmacy, or a mix. You do not choose this. The way the market is funded chooses it for you.

4

### Who do I need in front of them, and how many?

Reps, key account managers, medical, tender specialists, pharmacy coverage. Different answers for each channel.

5

### What does that cost, and does it pay?

Add up what you spend on a customer group. Compare it with what they bring in. Be willing to act on the answer.

**WHERE IT USUALLY GOES WRONG**

*Almost everyone starts at four. You have fifty reps. So the plan gets built for fifty reps, and the first three questions get answered backwards to justify a number you already had. I have done this. It cost a year.*

# Insured does not mean paid for

In most of these markets the patient is paying, whatever the insurance card says. Caps, co-payments, and a covered list that leaves out the thing you sell.

**Dubai.** Thirty four per cent of money spent in pharmacies comes straight from the patient. In 2019 it was twenty eight per cent. Insurance is mandatory and the cash share went up.

**UAE basic cover.** About AED 1,500 of medicine a year, and the patient pays thirty per cent of that. Roughly USD 400. After the cap, they pay all of it.

**Dubai's cheapest plan.** The covered medicine list was cut from about 2,500 products to about 700, mostly generics. Anything else is cash.

**Indonesia.** About 4,300 pharmacies out of nearly 32,000 can fill an insurance prescription. Thirteen per cent. The rest are cash.

**Philippines.** Ninety per cent of medicine sales go through drugstores.

**India.** More is spent at chemists than at government hospitals.

**India again.** Only fourteen per cent of adults with high blood pressure are on treatment. The competitor is no treatment at all.

**Saudi Arabia.** Making patients pay half for a brand and a fifth for a generic moved generic use from forty per cent to seventy six per cent in under four years.

WHAT THIS DOES TO YOUR FORECAST

*If the patient is paying, your market is not everyone who could take the product. It is everyone who can afford to finish the course. Those two numbers are a long way apart, and only one of them is real.*

# Answer question two, and the rest follows

Once you know who pays, most of the rest has already been decided for you. Customer, channel, team, and where you will lose.

| | GOVERNMENT TENDER | INSURANCE, FULL COVER | INSURANCE, CAPPED OR CO-PAY | PATIENT PAYS CASH |
|---|---|---|---|---|
| **Who is the customer** | The procurement body. | The payer and the hospital. | The patient, once the cap is hit. | The patient and the pharmacist. |
| **Where it is bought** | Central tender, then the hospital. | Hospital pharmacy or a contracted network. | Retail pharmacy. | Retail pharmacy, often with no prescription. |
| **Who picks the brand** | The tender, on price and technical tier. | The list first, then the prescriber. | The pharmacist and the patient, on price. | The pharmacist, very often. |
| **Who you need** | A small senior team and real tender capability. Reps barely move this. | Account teams, medical and payer relationships. Medium size. | Fewer reps. More pharmacy coverage and help with affordability. | Distribution reach and pharmacy relationships, not detailing depth. |
| **What decides the sale** | Price, and whether you are allowed to bid at all. | Position on the list. | What the patient pays after the cap. | Price, and whether it is on the shelf. |
| **Where you will lose** | On price, or on local manufacturing rules. | By not being listed, or listed at the wrong tier. | At refill. The first pack sells, the second does not. | To a cheaper generic, or to no treatment at all. |

**IF THE ANSWER IS CASH, THREE MORE**

*Can the patient afford the full course at your price? If not, is there a pack size or a price that works? If there isn't, you don't have a market. You have a list price. Then: is it on a shelf they can actually get to, and who picks the brand at that counter? Spend your money there.*