

Pharmaceutical REPRESENTATIVE



Connecting the Dots

**SOCIAL MEDIA MAY BE THE NEXT BIG THING,
BUT IS IT WORTH THE RISK?**

The choice that's "Detail" Oriented!

When you order catering from Jersey Mike's, we take care of every detail so you can take care of detailing your product. Choose from our wide variety of fresh, **authentic Northeast-style subs, signature wraps, refreshing salads, fresh baked cookies and gourmet brownies.** Expect more at Jersey Mike's. More service, more quality and more fresh ingredients on your sandwich! Online ordering now available at many locations. Visit jerseymikes.com.



Authentic Subs.
SINCE 1956
Jersey Mike's
SUBS
Expect More!

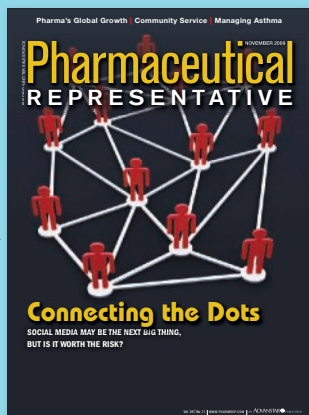
Ask about our
Delivery Service

For the location nearest you, visit
jerseymikes.com
Over 400 stores nationwide



Cover Story

COVER PHOTO: JORG GREUEL, GETTY IMAGES



Connecting the Dots

14 Even as pharmaceutical and biotech companies cautiously dip their toes in the social media waters, sales reps and managers are exploring ways to leverage Twitter, Facebook to improve communications within their team and with doctors.

By Dawn Rhodes, Elizabeth Brodnax, Randy Pierce

Features

21 **Clinical Care**
Cardiometabolic Disorders
The second part of the multi-disciplinary examination of the links between obesity, diabetes, hypertension and lipid disorders.

22 **Selling Skills**
What to Wear
If looks can kill, then maybe they can close as well.
by Jeri Cohen, Anjanette Oberholzer

Contents

November 2009 | Vol. 39 | No. 11

The Industry

- 7 Pharma News**
Abbott's \$6B deal; Alternative meds market; Brands hijacked online; Rising drug costs
- 10 Pipeline**
Dapagliflozin; Avodart & Flomax
- 11 FDA Update**
Cervarix clears regulatory hurdles; Stelara gets FDA approval
- 12 By the Numbers**
Global growth

Columns

- 5 From the Editor**
Global Representative
- 30 Taking the Lead**
Stand-Up, Stand Out
- 31 Field Report**
Be a Local Hero
- 34 Words**
Start Spreading the Word

Departments

- 24 Continuing Education**
Asthma management
- 28 MD Spotlight**
Infectious diseases

■ Editorial Advisory Board



Orlando Ceaser
President & CEO
Watchwell Communications



James Dutton
President Emeritus
Certified Medical
Representatives Institute



Kimberly A. Farrell
President & CEO
Unlimited Performance Training



Michael Kessler, MD
President & CEO
Medical Communications Center



Pam Marinko
CEO
Proficient Learning



Mark Osborne
Executive Director,
Sales Training and Development
Novartis Oncology



Tony Pinsonault
Managing Partner
Pinsonault Associates



Michael C. Pucci
VP External Advocacy
GlaxoSmithKline



Steve Rauschkolb
Founder & Principal
The Crisfield Group



John Sjoval
Senior Director,
Sales Training & Development
Daiichi Sankyo



Terry Thompson
Director,
Organizational Development
Bristol Myers Squibb

■ Editorial Offices

641 Lexington Ave., 8th floor
New York, NY 10022
(212) 951-6600 | Fax (212) 951-6604
pr@advanstar.com | www.pharmrep.com

Vice President & General Manager
Pharmaceutical and Science Group
David C. Esola

Group Publisher Jay Berfas

Editor in Chief Reid Paul

Contributing Editors George Koroneos

Corporate Art Director Jerry Lehman

Art Director Dan Ward

Graphic Designer Julie Silbernagel

Audience Development Director Mark Rosen

Audience Development Manager Madeleine Robins

Production Director Debbie Harmer

Production Manager Jeanne Johnson

Permissions/International Licensing Maureen Cannon

Reprints Marketing Advisor Sandy Sailes-Colbert

Administrative Assistant Daisy Roman-Torres

■ Advertising Offices

131 W. First St. | Duluth, MN 55802-2065
(218) 723-9147 | Fax (218) 723-9223

**Regional Sales Manager Midwest, Southwest,
West Coast** William Campbell
(773) 249-4575 | wcampbell@advanstar.com

Regional Sales Manager East Coast Justin Iacobucci
(978) 567-0601 | jiacobucci@advanstar.com

New Business Development Manager Christine Kazimer
(440) 891-2794 | ckazimer@advanstar.com

■ Executive Offices

President, Chief Executive Officer
Joseph Loggia

Vice President, Finance & Chief Financial Officer
Ted Alpert

Vice President, Information Technology
Jay Vaughn

Executive Vice President, Corporate Development
Eric I. Lisman

**Executive Vice President,
Healthcare & Pharma/Science Group**
Steve Morris

Vice President, Electronic Media Group
Mike Alic

Vice President, Market Development & Licensing Group
Georgiann DeCenzo

Vice President, Media Operations
Francis Heid

Vice President, Human Resources
Nancy Nugent

Vice President, General Counsel
Ward D. Hewins

ADVANSTAR COMMUNICATIONS

Vol. 39, No. 11 *Pharmaceutical Representative* (Print ISSN 0161-8415, Digital ISSN 2150-7368) is published monthly by Advanstar Communications Inc., 131 West First St., Duluth, MN 55802-2065. One-year subscription rates (U.S. dollars): \$51.95 in the United States and possessions; \$77.95 in Canada and Mexico; all other countries \$135.95. Single copies (prepaid only) \$11.00. Include \$6.50 per order plus \$2 per additional copy for U.S. postage and handling. Contact office for group and bulk subscriptions. Periodicals postage paid at Duluth, MN 55806 and additional mailing offices. POSTMASTER: Send address changes to *Pharmaceutical Representative*, P.O. Box 6088, Duluth, MN 55806-6088. Canadian GST Number: R124213133RT001. Publications mail agreement no. 40612608. Return Undeliverable Canadian Addresses to: Bleuchip International, P. O. Box 25542, London, ON N6C 6B2, Canada. Printed in the U.S.A. Subscription inquiries/address changes: toll-free (888) 527-7008. Outside the U.S., please phone 1-218-740-6395.

Pharmaceutical Representative is the industry's leading source of ongoing sales insight and development. It provides the essential skills sales representatives need to maximize their access and value to healthcare providers. It also enhances the expertise of trainers and managers so they can support the professional growth of their sales force.

Advertiser Index

Company	Phone Number	Web site	Page
Astellas		www.us.astellas.com	19
Jimmy John's Franchise LLC	217-356-9900	www.jimmyjohns.com	Cv 3
Jersey Mike's		www.jerseymikes.com	Cv 2
Panera Bread		www.panerabread.com	13
Subaru	800-873-8233	creed@subaru.com	Cv 4

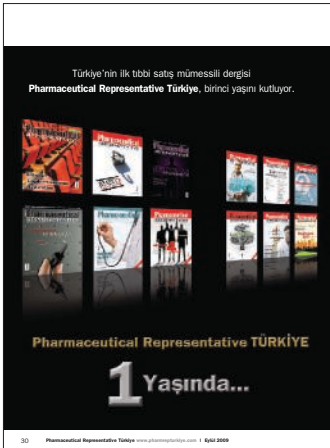
Copyright © 2009 Advanstar Communications Inc. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical including by photocopy, recording, or information storage and retrieval without permission in writing from the publisher, Advanstar Communications Inc. Authorization to photocopy items for internal/educational or personal use, or the internal/educational or personal use of specific clients is granted by Advanstar Communications Inc. for libraries and other users registered with the Copyright Clearance Center, 222 Rosewood Dr., Danvers, MA 01923, (978) 750-8400 fax (978) 750-4470. For uses beyond those listed above, please direct your written request to Permission Dept. fax (440) 891-2650.

Pharmaceutical Representative does not verify any claims or other information appearing in any of the advertisements contained in the publication, and cannot take responsibility for any losses or other damages incurred by readers in reliance on such content.

Pharmaceutical Representative welcomes unsolicited articles, manuscripts, photographs and other materials but cannot be held responsible for their safekeeping or return.

From the Editor

Global Representative



The world of pharmaceutical sales has changed tremendously since 1971 when *Pharmaceutical Salesman* published its first issue. Over the past 39 years we have seen the number of innovative pharmaceuticals explode, saving and improving the lives of countless millions. At the same time, the tiny profession of pharmaceutical sales representatives has grown from a small cadre of sales men to a global army of hundreds of thousands of sales *men* and *women* who daily engage doctors, pharmacists and healthcare providers.

One of the chief benefits of globalization has been the spread of pharmaceuticals across the globe. No longer are life-saving drugs the sole provenance of European, American and Japanese patients. According to IMS Health, this year 11% of the global pharmaceutical market will come from the “emerging” markets of China, Brazil, India, Mexico, Russia, South Korea and, of course, Turkey (See page 12). More importantly, these markets will represent more than half of expected growth over the next five years.

Of course, behind that growth is a global army of pharma and biotech sales representatives. Even as sales forces are shrinking in Europe and the United States, pharma is expanding elsewhere. Not surprisingly, global reps have the same thirst for knowledge and need for industry intelligence as their brethren in the United States.

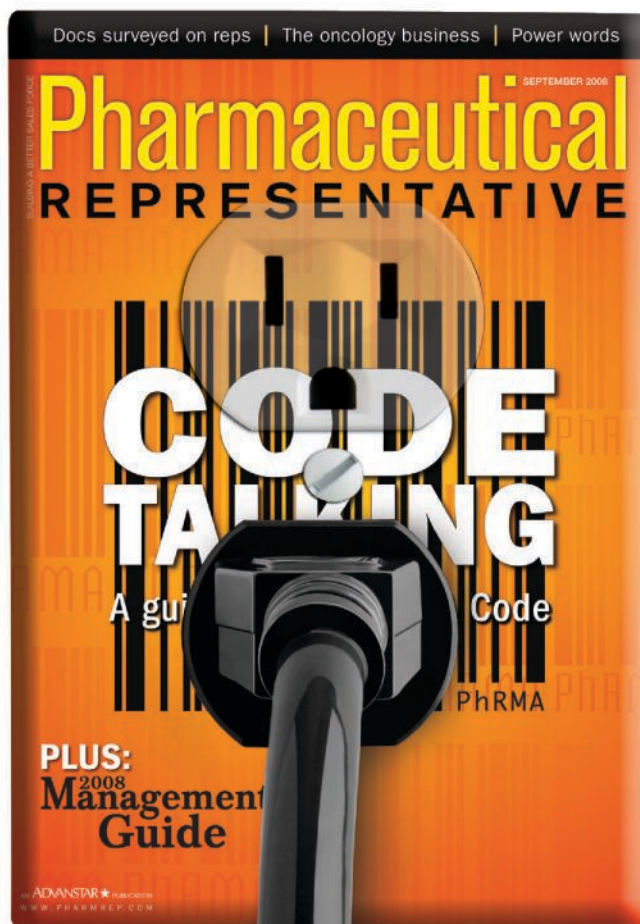
It has been the *raison d’être* of *Pharmaceutical Representative* to educate and inform all representatives wherever they might be. That’s why we *are* proud to have partnered with companies globally to provide high-quality content in multiple languages. Currently reps in Turkey, China, Poland and Latin America read the same stories that you do.

As pharmaceutical representatives spread out across the world, *Pharmaceutical Representative* will be right there with them. Whether it is being read in Turkish, Polish, Arabic, Spanish or Chinese, the best and brightest sales reps are finding the information they need when they need.

Reid Paul
Editor-in-Chief
rpaul@advanstar.com

Get plugged in

to PharmRep Digital



GET THE POWER OF TRUE CUSTOMIZATION with the new *Pharmaceutical Representative* Digital Edition. It is the same high-quality content you expect from Pharm Rep in a convenient easy to use digital format. But is also offers much, much, more.

- Customizable content
- Readership tracking
- Podcasts and streaming video
- Interactive features

LEARN MORE AT
www.pharmrep.com/digital

Pharmaceutical
REPRESENTATIVE

The Industry

■ Pharma News ■ Pipeline ■ FDA Update ■ By the Numbers

NEWS FOCUS

Abbott Offers \$6.6 Billion for Solvay

Abbott signed a deal to purchase Belgium-based drug manufacturer Solvay Pharmaceuticals for \$6.6 billion in cash—a mere five months after Solvay's CEO Werner Cautreels announced that the company was searching for a suitor. The deal adds more than \$3 billion in annualized sales to Abbott's global pharmaceutical business—three-quarters of which are in international markets. Abbott will be adding the ex-US Solvay pharmaceuticals to its existing pharma division, which has been growing in double digits on an operational basis, according to Abbott CEO Miles White.

"We are adding from a position of strength," White said in a conference call. "Our business has performed well in developed countries with branded products, such as Humira." Solvay offers Abbott a portfolio of complementary products in cardiology, neuroscience and gastroenterology, as well as new compounds, such as pancreatic enzymes and hormonal therapies.

In an effort to appease all parties involved, **Elan** has restructured its agreement with **Johnson & Johnson**, knocking \$100 million off the price tag for the blockbuster MS drug Tysabri, and eliminating any mention of the drug from the fine print. Back in June, J&J offered to pay \$1 billion for 18.4 percent of Elan's corporate shares and \$500 million for control of Elan's Alzheimer's pipeline. As part of the deal, J&J would get a chance to purchase rights to Elan's half of Tysabri—a 50/50 partnership with Biogen Idec. What J&J hadn't banked on was that **Biogen Idec**—Elan's partner on Tysabri—would object to the deal and enforce a clause that would revert 100 percent control of the drug to one partner company if the other firm was sold.

Eli Lilly is eliminating approximately 5,000 positions as part of a massive reorganization strategy that's expected to reduce firm costs by \$1 billion by 2011. This move will drop the company's headcount from approximately 40,500 to 35,000. Some of those cuts were averted when the company inked a deal with **Evonik Industries AG** to sell Lilly's Tippecanoe Laboratories manufacturing facility. The company hasn't revealed where the cuts will

come from or how many will be real layoffs and how many will simply be reduced positions. Lilly will restructure the company into five different business units responsible for diabetes, established markets, emerging markets, oncology and animal care.

Shire has come to an agreement with **Sandoz** to forgo any litigation involving Adderall XR. In exchange, Sandoz admitted it had infringed on two Shire patents. The settlement also gives Sandoz license to market a generic version of Adderall XR if and when FDA approves it. That said, the chance that Sandoz would pursue the application with two existing patents in play is doubtful.

Merck will keep 40 percent of **Schering-Plough's** executive staff following the merger of the two companies. However, most of Merck's top brass would remain in place. Schering execs Raul Kohan and Stanley Barshay will run the animal health and consumer health businesses, respectively, while the global human health, research and manufacturing divisions will be headed by their current Merck managers. Global Human Health will be run by Kenneth Frazier, and will encompass

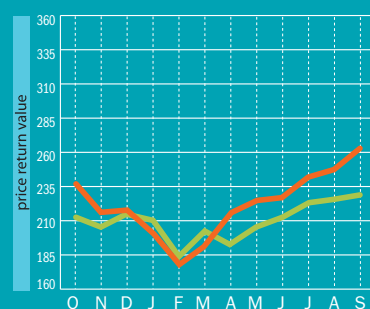
vaccines, and biologics—and now, emerging markets. Because the majority of Schering's business is outside the United States, emerging markets will have the same precedence as biologics and vaccines. Twenty-five percent of Merck's early-stage pipeline will be the result of licensing and alliances.

GlaxoSmithKline lost its first court battle over the role of its antidepressant Paxil in causing birth defects. The company will have to pay \$2.5 million in damages to the family of Liam Kilker—a small drop in the bucket for the company, but scary when you consider that it has 600 more cases on the docket. Lawyers for the plaintiff argued that Kilker's heart defects were directly related to his mother's use of Paxil while she was pregnant.

Takeda says it will establish new commercial subsidiaries covering Mexico, Turkey, Sweden, Norway, Denmark, Belgium and Luxembourg. The new subsidiaries are part of Takeda's strategic global expansion efforts. "Takeda has a significant opportunity to expand our presence in Mexico, Europe and other priority markets," said Alan MacKenzie, EVP international operations.

The Market

■ The Dow Jones U.S. Total Market Index
■ The Dow Jones U.S. Pharmaceutical Index



SOURCE: DOW JONES U.S. INDEXES, 2009

Pharma News



IMAGE SOURCE: GETTY IMAGES

Alternative Market Competition Growing

Adults in the United States spent \$33.9 billion out-of-pocket on visits to "complementary and alternative medicine" practitioners and purchases of alternative health products in 2007, up from \$27 billion in 1997, according to a report from the Centers for Disease Control and Prevention's National Center for Health Statistics.

Although more than 38 million adults made an estimated 354.2 million visits to alternative medicine practitioners, nearly two-thirds of the total out-of-pocket costs were for self-care products, classes and materials during 2007 (\$22 billion), compared with about one-third spent on practitioner visits (\$11.9 billion, down slightly from \$12.2 billion in 1997).

"This [report] underscores the importance of conducting rigorous research and providing evidence-based information on CAM so that health-care providers and the public can make well-informed decisions," says Josephine P. Briggs, MD, director of the National Center for Complementary and Alternative Medicine.

A total of 44 percent of all out-of-pocket costs for alternative medicine, or about \$14.8 billion, was spent on the purchase of nonvitamin, nonmineral natural products, such as fish oil, glucosamine and echinacea. Additionally, adults spent \$2.9 billion out-of-pocket on the purchase of homeopathic medicine in 2007.

Hospital Drug Costs Rise

Infection is bad news for hospital budgets as well as for patients. According to current projections, the overall drug expenditure at hospitals not in the federal system will increase by up to 3 percent this year. But spending growth for anti-infective agents is nearly triple the overall increase.

"You can't take projections and simply mark up last year's drug budget," said Lee Vermeulen, director, Center for Drug Policy, University of Wisconsin Hospital and Clinics. "You have to focus on the key drivers of your drug spend. Between 60 and 80 products account for 80 to 90 percent of your drug spend. We have to do a better job of managing financial performance."

For the past decade, Vermeulen has coauthored an annual projection of drug expenditures for the American Society of Health-System Pharmacists. On the basis of 2008 data, he expects hospital drug spending to grow by one to three percent in 2009.

Location, size, patient population and acuity all make a difference in drug spending, Vermeulen said. Institutions with busy ambulatory cancer-care operations may see larger increases. Antineoplastic spending is growing by 6.7 percent annually. Hospitals with high infection rates can also expect bigger drug budgets.

Spending for the top 10 anti-infective agents is growing to 8.8 percent annually. Major cost spikes include Merrem (AstraZeneca), up 54 percent; Cubicin (Cubist), up 39 percent; Zosyn (Wyeth), up 23 percent; and Zyvox (Pfizer), up 21 percent.

Global Pharma Growth Spurts

The global pharmaceutical market is expected to grow four to six percent in 2010 to \$825 billion, according to the updated forecast from IMS Health. Over the five years ending 2013, the global market is expected to expand 4 to 7 percent, IMS reports. That's up 1 percent from previous predictions of 3 to 5 percent, reported in April (See "Global Growth," p. 12).

"While that's a positive piece of news, it still puts the global pharmaceutical growth rate at historically low levels," said IMS senior VP Murray Aitken.

The domestic market is expected to strengthen in the near term, due to a boost in pharmacy stocking levels in 2009. IMS had originally predicted that drug prices would

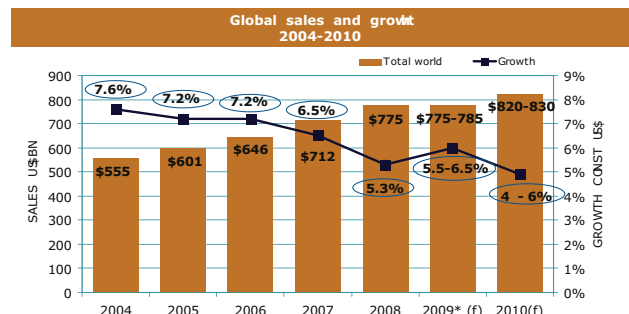
slow down due to the recession, but that has not been the case.

Another problem is the number of products going off patent versus new products coming to market. The balance is skewed, with more value coming through new generics than new innovative products coming onto the market, according to Aitken.

In addition, IMS reports that "pharmerging markets" (a term coined by IMS) are expected to continue to grow 12 to 14 percent next year, and 13 to 16 percent over the next five years.



Global pharma market size and growth



Source: IMS Health, MarketPrognosis, Sep2009; includes preliminary Tukey forecast

Brands Hijacked Online

Pharmaceutical brands face an increased threat online, according to a new report. MarkMonitor estimates that online pharmacy sales grew to \$11 billion in 2009, almost triple the \$4 billion in sales from 2007. The study examined 2,930 online pharmacies and found that only four carried Verified Internet Pharmacy Practice Sites (VIPPS) certification. The VIPPS program is governed by the National Association of Boards of Pharmacy to ensure the legitimacy of online pharmacies. The Food and Drug Administration advises consumers to confirm VIPPS certification of pharmacies in order to shop safely for pharmaceuticals online.

The study found that pharmacies not certified by VIPPS offered discounts of up to 90% off the prices found on VIPPS-certified pharmacies, and that such a deep discount could indicate goods of suspicious quality. Te Smith, vice-president of communications for MarkMonitor, told *Pharmaceutical Technology* that consumers should try to be as educated as possible when shopping online for pharmaceuticals. She recommended checking the VIPPS website to verify the accreditation of an online pharmacy rather than simply looking for the VIPPS seal because illicit pharmacies can fake the credentials on their websites. "If something looks too good to be true, it

probably is," she said. "Getting fake or expired drugs is no bargain."

Listings on B2B exchange sites for bulk quantities of pills and active pharmaceutical ingredients (APIs) for the six drug brands in the study increased 23% in 2009. The study found 652 listings, which was a 67% increase over the results of the company's 2007 report. Specifically, bulk API listings grew by 81% in 2009. Most listings in the study noted a country of origin for the products; 49% named China, followed by India at 17%. Suspect activity on the exchange sites included listings for generic versions of patent-protected drugs, as well as one supplier that offered bulk quantities of branded pills, sports jerseys and sunglasses.

Cybersquatting on six leading pharmaceutical brands was up 9% from last year, according to the study. The number of offending websites reached a record high of 19,163 domains.



PHOTODISC, GETTY IMAGES

Three Things

1 Disposal: The FDA is offering new guidance on the proper methods for safely disposing of Rx drugs.

2 Off-label Use: Nearly half of physicians believe that various off-label uses of prescription drugs are approved by the Food and Drug Administration, according to a new survey.

3 Medical malpractice: Malpractice liability premiums are at a 30-year low and claims have dropped 45 percent since 2000, according to a study by consumer watchdog groups.



For more on these stories and breaking pharma news, visit www.PharmRep.com

H1N1 Vaccine Released

The first batches of the new H1N1 vaccine are finally hitting the market and with it came the usual fears that there won't be enough treatments to go around, or that the vaccine will cause more harm than good. According to the CDC, those rumors are unfounded.

"Each Friday, we'll provide information on the amount of vaccine available to each state and the amount of vaccine each state has ordered," said Thomas Frieden, director of the Center for Disease Control and Prevention.

"That's a little complicated, because what we have decided to do is make vaccine available as soon as it comes off the production line," Frieden added. That means it's coming available in lots, and states learn each day of additional vaccine available to them. It's a little bit of a messy

process, and we expect it to be somewhat bumpy in the first few weeks."

First out the gate is the nasal version of the vaccine, which is being distributed to healthcare workers and infants this week. The traditional injectible vaccine will follow with a million doses being delivered every week starting in late October.

GlaxoSmithKline announced that it has received 22 government orders for 149 million doses, bumping the total doses in production to 440 million, with treatments being made available through early 2010. GSK stands to make upwards of \$3.5 billion from the H1N1 vaccine, according to reports by Reuters.

Novartis also announced that it had shipped the first batch of its H1N1 vaccine, as well as 27 million doses of its seasonal vaccine. Novartis received contracts worth \$979 million for its H1N1 vaccine.

New Tool for Statin Therapy

A new tool to help treat cardiometabolic conditions with greater certainty is ready to be tested in a practice environment. Researchers from North Carolina State University and Mayo Clinic developed a computer model that uses individual patient data to predict the probability of stroke or heart attack over an interval of time, which physicians can use to determine when to begin using statin therapy. "A publicly available tool would allow physicians and patients to use the tool in the office environment and/or outside of the office," says researcher Brian Denton, PhD, an assistant professor at North Carolina State.

Pipeline

Phase III

Dapagliflozin

AstraZeneca and Bristol Myers Squibb are cheering the results of a 24-week clinical study in which dapagliflozin, added to metformin demonstrated significant mean reductions in the primary endpoint, glycosylated hemoglobin level (HbA1c) and in the secondary endpoint, fasting plasma glucose (FPG) in patients with type 2 diabetes inadequately controlled with metformin alone, as compared to placebo plus metformin. Dapagliflozin is a novel, selective, sodium glucose co-transporter 2 (SGLT2) inhibitor. Individuals receiving dapagliflozin had statistically greater mean reductions in body weight compared to individuals taking placebo. Results from the study were presented at the 45th European Association for the Study of Diabetes annual meeting.

Avodart/Flomax

The results from a large, four-year study showed that GlaxoSmithKline's Avodart (dutasteride) and Flomax (tamsulosin) from Boehringer Ingelheim and Astellas combination treatment reduced the risk of acute urinary retention (AUR) or Benign Prostatic Hyperplasia (BPH)-related surgery and reduced the risk of BPH clinical progression more than tamsulosin alone. Combination treatment also delivered superior, sustained symptom improvement from month nine compared to either dutasteride or tamsulosin monotherapy.

The combination therapy with Avodart and tamsulosin (CombAT) study showed a 66 percent reduction in the risk of AUR or BPH-related surgery with combination treatment compared to tamsulosin alone. There was a 20 percent reduction compared to dutasteride. The risk of BPH clinical progression with combination treatment was reduced by 44 percent compared to tamsulosin and 31 percent for those on dutasteride. Men in this study that had moderate-to-severe symptoms of BPH at enrollment reported a significant improvement in BPH symptoms at four years.

Phase II

INT-747

Intercept Pharmaceuticals' farnesoid X receptor agonist INT-747 has met the primary endpoint of improved insulin sensitization in a six-week double blind, placebo-controlled trial in type 2 diabetic patients with nonalcoholic fatty liver disease. By employing a euglycemic insulin clamp procedure, the study demonstrated that a single oral daily dose of INT-747 statistically significantly improved glucose disposal rate, consistent with improved hepatic and peripheral insulin sensitivity. Furthermore, patients treated with INT-747 demonstrated statistically significant weight loss and improved biochemical markers of liver function. The compound was well tolerated at the doses tested, with side effects similar to placebo. Insulin resistance is an important driver of liver fibrosis, the progressive scarring that can lead to cirrhosis. Based on INT-747's ability to improve insulin sensitivity and other important parameters of liver function in this patient population, Intercept is planning a Phase II trial with nonalcoholic steatohepatitis patients in 2010.

CPI-613

Cornerstone Pharmaceuticals has begun a Phase I/II clinical trial of CPI-613. The drug will be used in combination with gemcitabine, a standard chemotherapeutic for the treatment of pancreatic and other cancers. Patients newly diagnosed and intended to be treated with gemcitabine may be eligible for this study. This positions CPI-613 for potential "front line" use. CPI-613 is the first drug in a new chemical class that, through a novel mechanism, targets metabolic changes that may be common to many cancer types. CPI-613 has been granted orphan drug status by the US FDA for pancreatic cancer, a cancer type that typically has a poor prognosis, spreads rapidly and often goes undetected in its early stages. The trial is underway at the Eastchester Center for Cancer Care in New York for patients who have not previously received CPI-613.

Global Report

- The UK's National Health Service has released its first statistics that show how NICE approval has affected medicines uptake in the UK. The NHS Information Centre's Metrics Working Group looked at how 26 medicines were prescribed in 2008. Some of the medicines exceeded predicted use. These include the Z-drugs in insomnia, varenicline (Pfizer's Chantix) for smoking cessation, entecavir (Baraclude, BMS) in chronic hepatitis C infection and ezetimibe (Zetia, Merck) for lowering cholesterol.
- Sales representatives from AstraZeneca came out on top with UK doctors in a survey conducted by Doctors.net.uk. More than 600 primary and secondary care doctors were asked to rate reps for their communication skills and technical skills, as well as for those they most enjoyed meeting. The rest of the top ten include: Eli Lilly, Pfizer, GSK, Janssen Cilag, Sanofi-Aventis, Novartis, Boehringer Ingelheim, Bristol-Myers Squibb and Merck Sharpe & Dohme.
- The Innovative Medicines Initiative, the public-private partnership between the European Commission and the European pharmaceutical industry, has announced the topics for research for its second call for proposals. The IMI has also announced the appointment of a new executive director, Michel Goldman. Commenting on his appointment he said: "I am very please to be joining IMI at such an exciting moment in its development."

FDA Update

Cervarix Clears Regulatory Hurdle

GlaxoSmithKline has announced that the vaccines and related biological products advisory committee of the Food and Drug Administration voted that clinical data support the efficacy and safety of Cervarix, the company's cervical cancer vaccine candidate.

The company states that Cervarix was shown to be highly effective and well tolerated in girls and young women for the prevention of cervical pre-cancers and cervical cancer related to human papillomavirus types 16 and 18, the two most common virus types that cause cervical cancer. The committee also discussed data demonstrating the efficacy of Cervarix against additional cancer-causing virus types.

"This is an important step in cancer prevention for the millions of girls and young women at risk for cervical cancer," said Barbara Howe, MD, vice president and director of North American vaccine development for GlaxoSmithKline. "If approved, Cervarix will provide protection against cervical cancer, a devastating disease that is responsible for thousands of deaths in U.S. women each year."

The committee's favorable recommendation, although not binding, will be considered by the FDA in its final review of the Biologics License Application (BLA) for the candidate vaccine. If the product is approved, the FDA will determine final prescribing information.



GHISLAIN & MARIE DAVID DE LOSSY, GETTY IMAGES

Prism HIV O Plus

The FDA has approved the Abbott Prism HIV O Plus assay as a screening tool designed to detect the presence of certain antibodies to HIV. The assay is one of five assays that run on the fully automated Abbott Prism System. The Abbott Prism HIV O Plus assay detects antibodies to HIV type 1, groups M and O, and HIV type 2. It is the second donor screening test licensed for the detection of antibodies to HIV type 1, group O.

Folotyn

Allos Therapeutics' Folotyn, the first treatment for a form of cancer known as Peripheral T-cell Lymphoma, an often aggressive type of non-Hodgkins lymphoma, has been approved under the FDA's accelerated approval process. Of 109 patients with PTCL in the trial, 27% had reduction in tumor size. To speed the drug's availability, Folotyn was granted priority review, ensuring a review within six months rather than 10 months.

Berinert

Berinert from CSL Behring is approved for adults and adolescents with hereditary angioedema (HAE), which can occur spontaneously or during stress, surgery or infection. Berinert is a protein product derived from human plasma. It regulates clotting and inflammatory reactions that, when impaired, can lead to local tissue swelling. In a clinical trial of 124 adults, Berinert was shown to be effective at treating the symptoms.

Mirena

Bayer Healthcare's Mirena was approved by the FDA to treat heavy menstrual bleeding in women who use intrauterine contraception as their method of pregnancy prevention. This is the first intrauterine device approved by the FDA for this additional indication. Mirena was approved as a contraceptive by the FDA in 2000. It is a small, flexible hormone-releasing device inserted into the uterus to prevent pregnancy.



Stelara Gets FDA Approval

The FDA approved Johnson & Johnson's Stelara (ustekinumab), a biologic product for adults who have a moderate-to-severe form of psoriasis. Plaque psoriasis is an immune system disorder that results in the rapid overproduction of skin cells. About six million people in the United States have plaque psoriasis, which is characterized by thickened patches of inflamed red skin, often covered with silvery scales.

"This approval provides an alternative treatment for people with plaque psoriasis, which can cause significant physical discomfort from pain and itching and result in poor self-image for people who are self-conscious about their appearance," said Julie Beitz, MD, FDA's director, office of drug evaluation.

The FDA is requiring a risk evaluation and mitigation strategy or REMS for Stelara that includes a communication plan targeted to healthcare providers and a medication guide for patients. Stelara is manufactured by Centocor Ortho Biotech.

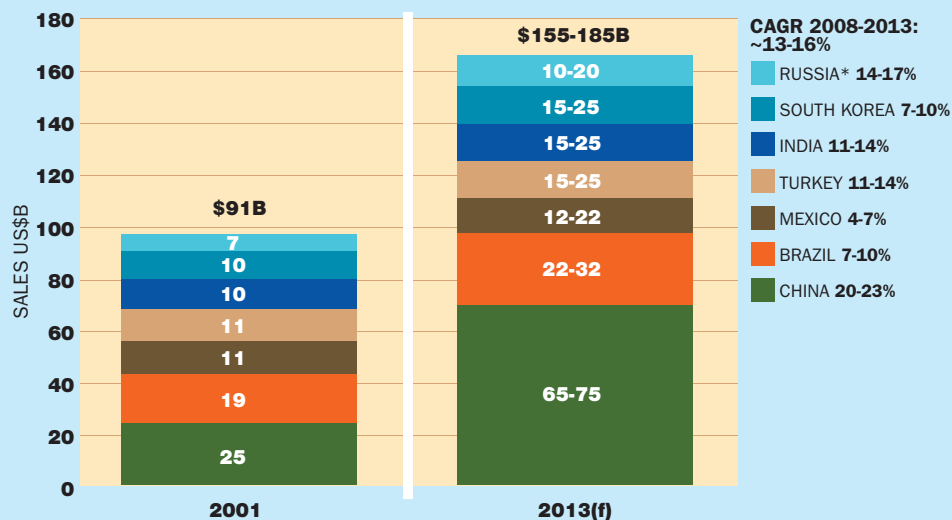
■ By the Numbers

Global Growth

According to IMS Health, a dramatic shift is underway in terms of where the global pharmaceutical industry is turning for growth and profitability. The cause is all too familiar: While the so-called major markets—the US and Canada, Britain and Western Europe, and Japan—are expected to fuel 70 percent of global sales this year, their contribution to global growth is due to drop to a measly 16 percent. Eclipsing these once-dominant sales drivers are the emerging markets of Brazil, India, Turkey, Mexico, Russia, South Korea and China. These new engines are forecast to generate a phenomenal 51 percent of 2009's global growth, albeit while adding only 11 percent to global sales. The global pharmaceutical market, valued at \$773 billion in 2008, is

Five-Year Forecast

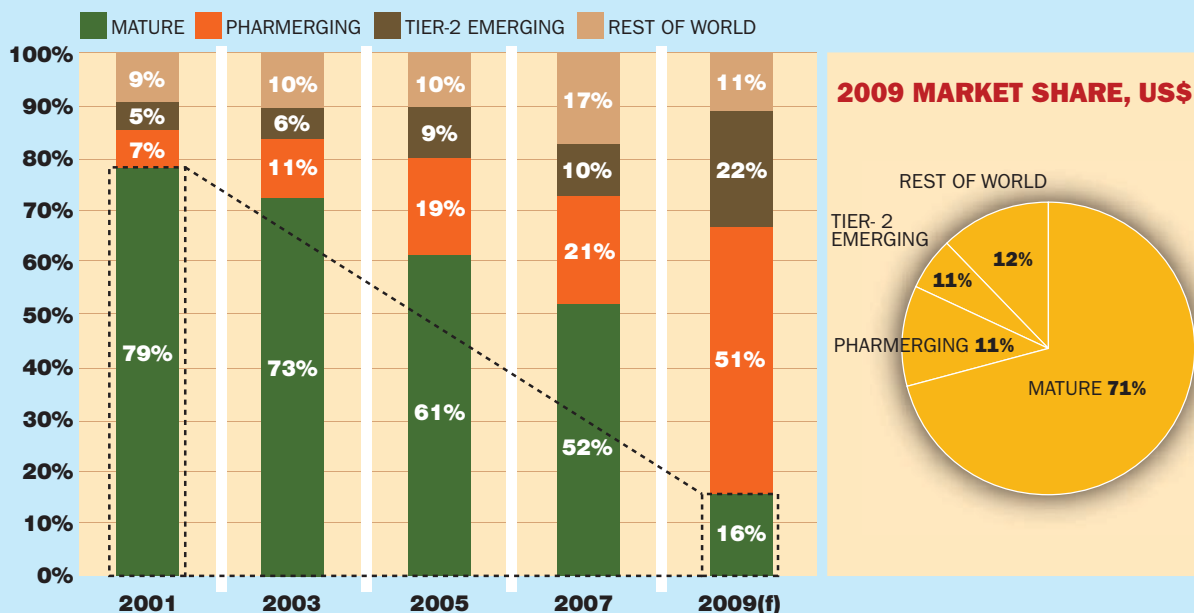
All of the pharmerging markets will show significant growth in the next five years.



expected to reach \$910 to \$940 billion by 2013. By then the pharmerging markets will be worth a projected \$155 to \$185 billion (Go to PharmExec.com for the complete "Pharmerging Future" article).

The Growth Gap

Pharmerging and tier-2 emerging markets will contribute three quarters of global growth in 2009.





via panera®

Catering

It's Catering.
By Panera.

The perfect prescription for
Pharmaceutical Representatives.



DELIVERY AVAILABLE

Please visit www.panera.com
to find a location near you.





Connecting the Dots

Social media sites offer new opportunities to connect with consumers, but may not be worth the risk

By Dawn Rhodes

Facebook isn't just for poking and sending virtual gifts anymore. It may be a pharmaceutical company's best new marketing tool in its repertoire. As pharma companies cut their product base and slash their sales representative forces, many turn to online networking sites to tap into potential consumers.

From Twitter feeds, to blog posts and YouTube channels, to interactive forums, drug companies have infiltrated the Web to catch the eyes of innumerable info-seeking, Web-savvy young adults.

"The holy grail is to get to the doctor," says Barclay Missen, director of digital communications for Chicago-based marketing agency Topin & Associates. "Part of the reason to engage in social media is to engage with the patient to get them to go and appeal to the doctor, to request a treatment."

Someone seeking information about asthma, for example, can follow the "Tweets" of a pharmaceutical company and its new research on an asthma medication. They can also follow individuals with the condition, what their treatment is like and how well it works for them. A Twitter follower can then use that information to discuss questions and concerns with doctors, and to request a specific type of treatment.

Missen says that when patients ask for a specific product, physicians prescribe it 80 percent of the time.

While the ultimate goal is to get doctors to put pens to their pads, consultants say that intentionally advertising products through social media invites problems. Once a company releases information into the realm of user-generated content, it is fair game.

Bayser Consulting president J.P. Tsang says that a dubious sounding online ad could be particularly disastrous for pharma companies. "It's more dangerous because people can react to the message," he says. "If the message is iffy, it could turn back and bite you."

Furthermore, the Food and Drug Administration requires that any advertisement mentioning a brand name must include the list of side effects—rendering the ad incompatible with the formats of Twitter and Google Ads, which restrict space to a fixed number of characters.

Michael Pruskowski, director of interactive marketing for Boomerang Pharmaceutical Communications, says the more effective technique lies in a simple approach. "With any sort of healthcare or pharma promotion, the number one thing to do is to educate and inform about the condition—number one—and then, two, to provide your solution for it," he says.

Something for Everyone

Sanofi-Aventis sponsors GoInsulin.com, a resource for diabetes and insulin treatment. The website employs video, interactive quizzes, illustrations and graphics to educate the visitor about insulin and diabetes; allows the visitor to share their own success stories using insulin; offers tips for talking to a doctor about insulin; and provides the option to receive a meal guide to control blood sugar levels.

It also has a YouTube channel, which follows the same design and color scheme as the parent site, filled with video testimonials.

"It's a good example of having something for everyone and trying to be a resource while still incorporating your brand goals into the site," says Missen.

Stepping beyond the web, Johnson & Johnson created an iPhone application called Care Connector. In it, a caregiver or family member can store critical medical information for doctor's visits, monitor treatment and medication schedules, communicate with other caregivers through message boards, watch video clips of personal stories, and keep a journal of the entire experience.



"This is probably the most forward-thinking example," Missen says. "Five to ten years from now I can see much more information being accessed through mobile devices. This is such a great example because they are facilitating the sharing of information, not endorsing a product or service. This demonstrates commitment to patient care and gives the J&J brand value in the consumer's (patient's) world as a trusted resource that is honestly and transparently trying to help."

Studying content on user-generated media also gives pharmaceutical companies a free peek into the concerns of their potential consumers, without the pain and expense of surveys and focus groups. Drug companies can then use that information to create effective messages and direct them to the audience that would get the most benefit.

Mark Chataway, co-chairman of Baird's Communication Management Consultants, says that osteoporosis, for example, is largely undertreated, but women vigorously search the Internet for information about it. A pharma company probably couldn't reach a pool of seniors 65 and older through Twitter, but it could appeal to the collection of 25- to 40-year-old women who have mothers and grandmothers at risk for the condition.

"There's a lot of market research that shows that the only people these older women listen to are their daughters and granddaughters," he says. "If the daughter says, 'Mom, I really think you should have a bone density test,' 'I think you should push your doctor on this,' 'I really think this is something you should go and fight the HMO on,' that older woman may do it."

And the wheels are in motion, says Chataway.

"Could you encourage a small community of older women who really benefitted from osteoporosis treatment to start using Twitter? Yeah. Could you get people to follow them? Yes, certainly. Could you then get those women to point people toward a site where you can pre-screen yourself, provided that it's run by a legitimate third party? Absolutely."

Stumbling Blocks

Many complain that the Division of Drug Marketing, Advertising, and Communications (DDMAC) has yet to establish concrete do's and don'ts about online advertising. No one really knows where the boundaries lie, so companies hesitate to incorporate social media into their promotional strategies.

Jeremy Spivey, senior research analyst of Cutting Edge Information, finished a report measuring which methods pharmaceutical executives use to communicate with potential consumers, from simple reminder cards to specialized computer programs. Spivey and his associates discovered that only 9 percent of the respondents reported using Web

2.0—Twitter, Facebook, blogging, etc., primarily to avoid wrangling with the confusing FDA regulations for reporting side effects and adverse events.

Their reticence is understandable. In April, the FDA hammered 14 pharma companies with warning letters stating that they had violated advertising policies. "[It's] the nightmare of every pharma company," Tsang says.

To ward off unpleasant dreams, Tsang recommends using social media to stay connected to how consumers fare with a product before it's time to run damage control.

Ahead of the Curve

"Social media could be a good way for you to be ahead of the curve and see what the problems are early on," Tsang says. "You do some trials, you squash the problem, or you go out and you send your VP of HR to say, 'No, there's no problem.' When you recognize the problem right away, at least you have something to act upon."

Furthermore, while most can agree that social media is crucial to the pharma industry, Barclay says it's difficult to measure how much a YouTube channel or a Twitter account results in actual sales and increased consumption. "There are ways to track how many people view it, but there's no way to say: 'Somebody watched this on YouTube, then they went out and they asked their doctor for a prescription.'"

Clearly, pharma companies are crossing some shaky terrain, and not everyone agrees on how to proceed.

John Mack of Pharma Marketing Blog feels that pharma companies trying to use social media are stuck in a minefield. He wrote in an April post that the idea is as dreadful as Michelangelo's "Last Judgment" in which the devil's helpers drag someone to Hell. "That image often comes to mind when I hear proponents of social media trying to persuade pharma marketers to just dip their toe in the social media waters," he wrote. "The other image I see is a shark lurking just below the water's surface!"

Mack doesn't rule out the viability of social media for pharma companies, but leaves his readers with some succinct advice: Be careful what you wish for.

But Mark Chataway says that without a bit of trial and error, companies doom themselves to lose their competitive edge. "It's an inherently uncomfortable position," Chataway says. "It's strange that an industry that lives or dies by scientific innovation, that the industry is so bad at communication innovation. The principles ought to be the same: We try lots of stuff, most of it doesn't work, a couple of things go horribly wrong and then a few go really right."



Bringing Physicians Into Your Social World

Staying connected with your offices has never been easier, but is not without risks

By Elizabeth Brodnax

During my last performance review, I mentioned to my manager having seen a picture of a teammate's new baby on her Facebook page. My manager asked me if I had a separate account on Facebook for my business contacts as opposed to my social friends, and the question stopped me in my tracks. It had never dawned on me to maintain two profiles, one all professional and polished and the other more casual. In fact, I'd never even regarded the relationship between Facebook and my job as a pharmaceutical rep at all.

I joined Facebook a year ago at the urging of friends who were already on the online community. More than anything, I just wanted them to be quiet about it; I had serious doubts that people in their 30's actually used this site. I quickly learned how wrong my assumptions were and soon fell in love with being able to share pictures and know what was happening with friends with whom I didn't have more regular contact.

When I initially built my page, an automatic Facebook function went through my e-mail address book and pulled all my contacts who already had profiles and asked me if I wanted to send them "friend requests." I said yes to all, including several who were nurse practitioners and physi-

cians assistants. Thus, I never sought out to use Facebook for work purposes, but I have found several benefits of the site for my sales and have luckily avoided some pitfalls along the way.

Any rep with more than a couple of years in this industry under his or her belt knows the most consistent rule of our business: Your territory will change. It might be a minor shift, or you may have 100% new offices one day, but you will lose some or all providers as time goes on. While you call on them, you have your closest friends and allies in the offices. You bond over lunches (and sometimes even dinners, based on whether your employer is signed onto the PhARMA guidelines). Then, one day you are gone, and the constant contact ends.

Facebook has changed this for all the offices I lost almost two years ago. I have multiple "friends" who are NPs, PAs, and MAs in my old territory. The website allows me to still connect with them; after all, I don't want to be the prodigal rep if my territory were to change one day and I pick them all back up again. Nothing proves the fickleness of the friendship with a rep more than when they only hear from you when they have the power to write your product!

Another benefit I have found is keeping myself somewhat in my providers' minds, whether or not I'm in their office at

the time. Several of my friends have said that they look forward to my status updates. I just write based on what I'm thinking, but I come from a line of good old Southern storytellers. I am not misguided to think that a doctor would use my medication because I wrote something funny on Facebook, but it doesn't hurt to stay constantly within their thoughts; I found this especially true during my maternity leave this spring.

The biggest and most surprising help has been in routing and general territory planning. With many key nurses as Facebook friends, I have used the site to message them and ask what caterer they want for lunch, especially when I don't think to ask the question until 10:00 at night.

Likewise, I was headed to a big town in my territory on a Monday a few months ago, planning to hit one of my main offices in the afternoon. However, the nurse practitioner (and big advocate of my product) updated her Status to say she was so ready to leave for the beach the next day. Knowing she doesn't live in the town where she works and that she might only be in the office in the morning, I rerouted my day to go straight to see her. My intuition was correct; she was heading home at lunch to prepare for the trip, but we were still able to have an excellent discussion.

This social aspect of Facebook has had very favorable consequences for my territory. Knowing what is happening in my providers' lives has allowed me to develop closer connections with them, which can often translate in increased access and time to discuss medical issues. We often talk of the psychological connection you make with a physician while "breaking bread" with him or her during a lunch, and I feel a great similarity with seeing each other's family and sharing their lives outside the office.

Of course, my manager's point is also valid; many people do maintain separate accounts for their personal and business lives. However, if you have a unique name, your business contacts may locate you anyway and try to "friend" you, finding incriminating pictures (like a less-than-sober or scantily dressed profile picture) along the way. After all, what goes on the Internet is always there.

Elizabeth Brodnax is a medical sales specialist. She can be reached at elizabeth.brodnax@bayer.com.

Pitfalls to avoid on a your Facebook page, specific to the pharma industry:

Don't address topics you wouldn't bring up in person.

My Status Updates sometimes involve current events but never politics. I once had a doctor, before the 2008 election, say she wouldn't talk to me unless I told her who was getting my vote for President, and I knew from her dogmatic comments earlier that my answer was not going to match hers. Especially with the current climate mixing medicine and politics, this just isn't safe because you will not agree with everyone; it is far best to bypass this and stay on safer ground.

Product messaging is not for online. This should be so obvious, that detailing is meant for one-on-one in the office, but I once heard a young, misguided new rep say she was going to use her MySpace account to push out new information on her product to her doctors. Anything we say must include the fair and balanced side, and the only medical claims we can make in writing are the ones on approved detail pieces from marketing.

Be very cautious of bragging. Even when talking in offices, I try to downplay where we go for our company meetings, especially when the destinations are quite nice. I've seen reps boast about getting on the plane to a luxurious POA, and this can easily rub a doctor the wrong way, especially if you end up having a discussion about the cost of your product down the road.

Beware of internal perceptions within your own company. Suppose your current manager accepts that his or her entire team uses Friday afternoons as admin time, despite no set corporate policy either way. Your Status Update constantly talks about how happy you are to be home and out of the field for the week at 1:00 on Fridays. Then one day, you have a new manager, one who has been reading these updates and has developed an image of you as someone who slacks off at the end of the week. Suddenly you're being micromanaged for nothing more than misperception.

Don't speak ill of your offices. At a recent lunch, a doctor (the only vegetarian in the office) took an entire pan of the eggplant parmesan before everyone had made their plates, despite the fact several others of us were trying it, too. I was shocked and knew this would make a very amusing Status Update but held back as I realized it would also be unwise. How would I ever defend having posted this if he were to hear about it through the grapevine (I am hoping he is not a reader of *Pharmaceutical Representative*).

Don't bash the competition. We all have "that rep" with the competing company, the one who sees all other reps as adversaries instead of realizing we are all people, doing our jobs to the best of our abilities. Some of these interactions are often enticing to post, but just because a PA likes you doesn't mean she doesn't like your competitor as a person, too; she might not share your unkind words. Pharma jobs aren't as rock-solid as we would like right now, and you never know when you might have to interview with the competition or wake up one morning to hear the other company has bought yours.

At the end of the day, our role is to discuss the features, benefits and risks of our products. Facebook is very unlikely to revolutionize someone's overall sales, but it may be a small key that can garner some unexpected results.



Can Twitter Make You a More Effective Manager?

Five ways Twitter can solve our biggest challenges

By Randy Peirce

As the industry continues to downsize, pharmaceutical sales managers are dealing with team morale issues and an always challenging field environment. And when morale wanes productivity is sure to follow. Today we are challenged even more to find creative, innovative ways to engage our teams. AG Lafley, in his book *The Game Changer*, states innovations, even small ones, add up: "like the power of compound interest, innovation accumulates to create distance against the competition."

Twitter is one such innovation that can help a struggling team be better connected and engaged. Increased productivity while reps sit idle in physician waiting rooms is one of the ways applying Twitter's innovation accumulates real value. But how it makes us better sales managers may be where the greatest return comes into play.

Most of us have heard of Twitter by now. If you're like me you may find it a little unnerving to hear highly educated business people and politicians saying "tweet" with a straight face. But despite its funny name, Twitter is serious business.

Twitter's emergence in social networking may be the unlikely edge pharmaceutical managers are looking for. Technology continues to make us all better connected. But what's unique about Twitter is how it can help us stay well-connected in real time--without having to be tethered to an internet connection. By creating immediate lines of communication to the field, Twitter can ultimately help us be more creative and effective managers.

1) Solving Their Own Problems

Wouldn't it be great if you could turn your team into a collective base of knowledge for solving business problems in the field? Formulary coverage, for example, is a very complex issue. A rep could use Twitter to send a message or "tweet" to their team asking, "what r step edit reqs @Aetna for [drug]?" Any or all available team members could answer the question on the spot. Or how about a rep who learns a customer loves some recently published competitor's data in JAMA and needs ideas on how to position against that

data? The rep sends a tweet: "Custmr luvs compets JAMA data. Pls send ideas on how 2 position this info." Almost immediately, the rep receives multiple ideas and comments from the team or manager. These are only a few of the ways Twitter's power can help your team solve real problems in the field--in real time. And because Twitter limits the size of a message to 140 characters, messages are succinct and to the point so team members don't have to read lengthy posts.

2) More Fun, Greater Engagement

It's no surprise one of the biggest challenges facing you, as a manager, is how to motivate your team in a very tough environment. Downsizing and deteriorating access to physicians can weigh on even your most motivated reps. Managers who can help make the work more fun and challenging can reap the benefits of improved rep engagement. Twitter can help you tap into your team's competitiveness with short-term contests. You simply send a tweet in the middle of the day: "Contest-who can use new NEJM study most? Start now. End 5pm. Prizes for winners!" Reps can then provide real-time updates on how they are doing. You rev up your team's competitive fire while improving engagement. The possibilities are as limitless as your imagination.



Changing tomorrow

CARDIOLOGY
DERMATOLOGY
IMMUNOLOGY
INFECTIOUS DISEASE
UROLOGY

 **astellas**
Leading Light for Life

Tomorrow's leader.

I was hired as a sales representative right out of college, and I appreciate Astellas' willingness to take a chance on me. I am so proud to work for a company with a reputation as a leader in its field. Our vision at Astellas is clear: we are changing the way pharmaceutical companies work for the better. If all companies followed the model of Astellas, it would benefit the entire industry. *I'm a Primary Care Physician Representative for Community Care and I'm helping Astellas change tomorrow.*

Angela Clauder
PCP Representative, Community Care

Together, we shine!

www.us.astellas.com

EOE/M/F/D/V



3) Inspiration On-The-Go

Managing is all about inspiring a team to produce great results. But how do you inspire in an environment where on average managers spend only one day a month in the field with their reps? Twitter provides a great medium to provide inspiration on the fly. You could break up an inspiring story into multiple tweets over a few days to create anticipation for the ending. Or, maybe you don't see yourself as a Tony Robbins-type manager. Instead, you can encourage team members to share their favorite quote or story each week. The ideas are up to you, customized to your management style.

Building a Better Forum

By George Koroneos

Of all the recent moves into social media, biopharmaceutical firm UCB appears to have found the perfect balance between social interaction and pharmaceutical engagement by hiring social network architect PatientsLikeMe to reach out to epilepsy patients. Rather than creating a marketing tool that drives consumers to a drug through health information or branded marketing, UCB is going to use this Web 2.0 tool to gather data about epileptics, including whether or not they are currently on a UCB treatment.

"Drug companies get longitudinal outcomes data as well as achievements and intervention," says Benjamin Heywood, co-founder and CEO of PatientsLikeMe. "UCB wants to explore the comparative effectiveness of all the different therapeutics and interventions on the quality of life of epilepsy patients."

Think of it as a large-scale clinical study with thousands and thousands of patients. Similar to Facebook, patients in this online community will have health-centered profiles; users will answer a series of questions to measure where they are at with their illness. "In the case of epilepsy, the program will help patients understand their experiences with seizures as well as the different interventions they are trying," Heywood says.

At a time when pharma seems scared to have patients post adverse events on a public forum, this begs the question: How can UCB get around the regulatory restraints and respond to patients through social media? "We're taking it head-on," says Heywood, "By having a pharmacovigilance person in the community." In this way the company can gather much more data on adverse events and different dosages.

Heywood makes it clear that this is not a UCB community. Day-to-day control will be monitored and handled entirely by PatientsLikeMe, and that company promises a non-intrusive moderation model to encourage the community to comment freely. Transparency will also play a big part on the site. PatientsLikeMe fully discloses exactly what it does with its data, who its sponsors are, and how it turns a profit.

All that aside, the truth is that these new marketing tools represent less than two percent of the total marketing budgets of most pharma companies. But how long will it be until a generation weaned on the Internet displaces the Baby Boomers as the key drug purchasing market? Two, maybe three decades?

4) Team Bonding Gets Personal

For even the most independent rep feeling disconnected can be a challenge. Traditionally, a team's only opportunity to bond occurs at quarterly sales meetings and much of that is lost between meetings. Twitter bridges this gap by facilitating daily communication among your team members in the field. Good sales managers have always encouraged their reps to share their daily wins and insights on moving the business forward with their peers. You now have a tool that makes this easier for your team to execute. By allowing your team to share their frustrations in addition to business insights, you help your team connect on a more personal level. Consider it personal bonding when you see your team sending messages to one another like, "Grrrrr. Just got the cold shldr from rcptnst" or, "Ouch. 45 min wait to find out dr not seeing reps 2day". It helps to know that you aren't the only one frustrated. You may even find your team sending notes of encouragement or suggestions on how they handle the situation.

5) Keeping Your Team "In the Know"

According to research at George Mason University in which 10,000 subjects were asked "What Motivates You?" employees rank "being in the know" as one of the most important factors of job satisfaction (3rd out of 10). But as managers, we walk a fine line between keeping the team in the know and not inundating them with an endless string of e-mails and voicemails. Twitter can help you reduce the clutter by enabling you to send short messages throughout the day to keep your reps updated on competitive news, product updates and project deadlines. You could also have company experts, such as managed care specialists, use Twitter to send updates and share formulary wins. Or send tweets to provide quick reminders on product blitz objectives for the day. Reps can review and discard with minimal time and effort—all while waiting for a physician.

It's tempting to simply discard Twitter as a passing fad. Only a year ago, Twitter was considered a novelty technology enabling friends, those with far too much free time on their hands, to share their daily activities. Today with 30 million users it has become a serious force. Oprah Winfrey, Anthony Robbins and John McCain are only a few of its celebrity users. I'm not going on record to say there won't be better, even more effective technology on the horizon. But regardless of how you may feel about Twitter, emerging technologies are enabling managers to connect with their teams in new, more effective ways.

Can Twitter make you a better manager? I think so. But don't just take my word for it. Let your team decide whether it is the right tool for them. And in the process, you will be engaging them in team-building, and on your way to becoming a more effective manager.

Randy Peirce is a district manager in Arizona. He can be reached at randolph01@gmail.com.

Cardiometabolic Disorders

In this special report, Advanstar Publications offers a multidisciplinary looks at the links between obesity, diabetes, hypertension and lipid disorders

Part II

CHAD BAKER, GETTY IMAGES

There can be little doubt about the importance of developing a greater understanding of cardiometabolic disorders. Nearly one quarter of Americans have elevated triglycerides or blood glucose, hypertension, belly fat or low levels of high-density lipoprotein. And yet, despite the prevalence of these disorders, too little is understood about how these symptoms interrelate, shape

healthcare issues and impact adherence. This information is too important to miss, so *Pharmaceutical Representative* will make sure that pharma and biotech representatives know what doctors, nurses and pharmacists are learning. To find the complete versions of these articles as well as other related news stories, visit the Modern Medicine website at modernmedicine.com/cardiometabolic.

Practical Strategies Geriatrics

The elderly are the fastest-growing population with the highest prevalence of hypertension. The major factors contributing to poor blood pressure control include inadequate intensity of treatment, suboptimal drug regimens, high prevalence of resistant hypertension, poor adherence to pharmacotherapy and lifestyle changes, and higher prevalence of concomitant metabolic and cardiovascular complications in older persons. Key strategies for hypertension treatment in the elderly include lifestyle changes and hypertension treatment until target blood pressure is reached with mono or combination therapy. Thiazide diuretics as first-line therapy are preferred for most uncomplicated hypertensive patients and in conjunction with other agents in patients with high cardiovascular risks or diabetes.

Inspiring Patients Medical Economics

The art of medicine can be as pivotal as the science when it comes to managing the treatment regimens of patients with cardiometabolic disorders. In most cases, doctors likely have only five to fifteen minutes to share a message that will motivate patients to adhere to their treatment plan and make the necessary healthy lifestyle changes. Your ability to encourage self-management of their disorders is key to achieving successful outcomes. In this article, *Medical Economics* talked with a number of physicians and other healthcare providers about how they educate their patients about taking care of their cardiometabolic disorders. The article offers doctors' insights into ways they can use education to maximize the health of their at-risk cardiometabolic patients.

Metabolic Syndrome Through the Lifecycle Drug Topics

Prevalence of metabolic syndrome in adults, and the increasing prevalence of pediatric obesity, has spurred research into the differing ways it can impact patients. This continuing education article will help readers better understand cardiometabolic syndrome as it impacts patients, whether children, adults or the elderly. Readers of the article will be able to: define insulin resistance and metabolic syndrome in children and adults according to national guidelines, list the risk factors associated with metabolic syndrome, describe the role and importance of lifestyle modifications in children and adults with metabolic syndrome, and identify the role of medical and surgical treatment for metabolic syndrome and obesity.



For the complete articles visit www.modernmedicine.com/cardiometabolic

What To Wear

**Can how you dress
impact your sales?**

By Jeri Cohen and Anjanette Oberholzer



The sluggish economy has hit every industry, and the pharmaceutical and biotech industries have taken their lumps as well. The world of expansive entertainment budgets to wine and dine doctors and their spouses and lavish launch meetings with big name acts to inspire the sales crew are long gone for sales representatives. Those sales reps that have managed to survive retain their positions have had to deal with a lot of change in the industry.

But one thing hasn't changed. Even when the rest of the world was freed of the shackles of suits and the noose of a tie; when the "business casual" phenomenon swept the nation; and "Jerry Garcia" ties popped up on even the most conservative banking crowd, pharmaceutical salesmen dutifully donned their conservative navy suits, white dress shirts, and demure ties.

What are the rules of work attire right now? While some of the rules of the game have changed in the industry, the burden of looking good and most especially looking professional certainly have not. It is an often overlooked aspect of the job. To get in the door, sales reps must not only act professionally, but look it as well. What that ultimately means is that reps must keep up with current fashion trends and invest in quality clothing that looks both good and respectable. Fashion is not just for women.

Dress Up and Upward

Are pharmaceutical sales representatives dressing any differently for work than before? The trend toward dressing up for business is getting stronger every day. Managers of businesses such as banks, advertising agencies, accounting firms, and pharmaceutical companies are leading the way in requiring that their employees wear dress shirts and ties to work. During difficult economic times, it seems as though clients and customers want their bankers, accountants and sales reps to dress like bankers, accountants and sales reps. Now, more than ever, a professional image is vital to not only getting a job, but also keeping the one you have. Some fashion industry experts point observe a trend toward white and blue conservative dress shirts and ties in recent months. Looking the part is more important now than it has ever been before. The "uniform" of the sales rep is firmly in place and not likely to change any time soon. Following are the basics of conservative, pharmaceutical attire.

A good **suit** is expensive, so it's best to purchase suits that offer the maximum amount of flexibility. Select a medium weight wool fabric, rather than a heavier flannel, for your first few purchases. This will allow you to wear the garment for 9-10 months out of the year. Solid or stripe suits in black, grey, navy and charcoal are essentials when starting a suit collection. Finally, stick with a two or three-button model, which will remain in style for as long as you own the suit. You can view any suit purchase as an investment. It should not only be comfortable and stylish, it also should stay that way over time.

The Suit Code

Your **dress shirt** collection will consist of six to eight basic 100 percent cotton dress shirts. If you are not particularly adept with an iron and you don't want to pay for professional laundering, invest a bit extra in 100 percent cotton no-iron shirts. Select a collar style that complements your features. If you are tall and thin with a narrow face, a traditional straight collar will accentuate those features, so choose a spread collar instead. Conversely, a spread collar will further emphasize a round face, so those with that feature should choose a European or traditional straight collar. If you are uncertain, a Park Avenue or modified spread collar will work for most men. With regard to color, white and blue solids, as well as blue pinstripes, are the most conservative choices.

Shirt and tie options are plentiful when working with a solid base. Dean White, VP of merchandising at Paul Fredrick, a menswear catalog company specializing in business attire says, "Our customers want something different, and neckwear is the most personal item in a man's wardrobe. We had 20% plus increases in neckwear business in 2006 and 2007, both years above our average increase. In 2008, we sold 10% more units than the previous year."

These statistics speaks to Paul Fredrick's merchandising concept of offering unique and fresh products and designs to differentiate the catalog from the safe and conservative approach of the department and chain stores.

Finally, keep in mind that the color of your **socks** should always match the color of your trousers. **Shoes** and **belt** should coordinate in both color and styling.

Jeri Cohen and **Anjanette Oberholzer** are freelance writers. They can be reached at acoberholzer@verizon.net.

Continuing Education



Asthma Management Part 2

Learning Objectives

Define

“clinical practice guidelines” and explain why they are being applied to asthma management.

Describe

the general guidelines for asthma management.

Describe

the special asthma management considerations required by certain patient populations.

Define

“disease management” and explain why this approach is being applied to asthma management.

Identify

the key elements of asthma management programs.

Asthma Management

This second article in a three-part series discusses asthma management. Topics include the emergence of clinical practice guidelines in the treatment of asthma, a look at general clinical practice guidelines, special asthma management considerations for special patient populations, the emergence of disease management and its application to asthma management and the key elements of asthma management programs.

by Zab Mosenifar, MD and Karen J. Tietze, PharmD

The focus of asthma management has shifted dramatically away from a fragmented orientation toward one aimed at continuous management of the underlying disease process. Furthermore, instead of treating asthma in an event-oriented manner, with drug therapy aimed at opening blocked airways during acute exacerbations, healthcare organizations are utilizing clinical practice guidelines to provide directions for care based on current data.

Clinical practice guidelines can be defined as systematically developed management protocols for a given disease or condition that help to define optimum treatment approaches for specific clinical circumstances. These guidelines help reduce the variation in healthcare delivery by providing roadmaps for care based on documented patient outcomes. The basic principle underlying these guidelines is that they reflect “best practice” medical care for a disease as a whole. Medical decision making is thus based on clinical consequences rather than isolated costs, and the end result is that the optimal medical practice is also the most economic and humanistic.

Outcomes-based clinical practice guidelines are increasingly used by large healthcare organizations to help

maintain the highest possible quality standards, minimizing waste and unexplained variation in the delivery of care. In the management of asthma, such guidelines are rapidly being developed to bridge the gap between research and practice, with an eye toward long-term disease control. By implementing such guidelines, healthcare organizations hope to ensure the quality of patient care while reducing the growing expenses associated with asthma management.

While the application of clinical guidelines to asthma management is still in its infancy, healthcare organizations believe that this approach will yield many important benefits. To begin with, by focusing on the long-term health of patients with asthma, such guidelines should help to produce consistent, high-quality care based on the most current medical information and practices. High-quality care will in turn result in improved patient outcomes, quality of life and satisfaction, which may help to attract growing numbers of health plan enrollees. Finally, an orientation toward long-term disease control and prevention of acute exacerbations should lead to significant savings for the healthcare organizations, owing to reduced hospitalizations and emergency room presentations.

General Guidelines

While the treatment of acute exacerbations is still a critical piece of the management picture, the focus of asthma management guidelines is on long-term control of the underlying inflammation. When it is well controlled, asthma rarely leads to hospitalization.

There are four components of care in the current guidelines, incorporated in a stepwise approach; they are:

- Monitor asthma control and adjust therapy (step up or down) if appropriate
- Provide self-management education
- Control environmental factors and comorbid conditions
- Select medications and delivery devices to meet patient needs and circumstances

An underlying assumption of this approach is that it often makes sense, both medically and economically, to provide slightly more comprehensive care at the early stages of an illness to prevent escalation to a severe and more costly form of the disease. An example in asthma management would be a change in drug therapy for certain symptomatic patients away from as-needed bronchodilator therapy toward chronic drug therapy with a long-term control medication, such as glucocorticoids, cromolyn, or nedocromil. While chronic therapy could entail an increase in purchasing costs of medications for individual patients, these costs are often offset by reduced inpatient and emergency room care. Also, chronic preventive therapy is expected to lower overall healthcare

costs by reducing the morbidity and mortality of asthma.

Studies suggest that relatively inexpensive primary care interventions such as self-management education, regular follow-up care and home visits by specially trained healthcare providers can reduce hospitalizations for asthma. They cite research that demonstrates that asthma education can reduce morbidity in both adults and children, especially among high-risk patients.

Step-care recommendations are provided for three different age groups (0 to 4 years, 5 to 11 years and 12 years and older). This is because:

- The course of the disease may change over time
- The relevance of the measures for the two components of severity and control (impairment and risk) may be age related
- The potential short- and long-term impact of medications may be age related.
- Varied levels of scientific evidence are available for different ages

Special Considerations

Certain asthmatic populations require special management considerations, particularly those at high risk for death and those with concomitant or underlying conditions.

Pediatric Patients. While most patients five years old and over are able to use a metered-dose inhaler (MDI), those under five years usually cannot. In some cases, children between three and five years of age are able to adapt their MDI with a spacer device, which

provides a holding chamber for the medication, eliminating the problem of synchronizing actuation and inhalation. A device that combines a face mask with a spacer may also allow MDIs to be used at an earlier age. Children five years of age and older may use dry-powder inhalers as long as they can manage the necessary hand-breath coordination. While portable inhalers are clearly a possibility for young children, the choice for most patients under five years is between oral and nebulized medication. While nebulized medication is preferred, these machines are difficult to transport. Thus, many children in this age group may use a combination of oral medications (away from home) and inhaled medications (at home).

Pregnant Patients. Maintaining adequate lung function and blood oxygenation during pregnancy is essential to ensure sufficient oxygen to the fetus. Poorly controlled asthma can result in increased perinatal mortality, preeclampsia, preterm birth and low-birth-weight infants. In general, it is safer to treat a pregnant woman with asthma medications than to forgo treatment and allow asthma symptoms and exacerbations to surface.

In one-third of women, the course of asthma improves during pregnancy; in another third, it worsens. Therefore, it is important to monitor asthma control during all prenatal visits to step up or step down therapy as appropriate.

Surgical Patients. Patients with asthma are at risk for specific complications

Receive Credit and Recognition

Continuing Education in *Pharmaceutical Representative* aims to provide reps with information to help them meet the needs of the people they serve and to contribute to reps' personal and professional development. Every third issue includes a self-assessment quiz covering the three latest articles. The quiz for this article will appear in the December issue. Reps who correctly complete the quiz and return it to the CMR Institute with a nominal handling fee will receive a completion-recognition form showing that they have successfully completed the three-part educational series and earned .25 CEU (2.5 contact hours). The CMR Institute also will send a letter of recognition to reps' managers upon completion of a quarterly series. A Certificate of Achievement will be awarded to any representative who successfully completes four quizzes or has obtained 1.0 CEU.

Note: The Continuing Education quizzes are not part of CMR Institute's certification program and do not count as credits toward the CMR® designation.

About the CMR Institute:

The Certified Medical Representatives Institute is an independent non-profit educational organization established in 1966 to provide a source of professional development and certification for pharmaceutical representatives. The Institute provides an up-to-date, approved continuing education curriculum designed to expand and enhance internal company training and development in a cost-effective manner. The curriculum concentrates on providing a general knowledge base and avoids such areas as selling skills and specific product education.

© 2009 The Certified Medical Representatives Institute Inc., Roanoke, VA 24014. All rights reserved. No part of this article may be reproduced by any method or in any form without written permission from the CMR Institute. Reprints of this article are available from the CMR Institute. Request Continuing Education article AS-2.

during and after surgery involving general anesthesia.

Complications include: Acute bronchoconstriction triggered by intubation, hypoxemia (low levels of oxygen in the blood) and possible hypercapnia (high levels of carbon dioxide in the blood), impaired effectiveness of cough and Atelectasis (collapsed lung tissue) and respiratory infection.

To minimize the risk of complications, it is important to optimize the patient's lung function prior to surgery and maintain daily asthma medications.

Elderly Patients. Asthma-related mortality is highest among patients 55 years of age and older. In this population, a number of important management considerations must be taken into account:

- The precise cause of airflow obstruction can be difficult to identify.
- Medications used for other disease states may aggravate asthma.
- Asthma medications such as theophylline and epinephrine may exacerbate underlying heart conditions.

Emergence of Disease Management

Increasingly, clinical practice guidelines are becoming part of a larger movement

in healthcare delivery known as disease management. Disease management is a comprehensive, integrated approach to healthcare and reimbursement based on the overall course of a disease or condition. As such, it focuses on all stages of healthcare, including prevention, early screening, diagnosis, appropriate and aggressive treatment, patient compliance and evaluation, aftercare and outcomes assessment. Its goal is to achieve a successful outcome through quality healthcare in a cost-effective manner, delivering value in all parts of the healthcare delivery chain.

Within disease management, treatment decisions are designed to address the long-term health status of each patient, with an emphasis on preventing disease and/or managing it aggressively where intervention will have the greatest impact. Providers operating within a disease management framework look to the larger outcome picture for each patient, weighing issues of cost to the system now versus cost to the system later.

The key difference between disease management and traditional utilization management is that the latter has focused on components of the system

rather than on the total disease. In the prior environment, treatment decisions were made in an episodic manner, often with an eye toward departmental budgets and shifting costs to other parts of the healthcare system. However, within a disease management setting, healthcare providers may sometimes opt to proceed with a more expensive treatment if that strategy is likely to result in the improved overall health status of the patient. As such, providers may opt to prescribe a drug with a relatively high acquisition cost if it has been shown to result in significantly fewer serious adverse effects or better long-term health status, thus lowering overall patient costs compared with alternative treatment approaches.

Asthma is one of a handful of illnesses that has been widely targeted for disease management programs, as it has the following characteristics of an “ideal” disease management disease:

- High incidence of preventable hospitalizations and ER presentations
- Improper prescribing patterns that can be addressed through physician education and other means
- A large patient population
- High-cost illness

General Principles of Asthma Management

Principle	Approach
Treat the underlying pathology	Therapy should not only relieve symptoms but also prevent exacerbations and control persistent symptoms by reducing inflammation.
Tailor general guidelines to individual patient needs	Given the tremendous variation in presentation, therapy must be dictated by disease severity, medication tolerance and sensitivity to triggers, and be tailored to fit the needs of the individual.
Treat asthma triggers, associated conditions, and special problems	Exposure to known triggers must be reduced, and associated conditions (bacterial otitis, sinusitis, allergic or nonallergic rhinitis, etc.) should be appropriately managed. Prophylactic therapies may be appropriate in certain clinical settings.
Emphasize patient education	Patients require continual education about their condition, and they should have a written treatment plan for daily self-management and a written action plan for management of exacerbations.
Seek consultation with an asthma specialist	If the goals of therapy are not achieved, an asthma specialist may be required for pulmonary function studies, evaluation of the role of allergy and evaluation of the medication plan.
Use step-care pharmacologic therapy	Physicians should attempt to balance optimum medication needed to maintain control with minimal associated risk of adverse effects.
Monitor continually	Continual monitoring, which includes objective measures of assessment, is necessary to ensure that therapeutic goals are met.

- Ability to improve results through patient education
- Potential for measuring outcomes in a timely manner
- A chronic nature that lends itself to management

Asthma Management

There are several important features of a well-designed asthma management program.

A target population of patients with asthma. Appropriate classification of a patient population must be central to the design and implementation of any asthma management program. The target population should include patients who have been classified according to the severity of their condition. Current treatment guidelines for asthma are based on clearly defined disease classifications. Virtually all management decisions (drug choices, drug preparations, dosage levels, etc) are driven today by assessing asthma control relative to reducing impairment and reducing risk.

Comprehensive treatment guidelines. The program should include a set of asthma management guidelines that includes procedures for diagnosis, treatment and follow-up. Management guidelines in particular should include information on the use of long-term control medications, quick-relief medications for acute exacerbations and hospital management of acute presentations.

Guideline dissemination. A well-designed asthma management program also must have a means of disseminating guidelines and information about the program. This is best accomplished in an integrated delivery system setting. IDSs offer sophisticated information networks that facilitate maximum coordination of all provider elements. Some asthma management programs allow for direct access to treatment guidelines via automated patient records, which also provide patient-specific information on treatment protocol, medica-

tions, peak flow history, hospitalizations and emergency room visit data.

Educational support services. Support materials should be provided for patients and healthcare professionals. Examples of services include:

- Patient education provided by the healthcare team on the appropriate use of peak flow meters, inhalers and asthma medications, as well as basic asthma information
- Patient education seminars and videos.
- "Academic detailing" or one-on-one consultation with primary care physicians to increase their knowledge about guidelines and proper use of asthma medications
- Patient counseling services and peer group support sessions
- Written treatment plans for daily self-management and action plans for management of exacerbations
- Education seminars for physicians and other healthcare professionals (e.g., nurses or pharmacists)

Outcomes assessment. Outcomes assessment should be designed to capture information on cost-savings and improvements in patient care that may be achieved by the interventions. This information is critical to justify the expenditures associated with a given program and monitor the usefulness of specific interventions on an ongoing basis. Outcomes measures that have been used in the evaluation of asthma management programs include the number of asthma-related hospital admissions, readmissions, ER presentations and unscheduled office visits.

The final article in this series will discuss the evolving roles of the pharmaceutical industry in asthma management.

Zab Mosenifar, MD, FACP, FCCP, Professor and Executive Vice Chairman, Department of Medicine, Director, Division of Pulmonary and Critical Care Medicine, Cedars Sinai Medical Center, UCLA School of Medicine; and Karen J. Tietze, PharmD, Professor of Clinical Pharmacy, Philadelphia College of Pharmacy, University of the Sciences in Philadelphia, Philadelphia, Pennsylvania.

Article Summary

- The focus of asthma management has shifted from a fragmented, episode-based orientation toward one aimed at continuous management of the underlying disease.
 - Healthcare organizations are utilizing clinical practice guidelines to provide roadmaps for care based on current data.
- While the treatment of acute exacerbations is still a critical piece of the picture, the focus of asthma management guidelines is on long-term control of the underlying inflammation.
 - There are four components of care in the current guidelines, incorporated in a stepwise approach.
- Certain asthmatic populations require special management considerations.
- Clinical practice guidelines are part of a larger movement in healthcare delivery known as disease management.
 - Disease management is an integrated approach to healthcare and reimbursement based on the course of a disease or condition.
- Elements of asthma management programs include:
 - A target population of patients with asthma who have been classified according to the severity of their condition.
 - Comprehensive treatment guidelines.
 - Dissemination to both healthcare staff and patients.
 - Educational support services and materials for patient.
 - Outcomes assessment.

MD Spotlight

by John Kuchna and Renee de Gennaro

Infectious Disease Specialists

This is the thirteenth article in the MD Spotlight Series focused on the medical specialty of infectious disease is the focus. In this article, you will gain greater insight into the specialized field of Infectious Disease and identify new ways to relate and communicate at a more sophisticated level with this physician type. Expanding your knowledge and understanding of your customers will ultimately help you build stronger business relationships, which are ever so important in today's marketplace. Use this tool to aid you in business planning, call strategy and physician interaction.

Infectious disease specialists have expertise in infections of the sinuses, heart, brain, lungs, urinary tract, bowel, bones and pelvic organs. Their extensive training focuses on all kinds of infections, including those caused by bacteria, viruses, fungi and parasites. ID specialists have additional expertise in immunology, epidemiology and infection control.

Many common infections can be treated by a family physician. A doctor might refer to an ID specialist in cases where an infection is difficult to diagnose, is accompanied by a persistent high fever or does not respond to treatment.

Infectious diseases are the third

leading cause of death in the United States—170,000 each year—a figure that has nearly doubled since the early 1980s.

Globally, infectious diseases rank as the second leading cause of death, over half of which are children under the age of five. Existing and emerging diseases present a continuous threat to society. Common ways in which infectious agents enter the body are through skin contact, inhalation of airborne microbes, ingestion of contaminated food or water, bites from vectors such as ticks or mosquitoes that carry and transmit organisms, sexual contact and transmission from mothers to their unborn children via the birth canal and placenta.

Infectious Disease Physicians in Practice

After earning a medical degree (MD or DO), the length of training for an infectious disease physician in the United States is a total of four to five years. This training consists of three years generally in an internal medicine residency program followed by two to three years in an infectious disease residency.

Most ID specialists complete their training in internal medicine, although some train in pediatrics, obstetrics/gynecology or another primary care discipline. The training and experience of ID specialists cover a unique cross-section of medicine. Most ID specialists who treat patients are also board certified. They have passed a certification examination by the American Board of Internal Medicine in both internal medicine and infectious diseases.

ID physicians primarily work out of

an office based setting. Some may work in a group with other ID physicians, or work alone, as a solo practitioner. Additionally, ID physicians can be found practicing in academic institutions, industry, research and public health.

To better understand the practice of ID, it is important to take a closer look at the types of conditions treated and the tests and procedures used to diagnose, as well as current plans of treatment.

Common Infectious Disease Conditions

The following is a list of some of the most common conditions treated by infectious disease physicians:

- **Upper respiratory tract:** Colds, flu, pharyngitis, sinusitis, otitis media
- **Urinary tract infections:** Upper and lower, acute and chronic, prostatitis, uncomplicated and complicated
- **Sexually transmitted diseases:** Gonorrhea, syphilis, chlamydia, trichomoniasis, genital herpes and warts
- **AIDS:** Detection, stages, markers, therapy by stages, treatment of infectious complications
- **Skin and soft tissue infections:** Cellulitis, folliculitis, furunculosis, impetigo, infected pressure sores and diabetic ulcers, infected bite wounds, burn wound infections, fungal skin infections
- **Infectious gastroenteritis:** Bacterial, viral, food poisoning: travelers diarrhea, pseudomembranous colitis, E-coli, salmonella and shigella
- **Bone and joint infections:** Septic arthritis and osteomyelitis
- **Fungal infections:** Histoplasmosis, Candida, blastomycosis, histoplasmosis, coccidiomycosis, aspergillosis



IMAGEZOO / IMAGES.COM, GETTY IMAGES

Resource Tools

Infectious Diseases Society of America
www.idsociety.org

American Board of Dermatology
www.abderm.org

Commonly Prescribed Medications

Antibiotics

Aminoglycosides such as gentamicin (Garamycin) and tobramycin (Tobrex)

Antimycobacterial Agents such as rifabutin (Mycobutin)

Carbapenems such as imipenem (Primaxin)

Oral Cephalosporins such as 1st generation cephalexin (Keflex), 2nd generation cefuroxime (Ceftin) and 3rd generation ceftriaxone (Rocephin)

Clindamycin such as Cleocin

Macrolides such as erythromycin (E-Mycin), clarithromycin (Biaxin), and azithromycin (Zithromax)

Metronidazole such as Flagyl

Monobactams such as aztreonam (Azactam)

Nitrofurans such as nitrofurantoin (Macrobid)

Penicillins such as penicillin and amoxicillin (Amoxil)

Fluoroquinolones such as ciprofloxacin (Cipro) and levofloxacin (Levaquin)

Sulfonamides such as co-trimoxazole (Bactrim) and trimethoprim (Proloprim)

Tetracyclines such as tetracycline (Panmycin) and doxycycline (Vibramycin)

Glycopeptides such as vancomycin (Vancocin)

Antifungal

Allylamines and other non-azole ergosterol biosynthesis inhibitors such as terbinafine (Lamisil)

Antimetabolites such as flucytosine (Ancobon)

Azoles such as itraconazole (Sporanox) and fluconazole (Diflucan)

Glucan Synthesis Inhibitors such as Micafungin (Mycamine)

Polynes such as Amphotericin B (Fungizone)

Antiviral

Anti-AIDS

Nucleoside Reverse Transcriptase Inhibitors such as zidovudine (AZT, ZDV, Retrovir)

Non-Nucleoside Reverse Transcriptase Inhibitors such as delavirdine (Rescriptor)

Protease Inhibitors such as saquinavir (Fortovase)

Anti-herpetic Agents such as acyclovir (Zithromax) and valacyclovir (Valtrex)

Diagnostics

Diagnostic tests are indicated to confirm or rule out suspected pathogens that are not obvious from history and physical examination alone. The following is a list of medical tests or medical diagnostic procedures commonly performed, prescribed or ordered by an ID physician.

- Hepatitis testing
- Blood cultures
- X-rays
- CT scans
- Ultrasounds
- MRI
- Bone scan
- HIV testing
- HSV testing- Herpes simplex virus
- Sexually transmitted disease testing
- Cytomegalovirus (CMV) detection
- Human papillomavirus (HPV) detection
- Microbial culture
- Microscopy
- Biochemical tests

sis and cryptococcoses

- **Viral infections:** Herpes viruses, varicella zoster, cytomegalovirus
- **Parasitic infections:** Malaria, amebiasis, giardiasis, enterobiasis, cestodiasis and scabies
- **Central nervous system infections:** Meningitis
- **Cardiovascular infections:** Valvular infections, endocarditis
- Lyme disease

Connecting with Infectious Disease Physicians

Infectious disease physicians, like other physicians, think in patient cases. When connecting with ID physicians in a selling situation, open a discussion by accurately describing a patient type and build your discussion around the characteristics of that specific patient. You should aim to gain a greater perspective on common chief complaints, history of present illness, past medical history, physical exam, labs/tests and plan of treatment options from the infectious disease physician's viewpoint.

With any patient, IDs first seek and analyze the chief complaint. Key aspects of the history of present illness

are then uncovered and a thorough physical exam is conducted to further understand each case. If the ID is unable to make a firm diagnosis after the physical exam, a test may be undertaken to confirm a diagnosis.

Asking key questions about a case work-up can allow you to fully appreciate their differential diagnosis algorithm. Gaining their thoughts and approach to treating specific patient case examples can help you better understand how a product can be considered as the solution to a case. It will be important to also include clinical data, efficacy comparisons, side effects percentages and titration/dosing schedules in your discussions.

The field of infectious disease is an exciting and growing specialty discipline. Staying up-to-date in supporting this specialty will help create a satisfying position in the pharmaceutical sales sector. [PR](#)

John Kuchna is the president of Strategic Outcomes. For more information, please visit Strategic Outcomes' website, strategicoutcomes.com. **Renée de Gennaro** is president of Berwyn, PA-based Integrated Strategic Solutions, which offers consulting training for the pharmaceutical industry. She can be reached at reneedeGennaro@comcast.net.

Taking the Lead

by Kimberly Farrell

Stand Up, Stand Out

If you don't have a biography, you should. What you need to know to make you and your bio outstanding

Sample Bio

Kimberly A. Farrell is the founder and CEO of Northbrook, IL-based, Unlimited Performance Training®. Ms. Farrell leads the award-winning corporate training company specializing in sales, sales management and multicultural leadership development design and delivery. Ms. Farrell has over 25 years experience within and serving Fortune 500 companies.

A highly sought after keynote speaker, Ms. Farrell has been featured in hundreds of regional and international training, sales and medical conferences on a variety of leadership topics. Her expertise ranges from executive and career development strategies, the development of women leaders and pharma sales and sales management training development.

Ms. Farrell has a track record of giving back to the community by volunteering on not-for-profit boards. She served on the Board of Directors for the Society of Pharmaceutical & Biotech Trainers and 11 years on the Editorial Pharmaceutical Representative Editorial Advisory Board. Ms. Farrell is the founder of the Chicago Healthcare Businesswomen's Association Chapter.

Ms. Farrell has a degree in business from Long Beach State University where she was co-captain for the Division I basketball team. Kimberly lives in the Chicago area with her family where she enjoys golf, quilting and basketball.

Several years ago, the chairperson of an international medical conference asked me to speak on work/life balance. As part of the pre-conference speaker requirements, I needed to submit a biography. I told them I would send it by the end of the week, and began frantically writing it, but without a road map I found it surprisingly difficult to put my accomplishments down on paper. I wanted the content of my biography to be descriptive, yet short, and to contain the credentials I have as it related to this specific presentation and the audience.

Since it is important to write and keep a current biography on hand, I have listed below some key considerations for putting together a stand out biography. A professional biography should include:

- A recent professional photo (head and full shot)
- List accomplishments, including career highlights (emphasize highest level of experience and distinctions in functional area)
- Cite education, certificates and licenses (degrees, certificates of executive education, published work)
- Highlight volunteer work
- Outline awards and honors
- Spotlight some appropriate personal information to provide topics for conversation openers.

Once your biography is up-to-date and accessible for use, it is important to be mindful of the practices for providing someone else your biography and suggesting they might consider using it. I find the best way to get a positive response from others who have the option of circulating your biography is to let them know you have a current biography, that they can use it if it might

help them to introduce you, and ask them if they would like you to send a copy to them.

It is a nice option to have someone else submit the biography on your behalf, when possible. The person could be your boss, a senior executive, a secretary, a mentor or an advocate.

Recently, I asked a group of women I mentor to submit their biography and resume to me so I could understand their backgrounds and experiences prior to our first coaching session. Only one of the four senior women had an updated resumé, and none of them had a biography.

Still, it is a useful exercise and comes in handy in a variety of instances. For example, the bio can be useful to introduce yourself to the chairperson of a regional or national committee that you were recently appointed to. Or, you might want to consider submitting a biography to introduce yourself prior to an internal interview, highly visible presentation or customer meeting. Also, a biography could be useful when submitting a nomination letter on your behalf for a top award, whether internal or external.

If you have never written one before, or need to update yours, now is the time. Any *Pharmaceutical Representative* subscriber can write a one-page biography, e-mail it to me and I will offer a quick review with feedback. Please make sure you include your contact information. Use "Pharm Rep Stand-Out Bio" in the subject line of the e-mail. The offer will be good for one month only. [PR](#)

Kimberly A. Farrell is the CEO of Unlimited Performance Training, Inc. She specializes in the development of women leaders. She can be reached at Kimberly.Farrell@UPTraining.org.

BLOOMIMAGE, GETTY IMAGES



Field Report

by David Davenport

Be a Local Hero

With community service, everybody wins when you help others, help your company and help yourself



Community service and the pharmaceutical industry are not typically associated together. Sure, the pharmaceutical industry provides a service to the public by creating new and innovative medicines. It also provides education to the thousands of medical professionals across the country. Not to mention, the millions in grants for education, research and development to private institutions, colleges and societies.

Community service is altogether different than those services, however. Community service is done by volunteers, without pay, for the benefit of the community, society as a whole or for a specific group of people. Pharmaceutical representatives who participate in community service are able to help others, better the image of their respective companies and are able to help themselves.

Making a Life

The primary reason for participating in community service is to help others. There is a certain satisfaction knowing that the volunteer work is helping others. Winston Churchill said, "We make a living by what we do, but we make a life by what we give."

There are a variety of ways that a person can help out in the community. For some, it's by visiting a nursing home on a regular basis. It may be by volunteering at a church. Some participate by doing service projects for the cities or neighborhoods where they live. These are great opportunities to help out.

As a rep you may find additional gratification by volunteering with a specific disease-based organization. Nearly every disease has an organiza-

tion or group that raises funds for research and patient assistance. The American Diabetes Association works to provide diabetes awareness. The American Cancer Society provides education and assistance to cancer patients and cancer research grants. The American Heart Association creates awareness of various cardiovascular conditions and lobbies to provide support for this cause. The list is endless and so are the acronyms.

As a volunteer, you don't have to put in 20 hours of work per week. Most or-

hours of service you performed or by matching donations that you have raised. Ask your company how they can participate.

Building a Network

Volunteering can also help you network professionally. Most of these disease-based organizations are supported and/or led by medical professionals. This may allow your customers to see you in a different light. It will also enable you to support your customers in their cause. Your volunteering sepa-

"We make a living by what we do, but we make a life by what we give."

Winston Churchill

ganizations are grateful for whatever time you can give. A little help can go a long way, and whatever work you do will be directly benefiting others who need the help.

When you volunteer, let these organizations know that you are a pharmaceutical representative and tell them the name of the company that you represent. The media often places the pharma industry in a less than favorable light. Your community should know that there are people and companies that are willing to help.

Volunteering is a specific way that you can improve the image of your company at a grass-roots level. In fact, many companies will make contributions to an organization on your behalf, by donating according to the

rates you from others.

If you are interested in moving into specialty sales, volunteering with organizations that support a specialty disease state can provide networking opportunities. This should not be the reason you choose to volunteer, but it is a benefit.

Community service is about helping other people. Volunteering is a worthwhile endeavor that can bring a lot of joy to all parties involved. If you are looking for which path to take, choose service. As Mahatma Gandhi once said, "to find your self is to lose yourself in the service of others." **PR**

David Davenport is an institutional rep for Sano-fi-Aventis located in Salt Lake City, Utah. He can be reached at david.davenport.jr@gmail.com.

Products & Services Showcase

BUSINESS OPPORTUNITIES

Unsure of your future in "Big Pharma?"

A Brighter future as a small business owner
is waiting for YOU!

BrightStar®

LIFECARE | KIDCARE | STAFFING



Leverage your sales
contacts & experience
and join the fastest
growing segment of the
healthcare industry!



BrightStar offers:

- Recession-resistant business
- Aggressive marketing
- National accounts in place
- Presence in over 120 markets
- Provide others peace of mind
- Multiple revenue streams

Let's start a conversation...

Call us at (877) 689-6898

<http://franchise.brightstarhealthcare.com/pharmarep/>

CATERING SERVICES

Easy, reliable ordering from
14,353 local caterers.

- ✓ Easy ordering 24/7
Online, by phone, or via your mobile device.
- ✓ Online receipts
Plus 1-click expense reports
- ✓ Order confirmation
Instantly in writing, plus day-of.
- ✓ Fanatical support
Whatever you need. Test us.
- ✓ Low-price guarantee
No extra fees. No mark-ups.

*\$25 off
1st order!*



meal✓details

Easy. Reliable. Catering for any doctor.

MealDetails.com / 1.800.488.1803

CATERING SERVICES



CORPORATE CATERERS
WWW.CORPCATERERS.COM

Your Favorite Office Caterer Serving Florida and Georgia

Corporate Caterers® offers easy ordering, fresh and tasty food presented in a professional manner and consistent service every day. Enjoy our Breakfast, Lunch and Appetizer Menus that satisfy an assortment of tastes. Perfect for business events, training, company meetings and pharmaceutical lunches.



Franchises Available

1-888-423-1230 Setting the Standard Higher www.corcat.com

EDUCATION

UF | College of Pharmacy
UNIVERSITY of FLORIDA



Master of Science in Pharmacy

Make yourself more valuable

as the pharmaceutical workforce contracts.

- ▶ **Online, Part-Time — No Relocation**
- ▶ **Acquire the advanced skills you need in:**
 - > Applied Pharmacoeconomics
 - > Pharmacy Regulation & Policy
 - > Five Other Specialty Tracks
- ▶ **New Partnership: UF & Stetson University**
Masters programs are now available leading to both the MSPHarm & MBA in 3 years of part-time, online study. Visit <http://pharmreg.dce.ufl.edu/partner> to learn more!

<http://pharmreg.dce.ufl.edu>

Products & Services Showcase

SALES ACCESSORIES

The Detail Bag



THE ULTIMATE TOOL FOR SALES REPRESENTATIVES WHO SAMPLE.

Until now, there hasn't been a bag anywhere on the market specifically designed for pharmaceutical reps. Carry the sample case used by representatives from every major pharmaceutical company in the industry – **The Detail Bag**.

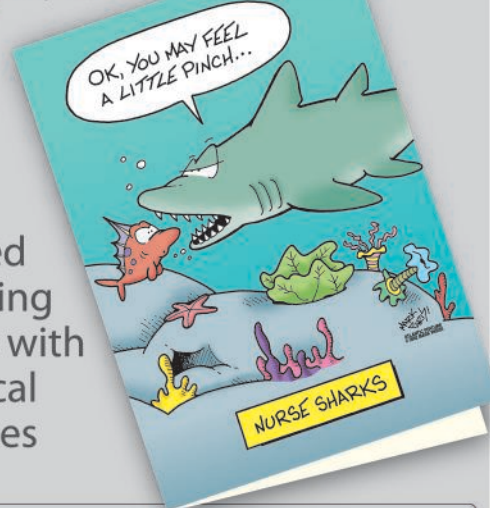
ORDERING IS EASY!

Use our secure online ordering for safe, fast and reliable service.

Order now and receive a 15% discount exclusively for readers of Pharmaceutical Representative Magazine. Enter promotion code **PRM**.

www.DetailedProducts.com

SALES ACCESSORIES



Printed
Greeting
Cards with
Medical
Themes



Send printed cards directly to your customers
from your laptop or smart-phone!

@autoSend

visit us at www.medrep cards.com

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION

(All Periodicals Publications Except Requester Publications)
(Required by 39 USC 3685)

- Publication Title:** Pharmaceutical Representative
- Publication Number:** 0161-8415
- Filing Date:** 9/30/09
- Issue Frequency:** Monthly
- Number of Issues Published Annually:** 12
- Annual Subscription Price:** \$51.95
- Complete Mailing Address of Known Office of Publication:**
131 West First Street, Duluth, St. Louis County, Minnesota 55802-2065
Contact Person: Kristina Bildeaux
Telephone: 507-895-6758
- Complete Mailing Address of Headquarters or General Business Office of Publisher:**
6200 Canoga Avenue, 2nd Floor, Woodland Hills, CA 91367.
- Full Names and Complete Mailing Addresses of Publisher:**
Jay Berfas, 641 Lexington Ave., 4th Floor, New York, NY 10022
Editor: Reid Paul, 641 Lexington Ave., 4th Floor, New York, NY 10022
Editorial Director: Not applicable
- This publication is owned by:** Advanstar Communications Inc., 6200 Canoga Avenue, 2nd Floor, Woodland Hills, CA 91367. The sole shareholder of Advanstar Communications Inc. is: Advanstar, Inc., whose mailing address is 6200 Canoga Avenue, 2nd Floor, Woodland Hills, CA 91367.
- Advanstar Communications Inc. is a borrower under Credit Agreements dated May 31, 2007, with various lenders as named therein from time to time. As of June 30, 2009, the agent for the lenders is: Credit Suisse, Administrative Agent, Eleven Madison Avenue, New York, NY 10010. Advanstar Communications Inc. is a borrower under an agreement with VSS-AHC Holdings, LLC., 350 Park Avenue, New York, NY 10022
- Does Not Apply
- Publication Title:** Pharmaceutical Representative

14. **Issue Date for Circulation Data Below:** August 2009

15. Extent and Nature of Circulation

	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
A. Total Number of Copies	41,611	31,010
B. Paid Circulation		
1. Paid Outside-County Mailed Subscriptions Stated on Form 3541	12,100	11,326
2. Paid In-County Mailed Subscriptions Stated on Form 3541		
3. Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Non-USPS Paid Distribution	22,607	17,788
4. Paid Distribution by Other Classes Mailed Through the USPS		
C. Total Paid Distribution Sum of 15b (1), (2), (3), and (4)	34,707	29,114
D. Free or Nominal Rate Distribution		
1. Free or Nominal Rate Outside-County Copies Included on Form 3541	5,876	1,720
2. Free or Nominal Rate In-County Copies Included on Form 3541		
3. Free or Nominal Rate Copies Mailed at Other Classes Through the USPS	802	13
4. Free or Nominal Rate Distribution Outside the Mail		
E. Total Free or Nominal Rate Distribution (Sum of 15d, (1), (2), (3) and (4))	6,678	1,733
F. Total Distribution (Sum of 15c and 15e)	41,385	30,847
G. Copies Not Distributed	226	163
H. Total (Sum of 15f and g)	41,611	31,010
I. Percent Paid	83.86%	94.38%

16. Publication required if a general publication.
Will be printed in the November issue of this publication

17. **Name and Title of Editor, Publishers, Business Manager, or Owner:**
Mark Rosen, Audience Development Director

Signature:

Mark Rosen

Date: 9-15-09

I certify that the statements made by me above are correct and complete.

Words

by Pam Marinko

Start Spreading the Word

Encouraging physicians to talk about your products can pay big dividends

In *Word of Mouth Marketing*, author Andy Sernovitz presents a new perspective on marketing and how to pursue it effectively. We all know that people love to talk, they always have and they always will. Sernovitz asserts that smart companies should start taking advantage of this. It's a logical idea and Sernovitz offers an enjoyable read, which offers practical and actionable suggestions for marketing.

The Internet and social network have opened many doors for consumers to express their experiences with products and services. While most companies look at customer referrals, word of mouth, and product reviews as "old fashioned," other companies are taking the opportunity to cut budgets, develop brand new tactics and stretch the minds of their marketers. These companies understand the value of word of mouth marketing.

While a number of the concepts that Sernovitz discusses in the book may seem obvious and are repeated numerous times, readers should view this book as a refresher on sales and marketing tactics.

How World of Mouth Marketing Works

"People are talking about you and what you sell right now," Sernovitz argues. "It might be a casual mention. It might

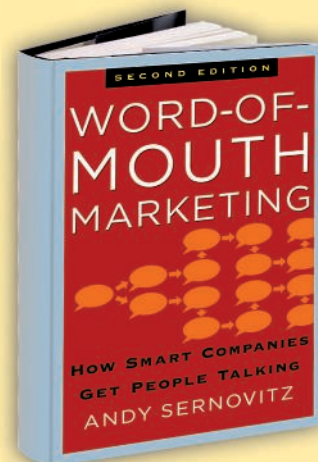
be a scathing attack. It might be a scathing attack posted to Amazon, where 20 million people will read it before deciding whether to buy your stuff. Or—it might be something really nice."

According to Sernovitz these comments can be used as part of a marketing plan as long as they adhere to four rules. The rules are:

- 1 Be Interesting. Make the effort to craft a meaningful question about something important to the doctor. Convey your passion for your product.
- 2 Make It Easy. Messages in sales aids are static. Deliver your message in a way that makes it relevant.
- 3 Make People Happy. Be engaged and engaging when making a sales call.
- 4 Earn Trust and Respect. Don't just barge in the door and ask for the business, provide value.

Thinking About How Customers Communicate

So how do you get customers, or in our case, physicians to talk about your product? In *Word of Mouth Marketing*, Sernovitz offers five elements necessary for word of mouth to spread. First and foremost you need to find people who will talk about your product. Secondly they need a reason to talk about it. Thirdly, they need tools to spread the message. Fourthly, you'll need oth-



Word of Mouth Marketing:
How Smart Companies
Get People Talking
By Andy Sernovitz

ers to take part and spread the message. And, finally, you'll need a way to track what people are saying about your product.

This is a great marketing tool for organizations of any kind. *Word of Mouth Marketing* is a fun, practical, back to the basics approach to marketing. The author makes this quite an easy read, but packs it with invaluable information and simple ideas that will really get you thinking about how customers communicate with each other.

Many of Sernovitz's ideas are immediately actionable. If you're looking for very detailed, data and statistic filled read you will be very disappointed. If nothing else, you can review Sernovitz's "Sixteen Sure-thing, Must-do, Awfully Easy, Word of Mouth Marketing Techniques for a way to jump start the process with your doctors.

Pam Marinko is a cofounder of the Atlanta Medical and Pharmaceutical Representatives Association and a member of Pharmaceutical Representative's advisory board. If there's a book you'd like her to review, e-mail Pharmaceutical Representative at pr@advanstar.com.

final thoughts

“We recognize that a lot of work remains..., but we're still convinced that the Senate bill is the best blueprint for comprehensive health care reform.”

Billy Tauzin, PhRMA (October 19, 2009)

“The holy grail is to get to the doctor. Part of the reason to engage in social media is to engage the patient and get them to appeal to the doctor to request a treatment.”

Barclay Misen, Topin & Associates (p. 14)

LUNCH YOUR CLIENTS CAN'T REFUSE!

BOX LUNCHES ★ PARTY PLATTERS ★ PARTY SUBS



ORDER ONLINE AT JIMMYJOHNS.COM!

DRIVERS: POST COMMENTS HERE

Good call on the 2010
Legacy. With the great
fuel economy, I can
see all my clients and
take the scenic route.

MY CLIENTS LOVE
THE NEW
SUBARU LEGACY!
THEY THOUGHT
I HAD BEEN
PROMOTED!

All-wheel Drive!
It's way better than
front wheel drive.
I feel super secure
on the road.

With all the \$\$\$
we're saving, we
can bring back the
company picnic.

THANKS FOR ALL THE
EXTRA CARGO ROOM,
I'M NEVER WITHOUT
MY GOLF CLUBS.
(JUST IN CASE)



It's time you find out what everyone's talking about. The all-new 2010 Legacy® with Symmetrical All-Wheel Drive standard is larger, gets better fuel economy and has low life-cycle costs. Call 1-800-879-8233 or email us at creed@subaru.com to learn more. **Love. It's what makes a Subaru, a Subaru.**



SUBARU