# Cross-Brand Segmentation: Selling Through Advanced Customer Knowledge

*Lilly*

**Answers That Matter.**

# Neuroscience Segmentation:
## What it is/What it is not

*What it is not:*                                    *What it is:*

A separate strategy from STP  →  | It is an integrated strategy enhancing the fundamentals of STP |

A tool used only by the sales force  →  | A tool used across all marketing interventions |

A brand specific strategy  →  | A cross-brand strategy that applies to the entire neuroscience portfolio |

A short-term strategy  →  | An enduring cross-brand strategy for in line and launch products |

A substitute for Insights  →  | An additional way to better understand your customers |

# Why conduct a Neuroscience Segmentation?

## Previous Success With Segmentation

Redacted

## Neuroscience Segmentation will...

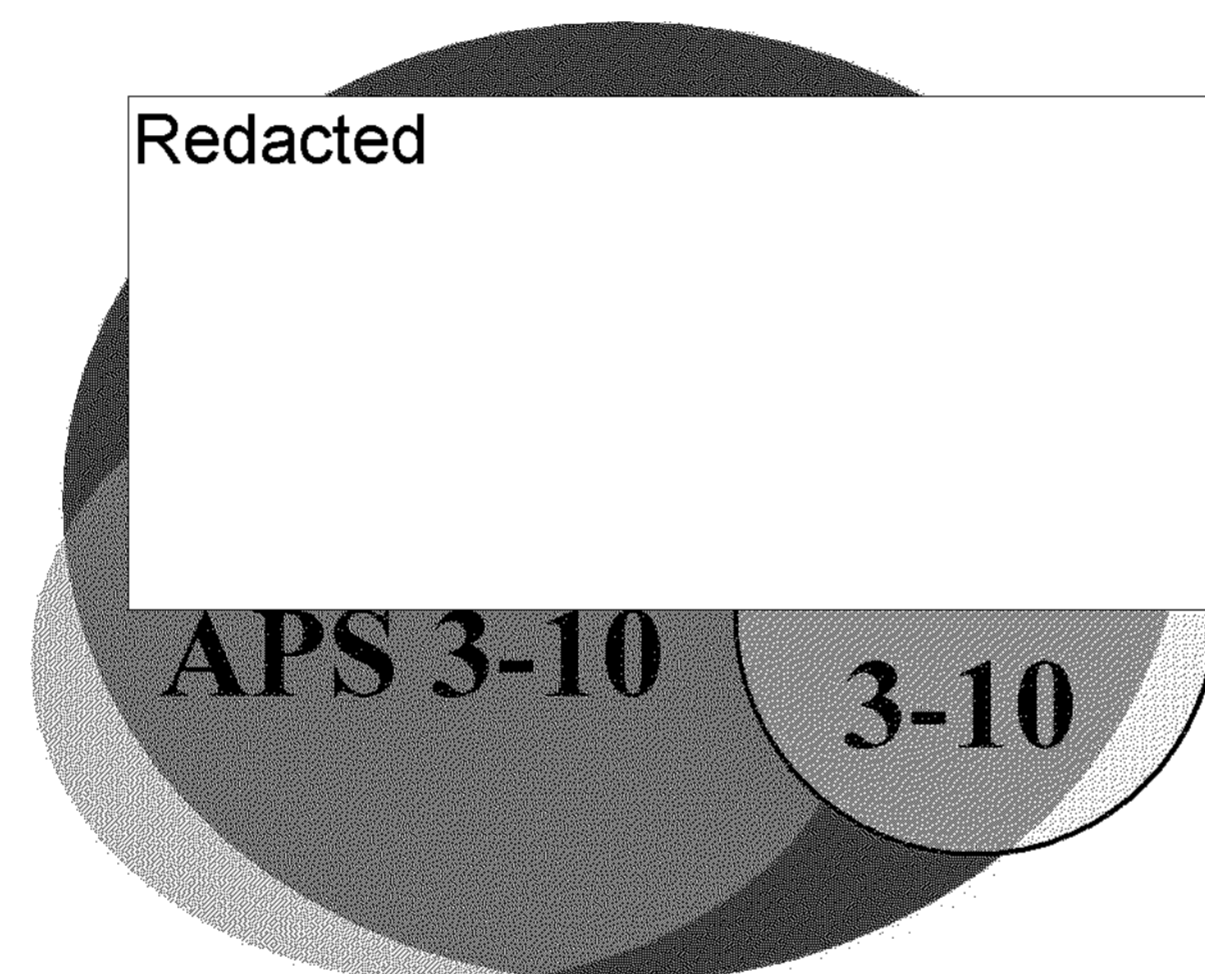| Prioritize customers based on growth potential | **&** | Better understand customers so we can tailor our approach |
|---|---|---|

### ...So we can be the Neuroscience Industry Leader, know our customers better, and  Sell MORE!!!!

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Zyprexa MDL Plaintiffs' Exhibit No. 01935

Zyprexa MDL 1596:  Confidential-Subject to Protective Order
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Page 3

# Why not brand specific segments?

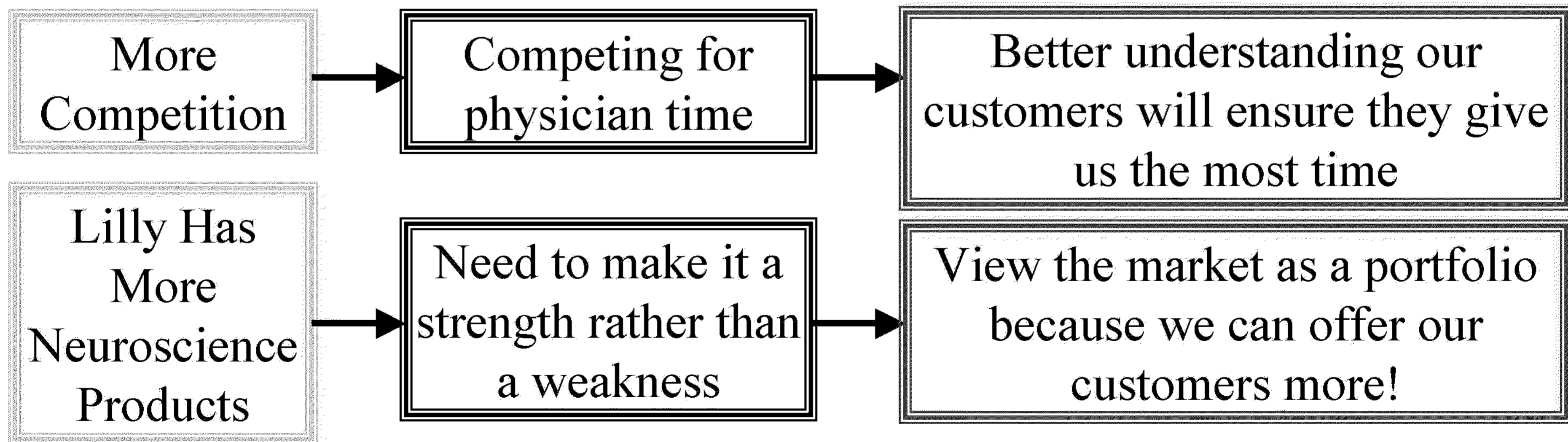*Population of Neuroscience Physicians We Target*

Redacted

APS 3-10    3-10

*If every brand had conducted their own segmentation, there would be 3 segments per physician you call on…because they are all the same customers!!*

# Anticipated Market Events

| Lilly Launches | Competitor Launches |
|---|---|
| Redacted | |
| • Zyprexa IM | • Risperdal Depot |
| Redacted | |

## *Multiple Product Launches Will Requires Us To think Differently To Be Successful with Our In-Line and Launch Products*

| More Competition | → | Competing for physician time | → | Better understanding our customers will ensure they give us the most time |
|---|---|---|---|---|
| Lilly Has More Neuroscience Products | → | Need to make it a strength rather than a weakness | → | View the market as a portfolio because we can offer our customers more! |

# How Did We Segment Our Customers?

**Who:**
- Child Psychiatrists, Psychiatrists, and Primary Care Physicians

Redacted

**What:**
- *Behavior:* So we can identify which customers are most valuable
- *Attitudes:* So we can tailor our approach to each segment
- *Marketing Preferences:* So we can customize our marketing tools

Redacted

*State of the art analytics combines the two methodologies together to identify all MDs into a segment*
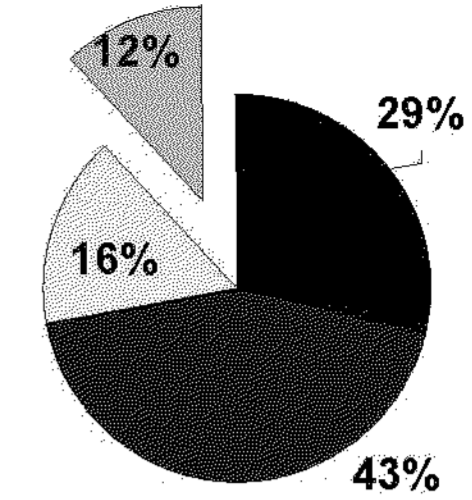
# Neuroscience Segment Descriptions

Answers That Matter.

*Lilly*

# Segmentation Pilot

## Sigma Pilot Program Confirmed:

- Segment profiles

- Specific Product Approach

- Laminate (Developed/Utilized by pilot representatives)

# High Flyer General Profile

## Who are they?
**Earliest adopters of new medications & new uses of medications**
Mainly general or family practice

## How do they approach treating patients?
**Highest comfort treating neuroscience diseases among PCPs**
- Not bound by the label
- Willing to push the dose of medications they are comfortable with
- Willing to use adjunctive therapy
- Typically they are treating symptoms rather than a diagnosis

## What do they like from a pharmaceutical company?
**Keep them connected with the up to date information**
- Prefer to learn from a psychiatrists about new information
- Interventions tailored to their interests
- Not adverse to frequent calls if new info is offered

File name/location

# High Flyer Quotes

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**<u>Disease State Views:</u>**

•*If you take the time to look you will see a depressed patient every day.*

• *I think a lot of Bipolar is under diagnoses*

• *I rarely refer a patient to a psych, I can treat most of them myself*

**<u>Treatment Views:</u>**

• *Best part of primary care is the rapport with patients*

•*Leave the heavy duty meds to the psychs like mellaril...but I feel pretty comfortable using A-typical anti-psychotics like Zyprexa.*

•*I heard a talk by a UCLA psych talking about these combinations and so I tried it. As long as they are not suicidal, I will try it.*

**<u>Representative Views:</u>**

•*I like to talk to psychs... I likes reps, they are very important. My first priority is treating patients, but I will try to talk to reps when I can.*

• *Reps need to help us stay out of trouble, tell us the good and the bad!*

• *I appreciate what they do...I want information quick, but don't over do it if you need more time make an appointment*

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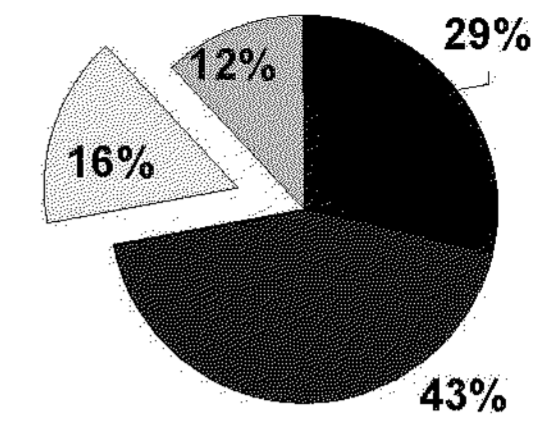
# Rule Bound Profile

## Who are they?

**Moderate volume and adopters of our portfolio products**

Most have a APS volume, but are not necessarily using Zyprexa

## How do they approach treating patients?

**Treats patients efficiently by following the rules**

- Not willing to battle the system for marginal improvements in treatment
- Most are very knowledgeable, but do not necessarily act on it
- Tends to follows treatment rules & guidelines so as to be efficient

## What do they like from a pharmaceutical company?

**Provide the rules in an efficient way**

- Comfortable receiving information from reps, but don't think they have enough time
- Want to practice medicine efficiently

File name/location

# Rule Bound Quotes

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**<u>Disease State Views:</u>**

• *Commonness brings comfort, I see so few Bipolar I'm reluctant to diagnosis and treat*

**<u>Treatment Views:</u>**

• *I have 30 formularies to work with. You have to know the common veins, the ones you can prescribe and hit most of the formularies.*

• *I need to control symptoms with minimal side effects so a patient doesn't need to come back*

**<u>Representative Views:</u>**

• *I use all of my resources to treat a patient and reps are a resource!*

• *The best reps know their product and respect my time*

• *Patient Education saves me time*

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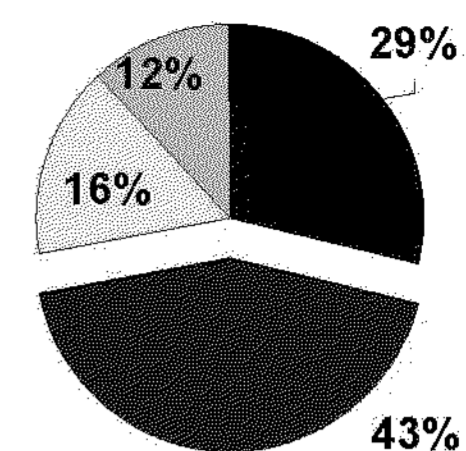
# Selective Majority Profile

## Who are they?

**Slower adopters of new products and new uses of products**
As a drug & disease become mainstream, these customers become more important

## How do they approach treating patients?

**Niche products to determine where to use them**
- Do not like products "that work for everything"
- Disease and treatment should be simple, otherwise they will refer
- Doesn't necessarily follow rules, but prefers to use a product in a consistent way

## What do they like from a pharmaceutical company?

**Remind me of your niche**
- Simple message from a rep
- Rep relationship is very important! They like it when a rep knows and acts on their personal likes and dislikes

File name/location

# Selective Majority Quotes

**<u>Disease State Views:</u>**

- *Can't enforce good health, only recommend it*
- *I have to know a little bit about a lot of things, therefore I need to keep it simple*
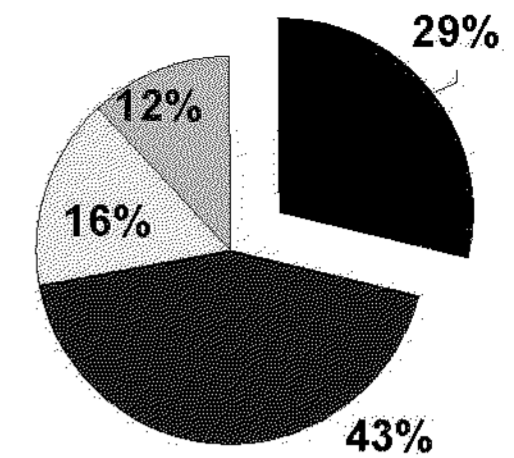
**<u>Treatment Views:</u>**

- *I see so many different types of patient that I usually don't try to learn about small populations*

Redacted

**<u>Representative Views:</u>**

- *Define symptoms better for the doctor*
- *I need a rep to say, Hi, don't forget about my drug and here are some samples…easy"*
- *The best reps develop a personal relationship with you*

# Systematic Conservative Profile

## *Who are they?*
**Slowest adopters of new information**
**50% IM**

## *How do they approach treating patients?*
**Systematic approach toward treatment**
- Diagnosis important to determining treatment
- Uses products on label
- Concerned about the safety of products
- Less comfortable than other segments with not having a "lab test" to determine mental illness

## *What do they like from a pharmaceutical company?*
**Takes time to get comfortable and learn how to use meds**
- Likes clinical data, from a 3$^{rd}$ party, published source
- Prefers vast amounts of data, "an inch deep and a mile wide"

# Systematic Conservative Quotes

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**<u>Disease State Views:</u>**

- *I won't write for Bipolar and Schizophrenia... I'm not an expert and it's not my forte*
- *My patients have been pretty well studied*

**<u>Treatment Views:</u>**

- *I'm more comfortable with other diseases that have an objective measurement to them*
- *I'm not willing to treat all depression either, some patients deserve an expert*

**<u>Representative Views:</u>**

- *Reps are the only people I see all day without a complaint*
- *Reps are biased but they can bring you reprints and data*

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# Frequently Asked Questions

Answers That Matter.

# FAQ: *How does segmentation work with Insights?*

<u>Insights :</u>
**Know your customers**
*Personally*

- Better understand how & why your customers react to your style
- Determine ways to build relationships

<u>Segmentation:</u>
**Know your customers**
*Professionally*

- Better understand how your physicians approach neuroscience treatments
- Determine appropriate neuroscience programs

## <u>Both help you…</u>

- Pre-call plan
- Better understand your customers
- SELL MORE!!!!!

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# FAQ: *How is segmentation being applied internally?*

| | | |
|---|---|---|
| **DTP** | ➜ | Customer segments have different information and program preferences, therefore our DTP activities will be planned accordingly |
| **P2P** | ➜ | Just as it says above, we are planning P2P programs based on each segments preferences |
| **Pre-Marketing** | ➜ | New brands are prioritizing segments based on those that are early adopters |
| **Marketing Plan** | ➜ | All of the neuroscience brands are developing their marketing plans on the neuroscience segments |

# FAQ: *What if I disagree with the segment a customer is given?*

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| Based on market research and rep feedback the lists are 80-100% accurate |
| :---: |

## &

| These physicians are being called on using the segmentation by other sales forces |
| :---: |

## *Therefore...*

| Trust the identification given to the segments for 6 calls.  If you still disagree add your thoughts in the ARF notes |
| :---: |

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# FAQ: *What is segmentation?*

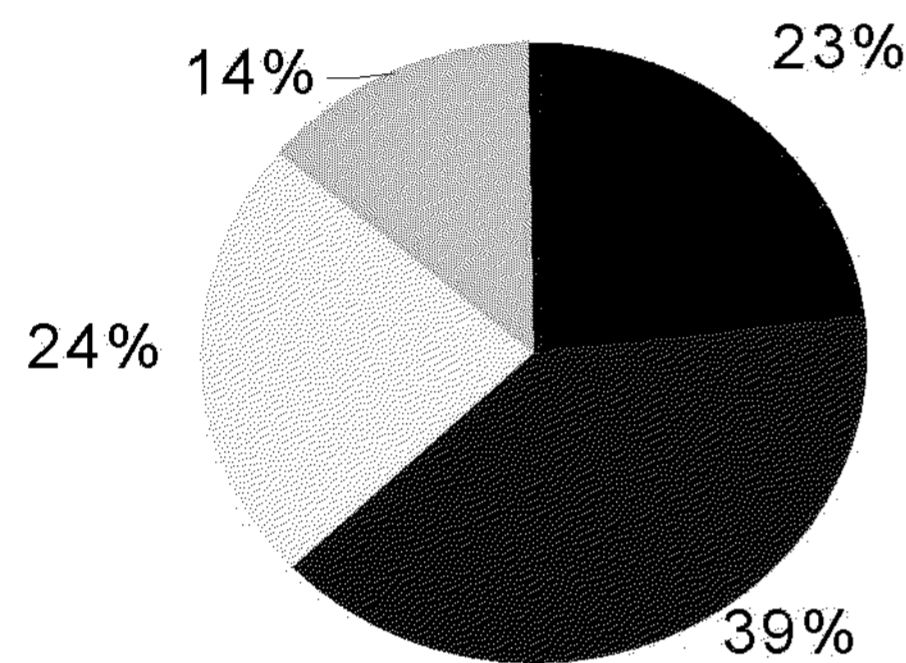Division of customers into groups, called segments, that have common traits like: attitude, behavior, &/or preferences…

&

… as a result each segment require a different marketing strategy tailored to their common attitudes, behaviors, &/or preferences
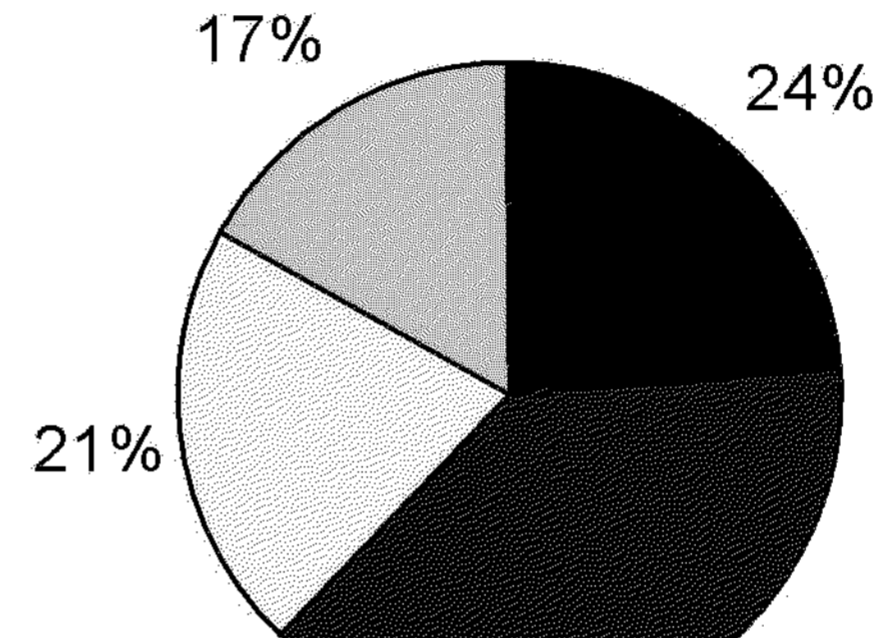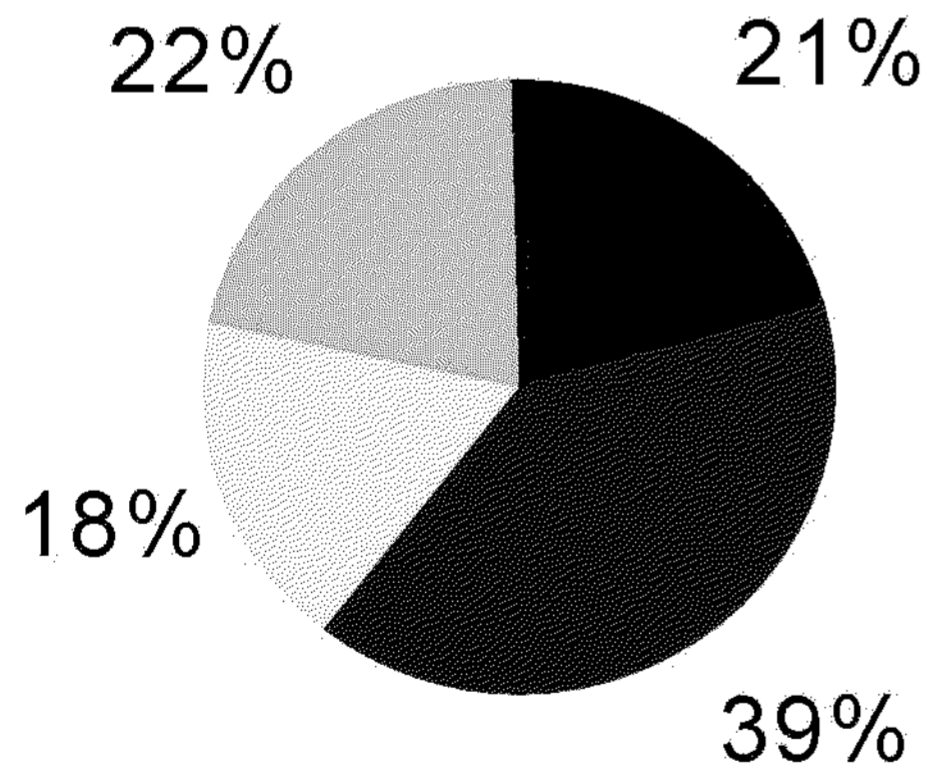
# FAQ: *APS & ADP Volume by Segment*

**Legend:**
- ◉ Rule Bound
- ● High Flyers
- ● Selective Majority
- ● Systematic Conservative
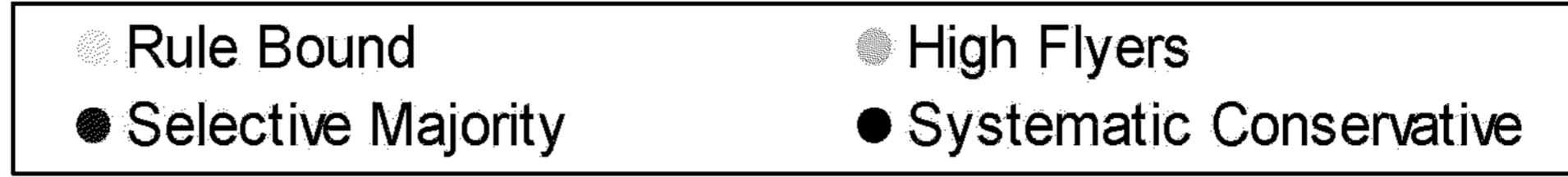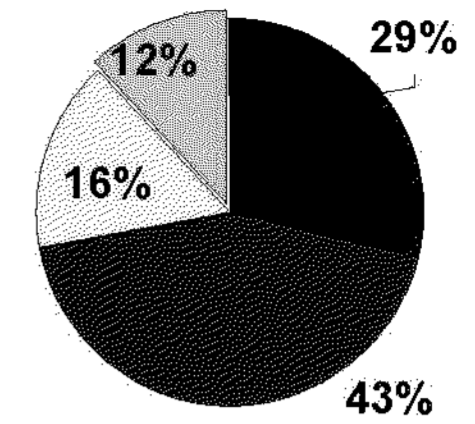
## APS 12 Month Volume Distribution

14% — 23%

24%

39%

## ADP 12 Month Volume Distribution

17% 24%

21%

Redacted

## Zyprexa 12 Month Volume Distribution

22% 21%

18%

39%

***High Flyers bring in almost double their fair share of Zyprexa*** Redacted

File name/location

# Segmentation Pilot

4/23                    Kick off of pilot in Philadelphia office

4/24-5/10               Representatives pilot segmentation within territories

5/21- 22                DM champ training in Pittsburgh and ride-a-long

Feedback and tools adapted throughout process (laminate)

NE Districts included Boston, New York, and Pittsburgh

Questions by segment:

    What questions were effective in engaging these physicians into a dialogue?

    What questions were not as effective?

    What tools/resources were helpful in satisfying the customers' needs?

    What tools/resources were not helpful?

    How did you successfully create action with these customers?

    What information did you put in the ARF not that was specific for this segment?

# Implementation Timelines

May 29, 30                    PCIM

June 3                        Segmentation slides/Laminent to be posted
                              on KM to utilize on conference calls

June 7                        Reps receive audio backgrounder/
                              MD Segments on Reps laptop

Week of June 3                Conference Call with Sales Managers (Run
by                            Segmentation/STP champ)

Week of June 10               Area Meetings

Week of June 17               Conference Call with Sales Representatives
                              (Run by District Sales Managers)

Week of June 24               District Meetings