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Pandemic Perspectives: Acacia CEO Says Pre-Existing Commercial Relationships, End-User Backing Key To Product Launches

Virtual Medical Product Marketing Also ‘Here To Stay’, CEO tells Scrip.

by **Sten Stovall**

Despite sector lockdowns there, Acacia has just launched two hospital-based products in the US. Its CEO Mike Bolinder tells *Scrip* how it defied the pandemic to get its drugs to their users.

Acacia Pharma Group plc's CEO Mike Bolinder knew launching two new medical products into the beleaguered US hospital environment was going to be a challenge – but then came COVID-19 which made everything that much more difficult.

In late 2020, Acacia was starting its launch of Barhemsys (amisulpride injection) for post-operative nausea and vomiting and making plans to begin commercializing its new procedural sedation drug ByFavo (remimazolam) in early 2021. The pandemic, he says, necessitated a much more targeted – and virtual - approach to make these launches happen, and these changes are set to stay.

“We’re focused on the hospital space, which is pretty much ground zero for all of this COVID activity,” Bolinder explained to *Scrip*. “Our key tenets include having products that genuinely work and fill an unmet medical need. We must also have products that can demonstrate economic benefit to the hospital,” he said.

Pandemic Perspectives

One year on from the World Health Organization declaring COVID-19 a global pandemic on 11 March 2020, editors across Informa Pharma Intelligence publications are

“We had already planned to scale back on the sales force and not over develop the commercial infrastructure, focusing on the accounts that, based on our experience, would not only be decent sized accounts but also prone to early adoption. And we scoped our sales forces to a much smaller size than we’d ever done before,” Bolinder explained.

taking a *closer look* at its impact and possible lasting implications for the biopharma and medtech industries.

But then successive waves of COVID-19 surges nearly paralyzed the US hospital economy.

“Hospitals had been closing their doors to vendors for more than a decade, but this was an extreme case where nobody could get in. So, what we did was rely on our special relationships with decision makers inside hospitals that had been developed over years, so our folks could pick up the phone and still engage virtually. More and more of our engagements have turned virtual,” Bolinder said.

One key objective was getting the new drugs on formularies in the hospitals. “That’s essential for getting eventual pull-through sales, where the drug is actually stored and registered in house, and then used on hospital patients there,” the CEO said.

To do that, Acacia needed to credibly demonstrate that its new drugs could help hospitals in the crisis.

“Their first question to us was, ‘Did we have something that could cure COVID-19, or help their patients who were in the ICUs (intensive care units)?’ Our answer was, ‘Not necessarily, but we do have products that might help you cope with the situation,’” Bolinder said.

In the US, most of the profits of hospitals are generated through their surgical suite operating rooms.

“So the more throughput they get in their surgery theatre, the more money the hospitals make – and in this pandemic, hospitals had been slowing down, pausing and stopping or postponing non-essential surgeries, so we used our relationships to explain that we can help with this throughput because both of our drugs can help mobilize patients more quickly after their procedure is done, which can enable greater through-put,” the executive said.

Another proffered benefit was that by providing hospitals with Barhemsys and ByFavo, Acacia could help them to deal with pre-existing supply-side problems which existed before the pandemic hit and which then were exacerbated during the worldwide crisis. “We could provide hospitals with drugs that were pertinent and could help to dig them out of the hole they were in,

and that sounded good to them,” he said.

Key End-Users

The lessons of launching in the time of COVID-19 will be long-lasting. Bolinder believes the post-pandemic world for drug launches will involve much more in-house training of use of drugs by nurses and ancillary staff. Also, strong commercial relationships will be key in gaining access to key decision makers. And the role of end-user professionals such as surgeons will play bigger roles in choosing theatre drugs.

Acacia has three key customers as it continues to launch products in the hospital setting.

“Number one for us is the head hospital anesthesiologist, because both of these drugs are in spaces where anesthesia is seen as the subject matter.

“The second key customer is the pharmacy decision makers. They control the whole process as to whether a drug is added to the formulary, they run pharmaceutical and therapeutics (P&T) committee meetings and determine whether or not your drugs are going to be placed on formulary to be available for use in the hospital. And they are very keen on understanding the economic benefits that your product or products will offer.

“And then lastly, it’s key surgeons, or in the case of Byfavo, proceduralists, the folks who are doing colonoscopies, or OB GYN [obstetrics and gynaecology] surgeons or cardiothoracic surgeons. These are the money-makers for the hospital.”

Bolinder said, “These hands-on medical professionals carry a disproportionate weighting at the (P&T committee) table when they’re determining whether to bring a drug formulary or not, and then they help make sure that it gets embedded in the system and protocols.”

The issue of follow-through for using the drugs is also made more difficult by the pandemic. “After you get that win and get your drugs on formulary, the next challenge is how do you educate all the nurses and technicians and everyone else involved in actually using the drug in patients, and in the past that requires a physical presence, but if a physical presence isn’t possible, it takes longer to leverage the relationships that you have with the key surgeons and

Pandemic Perspectives: COVID-19 Upended Drug Launches In Ways That Will Stick

By **Jessica Merrill**

24 Mar 2021

Preliminary data from IQVIA suggest 2020 was one of the weakest in recent years for new launch trajectories although drug companies tell *Scrip* there are some lessons learned from promoting during the pandemic.

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anesthesiologists,” he said.

So far such in-house hospital training with both Barhemsys and ByFavo has gone smoothly. “It just takes so much longer to get them to do a physical in-service training at their facility for their folks, which, when done, carries a little bit more weight, but again the trade-off is longer time. I expect this way of doing business will continue in future.”

Virtual Future

Bolinder expects marketing of new and prospective drugs will be very different in the “new normal” after the current pandemic ends.

“We’ve been able to leverage surgeons and hospital practitioners both within their respective hospital institutions during the pandemic. We’ve also leveraged their views beyond, virtually.”

In the past, Acacia, like other players in the industry, held promotional dinner programs at certain physical locations, at which a guest surgeon or an anesthesiologist would speak to the invited audience.

“During the pandemic, we’ve been able to do is do that virtually, and broadcast things across the country. So instead of just having one dinner program in one location, now, using Zoom or Microsoft Teams we’ve been able to have speak to groups across the country, and magnifying their input,” Bolinder said.

That also allows Acacia at these events to ask participants questions, such as ‘What are you doing at your institution? Did you take something off your formulary to add this drug on? How are you using it, and how are you training up your folks to use it?’

“We’ve been able to leverage this approach, and not just in one institution, but across multiple institutions. And I believe this will only continue as we go forward,” he said.