Case study 1: Market entry strategy

This was for a food category product planning to enter the Indian market and promote the product through HCPs

This was a novel concept because hitherto, no food category products had been promoted through HCPs in India. There was scientific evidence about the benefits of the product but there being no international or national guidelines recommending specific food products, the challenge was much bigger

Indian healthcare landscape

1. Healthcare infrastructure, spend, out-of-pocket expenses, insurance coverage
2. Epidemiological landscape
3. HCP specialties who could influence the product.
4. Relevant guidelines
5. Competitors and their recent campaigns

Regulatory landscape

1. Ethics code of conduct for HCPs
2. Code of conduct for promotion of medicinal products
3. Regulations and safety standards for food products
4. Possible options for promotion of the product to the HCPs within the regulatory landscape

Deliverables

HCP interviews

1. Interviews conducted with a select samples of HCPs to gain insights about their discussions on nutrition with patients
2. HCPs' recommendations of specific food products to patients
3. Their willingness/inhibitions in prescribing a food category product
4. Preparing a report on the insights gathered.

Touchpoint insights and strategy

1. What are the communication channels to best reach the relevant HCP categories from the product perspective
2. Cost, reach, and engagement levels of every channel
3. Educational campaigns for patients

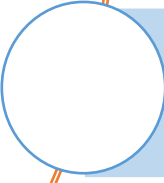# Case study 2: Medico-marketing strategy for a product portfolio

This multinational pharma client had a product portfolio for a particular therapy area. Two of their brands had been blockbusters as they were innovative products. However, over the years, generics had affected the brand sales. Moreover, many newer molecules had been launched in the intervening years.

The client also had some of the new molecules and some combinations as well. However, they wished to continue the legacy products as well as the new brands, with a specific positioning for each, so that the new products do not cannibalize the old legacy brands.

We looked deeply for literature and guidelines over the last 5 years and came up with specific patient profiles in which the older molecules had strong scientific evidence over the newer molecules.
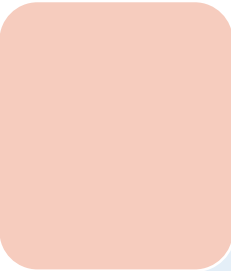
We thus positioned the old molecules for specific patient profiles, keeping in mind that we do not position them such that the numbers of such patients are very small as that would restrict their market potential.
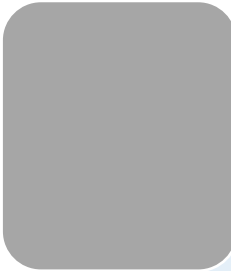
Specific patient profiles were created for each product in the basket so that the sales team could specifically suggest patient profiles for each to the HCPs, supported by evidence.

Case study 3: In-clinic input to counter competition
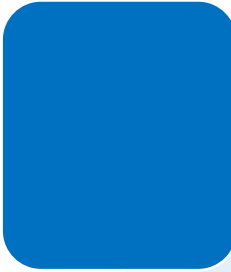
In this case, the client was a multinational devices company, which was the first to bring the product in India.

Over the years, other similar local products had been launched at lower prices.

The competitors had been claiming their specific product features to be superior.

A detailed input, that listed each feature of the client's product and supported it with scientific evidence in the form of studies showing the benefits of each specific feature was prepared

Thus, we could indirectly counter competition using science.

Case study 4: Moving a product from use as reserve drug to first-line treatment

This was an Oncology product, an innovator in its category

Although it had approval for first-line use, HCPs usually preferred to keep it as a reserve drug for using it much later in the course of the disease.

Hence, patients continued to suffer adverse effects of the existing first-line drug, leading to poor compliance and consequently, development of resistance.

We created 5 different case scenarios, closely mimicking real-world cases, in which the new product was prescribed as first-line or second-line drug and it led to better outcomes

These case scenarios were used for in-clinic communication

Case study 5: Reviving an old molecule

This pharma multinational had an old molecule which has a specific role to play in certain niche patient profiles.

However, the product is very old, and is the only brand in the market.

Being an old molecule, no new literature has come up in recent years and since there is a single brand, there is no noise in the market.

Hence, while the product is still used by old-time HCPs for the specific niche indication, the newer generation of HCPs has not used the product and have no experience with it.

We conducted a survey interviewing some key KOLs who use the product for an in-depth understanding of how, when, and why they use the product and the specific patient profiles in which the benefits are superior.

This was then as an expert-opinion paper in a journal, and purchased copies were distributed to create awareness among the newer generation of HCPs.
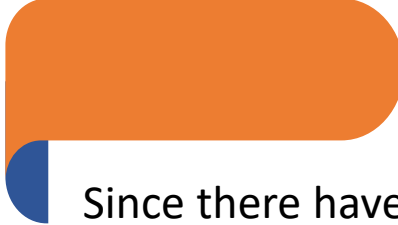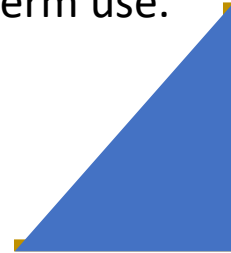
Case study 6: HCP survey to understand the product position in real-world practice
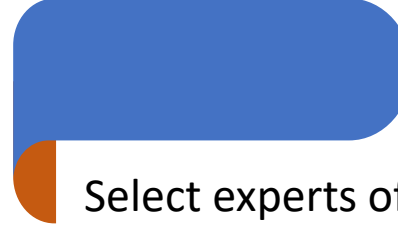
This was for an old product that is no longer recommended as a regular line of treatment by the disease guidelines

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However, there are specific patients who continue to be prescribed the product for long-term use.

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Since there have been no recent studies on the molecule and no new evidence for many years, the client wanted to understand which patients receive this drug, when and why

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Select experts of the therapy area were interviewed and qualitative insights gathered so that these insights could be used for better segmentation and targeting

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The interviews helped us to get an estimate of the market opportunity as well as come up with a precise product positioning

Case study 7: Reading between the lines to find scientific evidence against competitors

This project was to critically analyze a publication in a very reputable journal that claimed superlative outcomes with a competitor product. The client wanted to know whether there are any flaws in the study that can be used to question the outcomes. It was a publication on an anti-diabetes agent reducing adverse cardiac outcomes. This is what we found:

1. Very Complex inclusion criteria. There were at least 5 criteria for each age group of patients, in addition to 5 criteria common to all age groups. Some criteria were conflicting across age groups. At the end of reading them, one was totally confused as to which types of patients were included or excluded. No HCP would be able to understand them clearly.

2. The baseline characteristics did not meet the mandatory for inclusion criteria. e.g. the mean age was 60 years and only 30% of patients had a history of cardiac disease at baseline, whereas having cardiac disease was mandatory for including patients >60 years. How was this possible? This could happen only if most patients were actually not aged >60 yrs. Hence, for transparency, age should have been reported as median and IQR instead of mean

3. The sample size was planned considering a 5% annual dropout rate. But the actual dropout rate was much much higher, and there was no information about how the missing data was accounted for in the statistical analysis. This could have also reduced the power of the study, which was originally planned at 90%.

4. The primary outcome was expected to be seen in 1% of patients on placebo but was actually seen in 12% of patients and in 11% of patients on the study drug.

With all of the above, would an HCP be really convinced that this drug was effective? My client had found what they wanted. It was easy to see that they could convince HCPs that the outcomes of this study are questionable.

Case study 8: Critical analysis of a systematic review to counter competition

My client had lost market share in a territory where the competitor was aggressively communicating the results of a new meta-analysis, which showed that the competitor's product (product A) was much superior to product B (client's product). These were dermatological products. On critically evaluating the paper, found several flaws were found as below:

1. Very few studies (7-8) were included in the meta-analysis although there are numerous studies comparing both products.

2. Most of the included studies were quite old (>15 yrs).

3. The most appalling finding was that the search criteria for the meta-analysis did not include product B at all

4. Studies that were included compared a combination of product A (e.g., product A with corticosteroid) vs. plain product B - again a huge bias !!!

5. Profiles of patients in the included studies were very heterogeneous; thus, these would have greatly influenced the outcomes.

6. The biggest finding was that among the 7-8 included studies, only 1 showed superior outcomes with the competitor's product (product A with steroid) vs the client's product (product B, plain). However, the sample size of this study was quite large compared to those of other studies included. Hence, this single study was able to sway the outcomes of the meta-analysis in favor of the competitor's product.

We created in-clinic communication material to show that these results are not reliable. But we did not stop there. We added data from more recent, large studies and statements from various guidelines to add strength to our communication. Reading between the lines of published papers can indeed provide strong tools to fight competition !!

Case study 9- Launch plan for an innovator product

Brand Info

Brand: Therapeutic Area: Cardiovascular (innovator product)

Target Audience: Cardiologists, Patients

Indication: In adults with established cardiovascular disease, to reduce the risk of MI, stroke, and unstable angina requiring hospitalization

Key Trial: Name of trial

Brand Positioning: The only (molecule in the class) with an observed reduction in all-cause mortality, flexible dosing with 2 levels of efficacy and an expanded indication as an adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for the treatment of adults with primary hyperlipidemia (including heterozygous familial hypercholesterolemia) to reduce LDL-C

Brand Strategy:

1. **Expand market opportunities** for CV brands and portfolio by leveraging customer centric insights to accelerate incremental growth

2. Differentiate and capitalize on brand/portfolio selling opportunities to maximize share by brand positioning

MI = myocardial Infarction; LDL = low-density lipoprotein cholesterol; CV = cardiovascular

Key Focus messages for HCPs

1. In adults with established cardiovascular disease **BRAND NAME** significantly reduces the risk of MACE (Major adverse cardiovascular events), with consistent outcomes across endpoints. Higher absolute risk reduction in MACE in patients with diabetes.

2. The only **MOLECULE IN CLASS** with an observed reduction in all-cause mortality

3. Treatment of adults with primary hyperlipidemia

4. Longest **MOLECULE IN CLASS** CV outcomes trial to date; Median follow-up of _____ years

5. Convenient dosing

HCP campaign- tagline

A tagline that aids message and brand recall, and can be consistent throughout the campaign – all phases and all channels

e.g. **ACE the MACE**

HCP campaign- brand persona

An image that creates an association of the brand with ONE MAJOR key benefit (reduction in MACE) compared to competitors. This would be used as brand image for all in-clinic inputs and HCP events.

Use of concept image rather than a human image to convey long life

Example: A Family Tree with Many Branches – implying a long life with legacy

Hourglass with Constant Flow but Full Base – passage of time without depletion.

HCP campaign- plan: The tagline to be opener for all channels

Asset/Channel Type	Core Message	Story Flow	Rationale	Frequency
Remote presentation before launch	Before we launch the product, we would like to know your thoughts about the efficacy data	Tier 1 KOLs to be invited to a remote presentation, where detailed data of the studies and patient profiles/case scenarios to be presented. Interactive session where KOLs can ask questions, discuss, provide their perspectives	Getting the buy-in of Tier 1 KOLs and to be able to gauge which benefit is valued the most. This will help in creating a launch plan and messages for marketing inputs	Once. Might be conducted separately in key geographies. Subsequently, KOLs should be thanked on launch for their help, through personal visit/email/message
In-clinic rep visit	Introduction to the brand with benefits	FIRST LAUNCH: Convey the key benefits: Benefit: BRAND significantly reduces the risk of MACE. WHO : Adults with primary hyperlipidemia and established CV disease. ADDED BENEFIT: Convenient dosing. A short leave behind of the brand with key benefits	Focus only on key benefits at launch with added benefits at subsequent visits. Not all benefits to be conveyed at once, so that the recall of key benefits is not lost	Twice in a month until month 3, gradually introducing the messages: only molecule with reduction in all-cause mortality, longest molecule CV outcomes trial to date, dosing benefit, and patient support programs.
BRAND app Can be introduced on email or by Rep in month 2	Selection of Patient profiles. Only molecule with reduction in all-cause mortality, longest CV outcomes trial to date	Detailed information about the clinical data. Animated case scenarios of patient profiles, that also show outcomes at 2-3 yrs, ending with the message, 'Longest molecule CV outcomes trial to date; Median follow-up of _years.' Animation about patient benefits that convey why patients skip doses and the convenience of BRAND dosing.	Creating an association of the brand with the patient profile. Building confidence based on long term data.	Detailed data of all studies should not be uploaded at once. A weekly pop-up can be sent through the app as more and more data is uploaded.
Webinars	KOLs rely on the drug	At 6 months post-launch, webinars across cities/areas with the local Tier 1 KOL as speaker. KOL to share his cases and their outcomes. It would be good to not focus on the brand but on the molecule	To build confidence that the KOL finds the drug beneficial. The KOL might be reluctant to speak for the brand	

Patient campaign plan

Asset/Channel Type	Core Message	Story Flow	Rationale	Frequency
Brochures/Posters in hospitals/clinics. (if allowed depending on local laws) Social media ads , public posters	Just the tagline, with no branding	Just the tagline , ending with 'Watch out', 'Coming soon,' or any phrase that creates anticipation	To arouse curiosity	A month before launch or for a month after launch
Patient education booklets that can be handed over by the physician to any patients with a history of cardiovascular disease or hyperlipidemia	Tagline with the statistics. No branding	Tagline followed by '1 in 3 adults who survive an MI or stroke will experience another Cardiac event within 4 years.' Risks of familial hyperlipidemia. Check your cholesterol regularly. Education about the importance diet and lifestyle. Health checkups	To generate awareness about the importance of regular LDL checks. With no branding, the HCP will not be reluctant to hand it out	First 3 months after launch
Social media campaigns with branding	The tagline remains, followed by the brand name	Various education topics (1 pagers created in infographic format) on FAQs related to heart attack, lipids, and other factors associated with cardiac disease <mark>BRAND</mark> reduces the risk of heart attack, in patients with past cardiovascular disease, diabetes and familial hyperlipidemia	By now, the patients are familiar with the tagline and are likely to look for more information	Ongoing, with the look of ads changed on a regular basis