

# 9 Common mistakes in HCP messaging that every brand team needs to avoid!

Insights based on analysis of 150,000+ HCP messages across 100+ disease states and 200+ brands!



# Lessons learned from the **largest database** of HCP messages written and tested

Pharmaceutical brands teams spend significant amount of time, money and effort to optimize their HCP messaging before it goes into vis aids and digital content assets.

The process can include weeks of workshopping with agency partners, months of qualitative and quantitative message testing, followed by more wordsmithing and fine-tuning during the execution stage.

Yet, despite all the best efforts, there are too many mistakes made in HCP messaging, leading to lost opportunities for brands. No, not grammatical mistakes or typos, strategic mistakes about how to persuade HCPs!

In this eBook, Newristics conducted a very large-scale analysis of winning and losing HCP messages and identified 9 most commonly occurring mistakes that seem to be correlated with poor messaging performance.



**150,000+**  
HCP messages written



**20,000+**  
messages tested



**100+**  
disease states



**200+**  
brands

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# 01 *Mistake*

**Too much**  
*data-telling,*  
**not enough**  
*storytelling*



Presenting the efficacy, safety or RWE data effectively to HCPs is obviously #1 priority for every brand, but it is easy to fall into the trap of presenting data without telling a story that HCPs can relate to as well.

Research in neurocognitive science shows that memories are stored in the human brain not by themselves, but through association with events, people, ideas, emotions, experiences and stories! If we want to get our brand messages into the customers' memory, we need to accompany our data presentation with a story.

## Example #1

**Only XARELTO®** (rivaroxaban) has helped protect over **10 million patients**, with a proven efficacy and safety profile across **11 indications** and the largest controlled clinical trial program in its class<sup>1-26</sup>

NVAF  
Reduce  
DVT/PE  
Treat and  
DVT p  
After hip  
VTE p  
Acutely  
PAD  
Reduce  
CAD  
Reduce

## DATATELLING

In the anti-coagulation category, Xarelto and Eliquis have been fighting a messaging battle over their clinical and real-world data. Xarelto leads with numbers to build trust and confidence in the brand.

## STORYTELLING

While Eliquis also features clinical and real-world data throughout its messaging, it leads with storytelling first, so that HCPs view the data in the context of a narrative. Eliquis' story is also designed to build trust and confidence, but uses a very different approach from Xarelto.

## Example #2

**ELIQUIS:**  
THE EFFICACY  
AND SAFETY\*

I WOULD CHOOSE FOR MYSELF FOR MY HUSBAND FOR MY FRIEND FOR MY PATIENTS

**Eliquis®**  
(apixaban) tablets 5mg 2.5mg

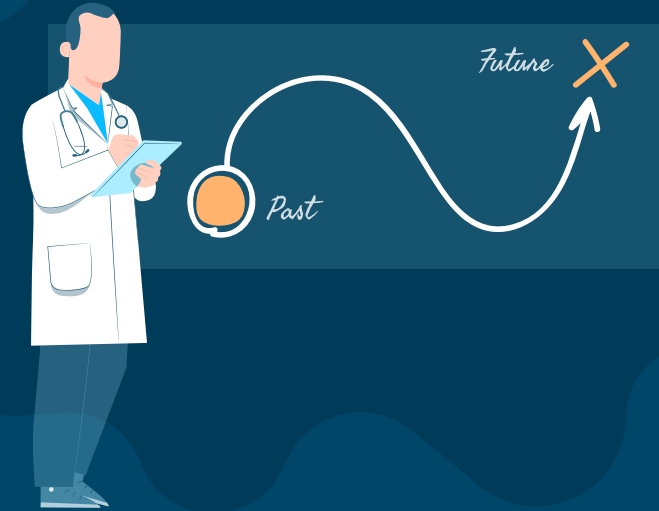
\*BASED ON CLINICAL TRIAL DATA VS:  
• WARFARIN IN PATIENTS WITH NVAF  
• ENOXAPARIN/WARFARIN IN PATIENTS WITH DVT/PE  
• PLACEBO IN PATIENTS WITH DVT/PE FOLLOWING INITIAL THERAPY

ELIQUIS is indicated to reduce the risk of stroke and systemic embolism in patients with NVAF. ELIQUIS is indicated for the treatment of DVT and PE, and to reduce the risk of recurrent DVT and PE following initial therapy.

NVAF CLINICAL DATA ▸ DVT/PE CLINICAL DATA ▸

# 02 *Mistake*

## Not connecting the dots between *past results* and *future hope*



When presenting data from their clinical trials, most brands simply state what happened in the trial. Even when the results of the trial are strong, HCPs can struggle to appreciate trial data and connect the dots from past clinical trials to everyday clinical practice. This phenomenon is even more pronounced in disease states where the endpoints used in clinical trials are not used by HCPs to measure success in the clinic.

Brand teams who fight to get some language that connects past results to future hope in the same message are significantly more likely to win. Most LMR teams are willing to allow some messages that connect the two, but brand teams often fail to advocate for such messages.

## Example #1

CLINICAL DATA & SAFETY

### HELP PROTECT YOUR PATIENTS WITH TEZSPIRE

Not an actual patient.  
For illustrative purposes only.

In an overall population:

Significant exacerbation reductions versus placebo (PATHWAY 71%, NAVIGATOR 56%,  $P < 0.001$ ) (primary endpoint)  
230 mL improvement in lung function versus baseline (NAVIGATOR, secondary endpoint)<sup>1-3\*</sup>

## PAST RESULTS

In asthma, HCPs cannot objectively measure exacerbations in the real world and have to rely on subjective patient reporting, which can be unreliable. Tezspire presents its exacerbation data using % reduction and ladders it up to a protection benefit for HCPs. While protection is important to HCPs, it relates more to confidence as an emotion instead of hope.

## FUTURE HOPE

Dupixent presents its exacerbation data using time period instead of % reduction, which is more consistent with how HCPs and patients organically talk about asthma flare-ups. Dupixent also ladders up past data to future hope through the phrase "open up a world" which is carried through in messaging across all endpoints.

## Example #2

EXACERBATION REDUCTION IN PATIENTS 12+ YEARS

OPEN UP A WORLD

WITH FEWER EXACERBATIONS

DUPIXENT demonstrated severe exacerbation reduction up to ~3 years.

# 03 *Mistake*

## Not building enough *certainty* through words

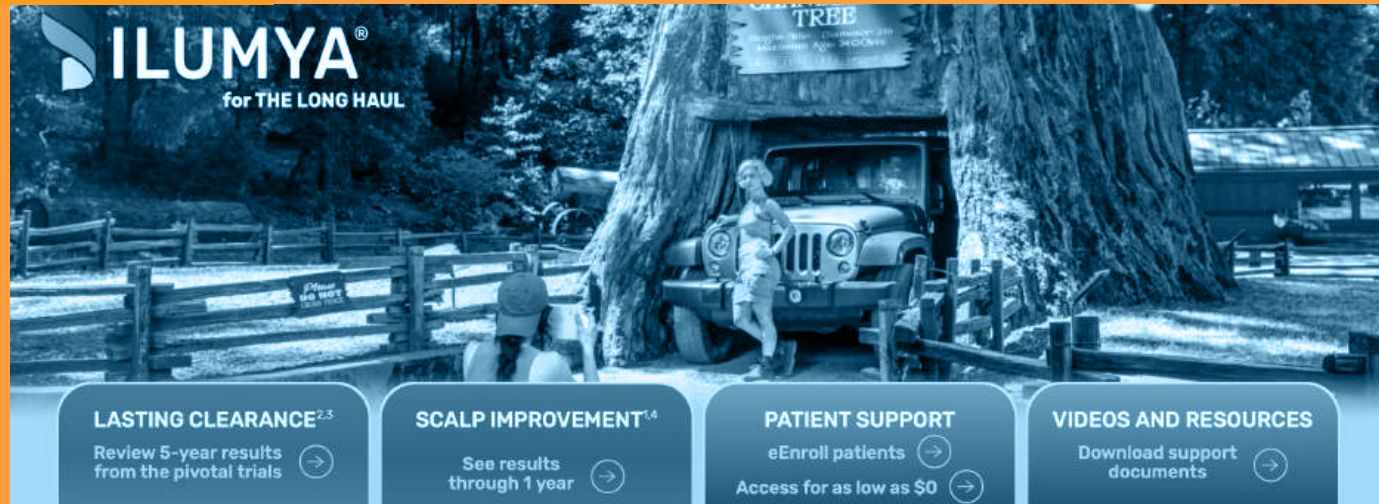


For a drug to be adopted, HCPs and patients have to change some behaviors, which always comes with perceived tradeoffs between effort vs. reward. Behavioral science research has revealed that humans tend to avoid decisions that involve difficult tradeoffs and use many decision heuristics and biases to evaluate whether a behavior change is worth the effort/reward – status quo bias, disappointment aversion, ambiguity aversion, loss aversion, effort aversion and more!

When brand teams don't have messages that build a feeling of CERTAINTY in HCPs, they are likely to procrastinate adoption decisions and wait for feedback from their peers to get more certainty.



## Example #1



## LESS CERTAINTY

While Ilumya showcases its 5-year skin clearance data and 1-year scalp improvement data, the "long haul" message doesn't feed the HCP's need for certainty. For some HCPs, long haul may also mean that patients can be on the drug for a long time, which is typically more about tolerability than efficacy.

## MORE CERTAINTY

Taltz leads with certainty before the data is even introduced. Fast and lasting clearance of plaque is what HCPs need and a clear difference in their skin is what patients want. The market leadership message helps further reinforce certainty that there is low risk of regretting the decision later if the HCP chooses Taltz.

## Example #2



Taltz is the #1 prescribed IL-17 antagonist in psoriasis<sup>5\*</sup>

# 04 *Mistake*

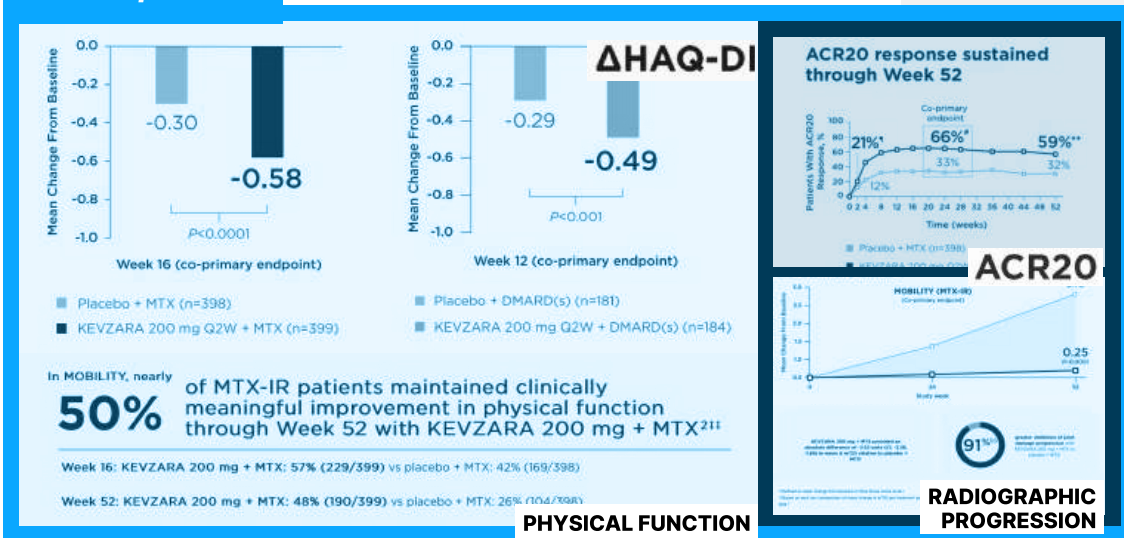
**Just because you  
*can* say a lot in  
efficacy, doesn't  
mean you  
*should***



A common mistake made in HCP messaging is to feel the need to present ALL the clinical data available to the brand in a vis aid. Measured restraint is critical to success in HCP messaging, otherwise brands are likely to be the victim of a cognitive phenomenon called Dilution Effect – which means when you say too much, the customer is likely to remember nothing!

Most brands have a core message story flow of 3-4 messages that the reps focus on, but they also have vis aid slides for every possible data table from the trial. Identifying the core message story flow is easy and can be produced by a maxdiff TURF study. But making important YES/NO decisions on clinical data and purposefully deemphasizing some data in the vis aid is challenging for many brand teams.

## Example #1



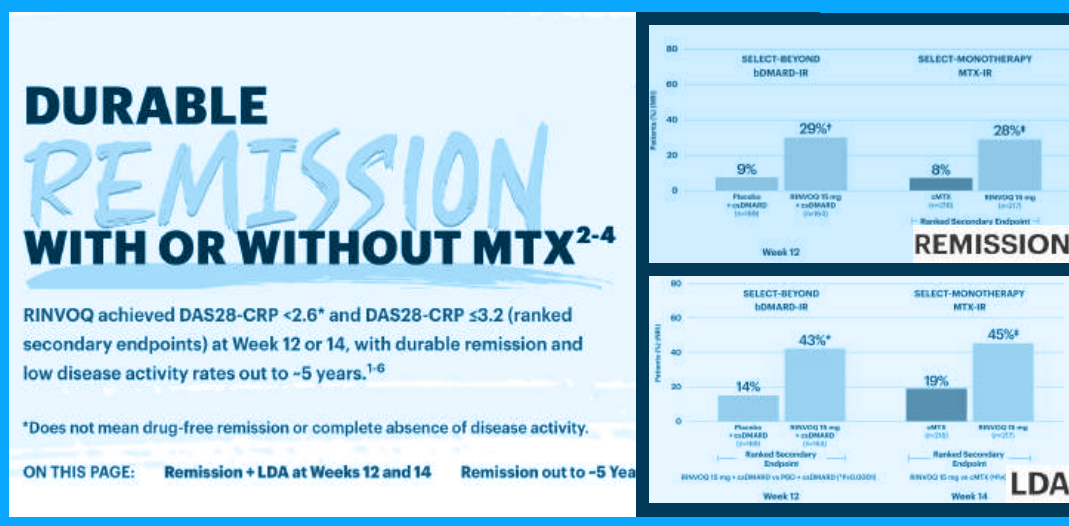
## SAYING IT ALL

Kevzara presents data on many endpoints including ACR20, HAQ-DI, Physical Function, and Radiographic Progression. While the data is impressive on all endpoints, since most of them are not used in everyday clinical practice, it can be challenging for HCPs to remember data on so many endpoints, especially since they don't even know how some of them are measured.

## SAYING ONLY WHAT MATTERS

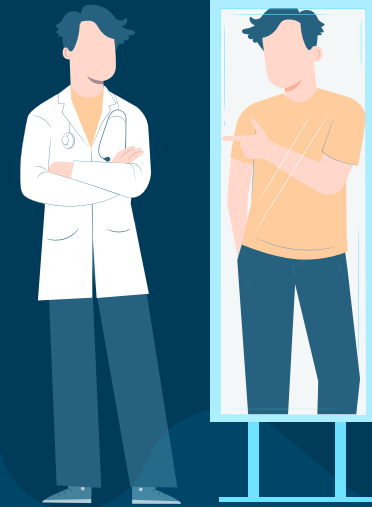
Rinvoq is laser-focused on its remission and disease activity data and repeats it throughout the efficacy section. In fact, they don't even visualize data on the primary endpoint (ACR20), so that they can maintain singular focus on remission and LDA.

## Example #2



# 05 *Mistake*

**Not talking to the  
*human* behind  
the HCP customer  
and addressing their  
own rational and  
*emotional needs***



Most messages are a vis aid talk to the HCP as a customer whose only job is to treat patients. But the HCP is a human first before they are a customer and their human needs (rational and emotional) also need to be addressed in brand messaging. While they worry about their patients a lot, they worry about their personal lives even more and may be dealing with burnout, medical school debt, insurance paperwork and more!

Talking to the human behind the HCP customer at a human level, not just in the context of the disease state is critical to success for every brand and requires clever fine-tuning of messages that are label compliant and yet address the HCP's human needs.



## Example #1



### TALK TO THE HUMAN BEHIND THE DOCTOR

Verzenio's message puts the spotlight on the patient's strength and doesn't even refer to the survival benefit. However, the phrase MEET HER STRENGTH indirectly delivers on the benefit of HCP accomplishment and talks to the human behind the oncologist.

### TALKING TO THE DOCTOR

Kisqali's messaging is mostly focused on the survival benefit to patients. Even though the rational benefit of MORE LIFE is laddered up to the emotional benefit of "more time for what they love", it is still a patient benefit, and does not address the human needs of the HCP.

## Example #2



# 06 *Mistake*

**Making the  
HCP *work* harder  
than they want to  
find the information  
they *need***



Often the most important information in HCP messages is buried somewhere on the vis aid pages and it is not easy for HCPs to find. If HCPs are having to work harder than they need/want to look for important information in a message, they will just skip over it!

Placing information at the beginning or end of a message or the entire story flow taps into Primacy Effect and Recency Effect heuristics and makes it easier to find for HCPs. Information placed anywhere else is making the HCP work hard. While some information will always be in the middle, it should never be the most important information in a message.

## Example #1



90% of patients remained relapse-free at the interim analysis of a longer-term study<sup>1</sup>

■ INVEGA SUSTENNA<sup>®</sup> patients who were **relapse-free** (n= 141/156)<sup>2</sup>

■ INVEGA SUSTENNA<sup>®</sup> patients who **relapsed** (n= 15/156)<sup>2</sup>

- Due to the significant efficacy of INVEGA SUSTENNA<sup>®</sup>, the study was terminated early at the preplanned interim analysis by an Independent Data Monitoring Committee<sup>1</sup>
- The most common adverse reactions from the 5 pivotal trials (incidence  $\geq 5\%$  and occurring at least twice the rate of placebo) were **injection-site reactions, somnolence/sedation, dizziness, akathisia, and extrapyramidal disorder**<sup>1</sup>

## EASY FINDABILITY

Invega Sustenna is highlighting the 90% relapse-free claim prominently by placing it at the top and visually separating it using color. While the headline message is also easy, it would be better if the headline also referred to Relapse-Free rather than referring to time to relapse.

## NOT EASY FINDABILITY

Abilify Maintena is also messaging to time to relapse in the headline message, but the inclusion of sample sizes, hazard ratios, confidence intervals, etc. makes it difficult to find the most important information in the sentence.

## Example #2

**ABILIFY MAINTENA (n=269) significantly delayed time to relapse<sup>§</sup> vs placebo (n=134) in a 52-week study (HR=0.199 [95% CI, 0.1-0.3],  $P<0.0001$ )<sup>3,4||</sup>**

**Primary endpoint:**  
Time from randomization to relapse

— ABILIFY MAINTENA (n=269) — Placebo (n=134)

# 07 *Mistake*

**Not tapping into  
HCP belief system  
through messaging  
and activating their**

*imagination*

**with words**



HCP messages can have a lot of detail because HCPs always ask for more details in market research. But sometimes it is better to write messages in a way so that HCPs have to use their imagination to fill the gaps on what they "believe" to be the details. Their imagination can be more powerful and hopeful than what words can communicate, especially given MLR approvals.

Writing messages to tap into the HCPs imagination can be especially effective when you are trying to connect MOA to efficacy, present data on secondary endpoints that cannot be detailed, explain data on esoteric endpoints that are not used in everyday clinical practice, etc.



## Example #1

# BIMZELX HAS ARRIVED STAND UP TO HS<sup>1</sup>



The first and only approved biologic in HS to  
selectively inhibit IL-17A + IL-17F<sup>1</sup>

- IL-17F is a key driver in HS, overexpressed, and more prevalent than IL-17A<sup>2,3</sup>
- BIMZELX selectively targets IL-17A + IL-17F, binding to all dimers<sup>1,4</sup>
- BIMZELX blocks both IL-17A + IL-17F, providing more inhibition of inflammation than by inhibiting IL-17A alone (based on preclinical *in vitro* studies)<sup>5</sup>

## ACTIVATING HCP IMAGINATION

Bimzelx is describing its IL-17A + IL-17F mechanism of action in a way that it makes the HCP believe that they should get more complete or comprehensive efficacy even though the message doesn't directly say that. The courtroom type tonality of X had arrived, stand up is a clever use of metaphor that can also feed the imagination of the reader in familiar way.

## NOT ACTIVATING HCP's IMAGINATION

Cosetyx's message is more directly stating what is "believed" in medical literature to be the role of IL-17A in Hidradenitis Suppurativa. Even though Cosentyx has strong efficacy data featured in their messaging as well, little is left to the HCPs imagination to connect the dots between MOA and efficacy.

## Example #2

**IL-17A is one of several key cytokines  
thought to play a role in inflammation in HS<sup>4</sup>**

**Increased levels of IL-17A have been found in the  
serum of some patients with HS<sup>5</sup>**

**IL-17-producing cells are present in  
lesional and perilesional HS-affected skin<sup>6</sup>**

# 08 *Mistake*

**Telling HCP**  
**what to do vs.**  
**showing them the**  
**value of doing it**



HCPs typically don't like to be "told" what to do, especially if the message tells them to change behavior in some way. It is a much better messaging strategy to "show, not tell" HCPs if brands want them to change behavior.

Showing the upside of changing behavior or the downside of not changing it is typically more effective to get HCP's attention when crafting behavior change messages.

Many brands have unbranded and branded messages that tell HCPs to have more urgency in treatment and to treat more aggressively from the start. HCPs can interpret these messages very differently, concluding that the brand is implying that they are not doing their job well.

## Example #1

For the treatment of newly diagnosed multiple myeloma<sup>1</sup>:

**Give your transplant-eligible patients a better chance at experiencing improved outcomes with DVRd vs VRd<sup>1,2</sup>**



## TELLING CUSTOMERS WHAT TO DO

Darzalex's message is "telling" HCPs to take action which they are already working hard to take, which can be perceived by HCPs as not helpful. Furthermore, advancing the frontline momentum may not even be clear to HCPs as an action step if that is now how they think of making decisions between 1L and 2L.

## SHOWING CUSTOMERS THE VALUE

Kyprolis' message is more like a "suggestion" to the HCP instead of telling them what to do. Kyprolis shows HCPs multiple reasons to use its product - 4 different combinations, proven SOC, PFS in 3 different clinical trials.

## Example #2

Kyprolis®  
(carfilzomib) for injection

Power possibilities at first relapse with a

**PROVEN STANDARD OF CARE\***

4 proven carfilzomib (KYPROLIS®) combinations at first relapse with:

- NCCN Category 1 recommendations<sup>2</sup>
- PFS improvement in phase 3 clinical trials<sup>3,4,5</sup>

[EXPLORE THE COMBINATIONS >](#)

\*A treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals. Also called best practice, standard medical care, and standard therapy.<sup>1</sup>

<sup>1</sup>The primary endpoint was PFS. Patients included in these clinical trials had 1-3 prior lines of therapy.<sup>2-5</sup>

# 09 *Mistake*

## Prioritizing copy- editing *perfection* over real-world speaking/reading habits



How HCPs think and speak in the real world is messy, yet most brand messaging has to be copy-perfect to make it into the vis aid.

Academic research shows that most people use an active vocabulary of only 20,000 words and also rely heavily on metaphors to get their thoughts across to others because they often don't have the right words to communicate.

Many of the best testing HCP messages in market research are not the best written and conversely many beautifully written messages die in research.

## Example #1



## PRIORITIZING COPY PERFECTION

Vyepti is using an interesting phrase (and metaphor) in "break free from the vicious cycle", but then they have to officially define what a vicious cycle is due to MLR reasons, which defeats the purpose of using the phrase in the first place.

## PRIORITIZING EVERYDAY SPEAKING

Emgality uses phrases that would have higher "everyday familiarity" for both HCPs and patients. For HCPs, reducing the impact of migraine is a phrase they can easily relate to because they know that it is very challenging to do more than that. For patients, the phrase "tears away at life" is also very relatable, even though they may not use those exact words themselves when talking about their migraine.

## Example #2

Emgality<sup>®</sup>: a once-monthly preventive treatment for patients with episodic or chronic migraine<sup>1</sup>



# About Newristics

Newristics is the market leader in optimizing go-to-market communications for pharma brands.

Combining the power of behavioral science, machine learning analytics and databases, Newristics optimizes GTM communications for **Top 20/20** pharma companies and **200+** brands.

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