

# 13

# Golden Rules of Drug Launch Messaging

Insights from a large-scale analysis of 6,500+ messages from 34 new drugs launched over the past 5 years



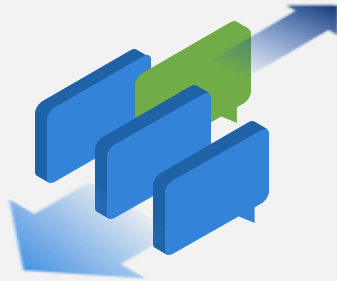
# Launch messaging analytics approach

## Messaging Research



Message testing studies exploring **3 TRILLION** message story flow options

## Optimal Story Flows



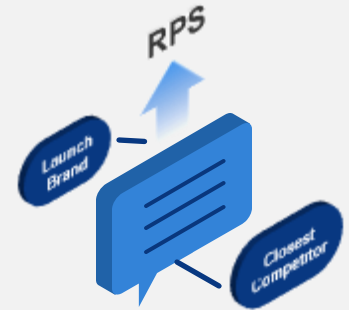
Analyzed optimal story flows for every launch brand (long and short)

## Hypothesis Testing



Tested 30+ hypotheses on story flows, confirmed 13 golden rules

## Launch Success



Compared preference share of launch brand vs. closest competitor

# Launch messaging success criteria

**RPS**

Relative Preference Share

=

{ Preference share  
of launch brand }

{ Preference share of  
closest competitor }

# Launch messaging golden rules

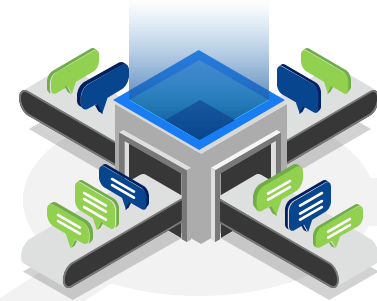


## Intuitive rules

But, with a twist!

## Counterintuitive rules

Breaking myths



## New-to-the-world rules

Surprising findings

01

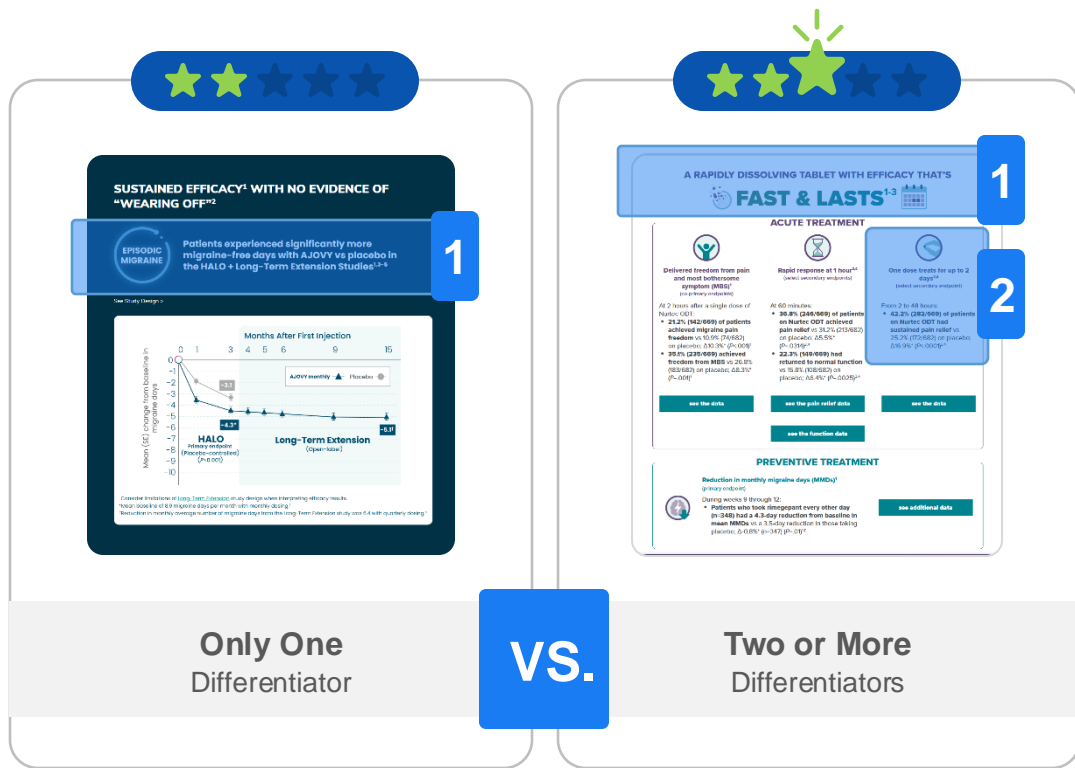
“Two heads are better than one!”

# Messaging to one differentiator is **not enough** anymore!

Better performing launch brands used messaging to differentiate against the leading competitor in more than ONE way, suggesting that one differentiator has become a price of entry in the highly competitive launch environment in most disease states.



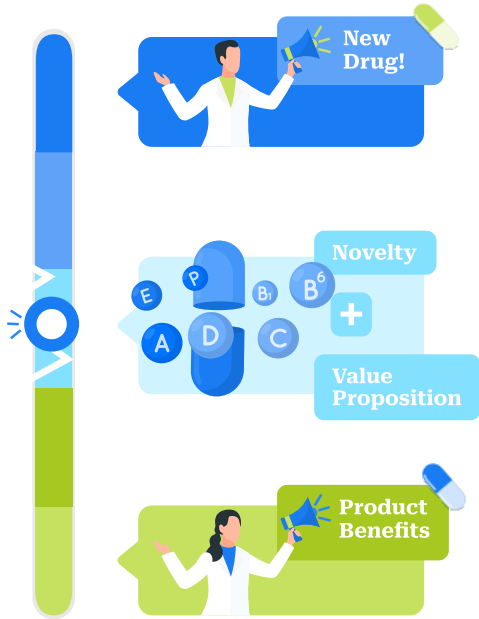
# Message to more than one differentiator



# +16% ↑

**Brands with >1 differentiator in messaging perform better, with best differentiation coming from:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1 Efficacy</li> <li>2 MOA</li> <li>3 Dosing</li> </ul> | <ul style="list-style-type: none"> <li>4 Safety</li> <li>5 Access</li> <li>6 Patient Type</li> </ul> |
|---|--|



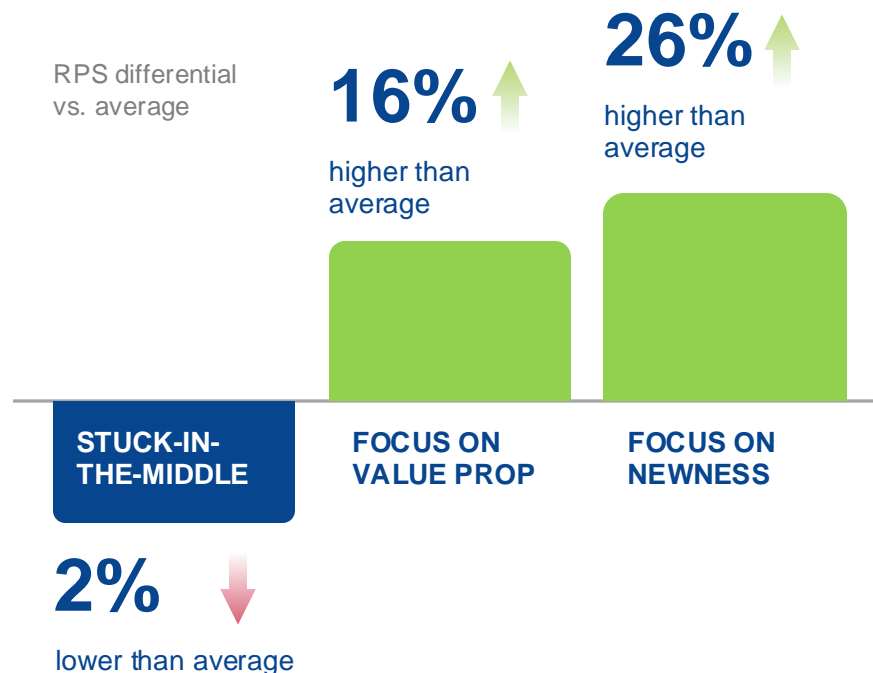
02

“Go big or go home!”

## Don't be **stuck-in-the-middle** on **novelty** messaging.

Winning brands either go all-in & play up the novelty communication aggressively or don't emphasize newness much & just focus on customer end-benefits/value proposition.

# Don't get stuck-in-the-middle on novelty



Launch brands need to make **bold decisions** on messaging to novelty if they want to become the market leader.



03

“Hope talks, data walks!”

# Communicating past data is not enough unless it also builds future hope.

Winning launch brands present their efficacy data in a way that helps HCPs bridge the gap between results from past clinical trials to hope for future clinical practice.



# Bridge past data → future hope

Example  
Past Data

CINQAIR consistently helped prevent exacerbations vs placebo in multiple clinical trials over 52 weeks<sup>1,2</sup>

Reduction in overall exacerbations



Reduction in exacerbations requiring OCSs



Example  
Future Hope

EXACERBATION REDUCTION IN PATIENTS 12+ YEARS

OPEN UP A WORLD

WITH FEWER EXACERBATIONS

DUPIXENT demonstrated severe exacerbation reduction up to ~3 years.

# +23%↑

Brands who bridge the gap between past data and future hope have significantly higher RPS.

04

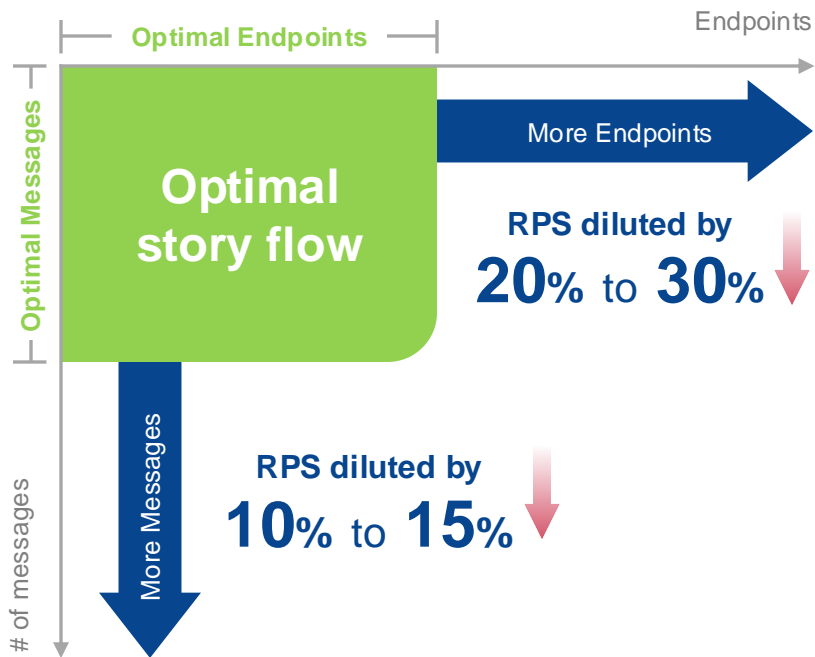
“Bruh, that’s TMI!”

## When you **say too much** in efficacy, you **say nothing** at all.

Launch brands who purposefully emphasize the most important efficacy data and de-emphasize the rest perform significantly better than brands who say it all in their efficacy messaging.



# Dilution effect: Saying too much in efficacy



Adding messages to more endpoints can dilute the impact of the story flow significantly.

Adding more efficacy messages to the same endpoints is not as bad.

05

“Talk to simple, stupid!”

100%  
Success

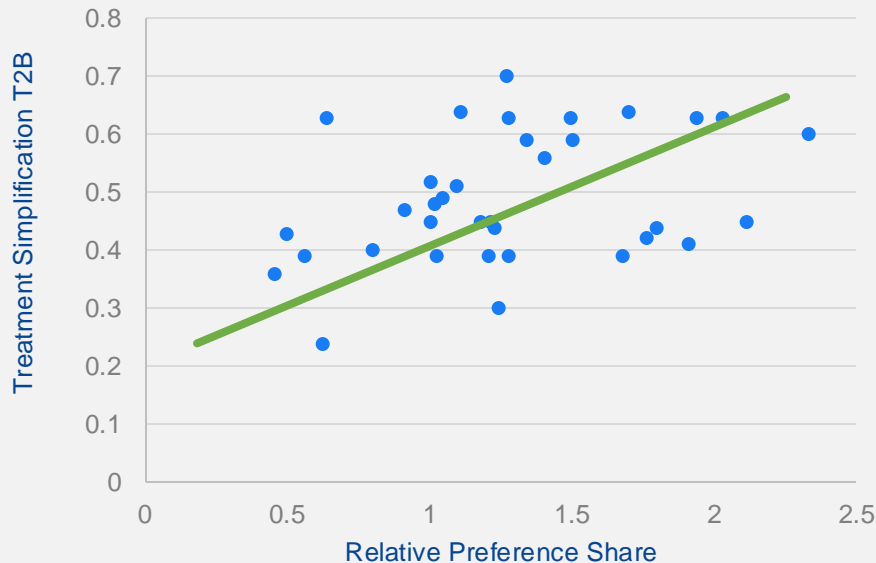


Communicating to **simplification**  
of treatment is as important as  
communicating to **improved**  
**outcomes.**

Launch messaging needs to not only deliver against efficacy benefits of the new drug for *patients* but also address the *human/selfish needs of the HCPs*, and simplification is a major human need.

# Messaging to simplification need of HCPs

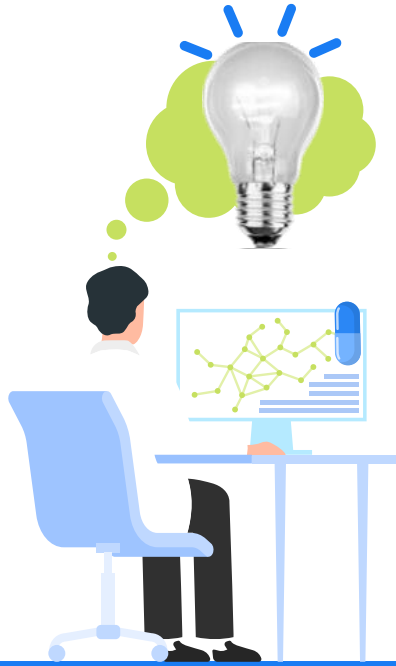
RPS vs. T2B Score on Diagnostic Statement about Treatment Simplification



Launch brands who make the HCP feel that treating the condition will be simpler in the future tend to outperform competition.

06

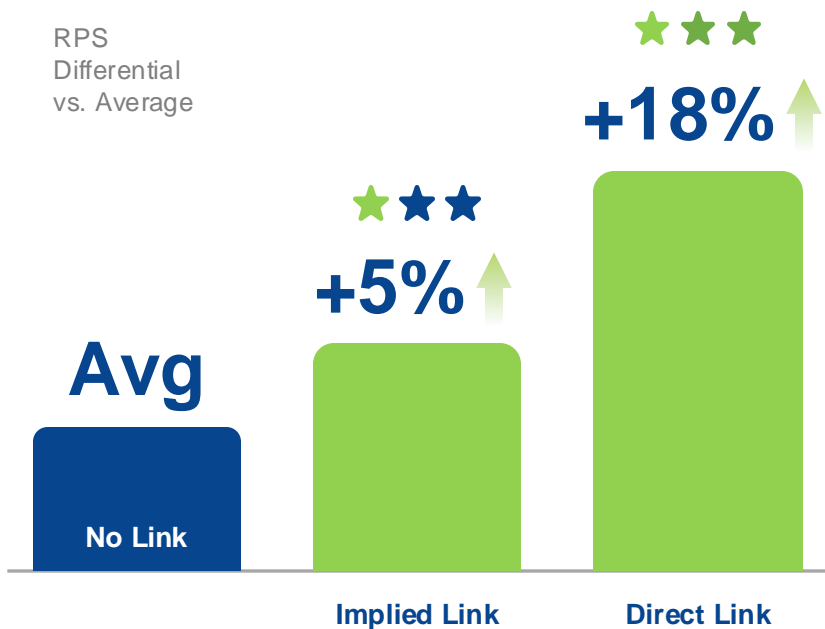
“Believing is seeing!”



## Connecting MOA to Efficacy in messaging is critical, even if it's only based on **belief!**

A direct linkage between MOA and efficacy is often not approvable. Launch brands that present MOA in a way that allows HCPs/patients to connect the dots between MOA and efficacy using their belief system perform better.

# Link your MOA to efficacy, even if it's implied



**Successful launch brands find a way to link MOA to efficacy.**

Direct link is the most powerful and worth fighting for! Even an implied link that builds belief with words adds an upside.



07

“I compare, therefore I am!”

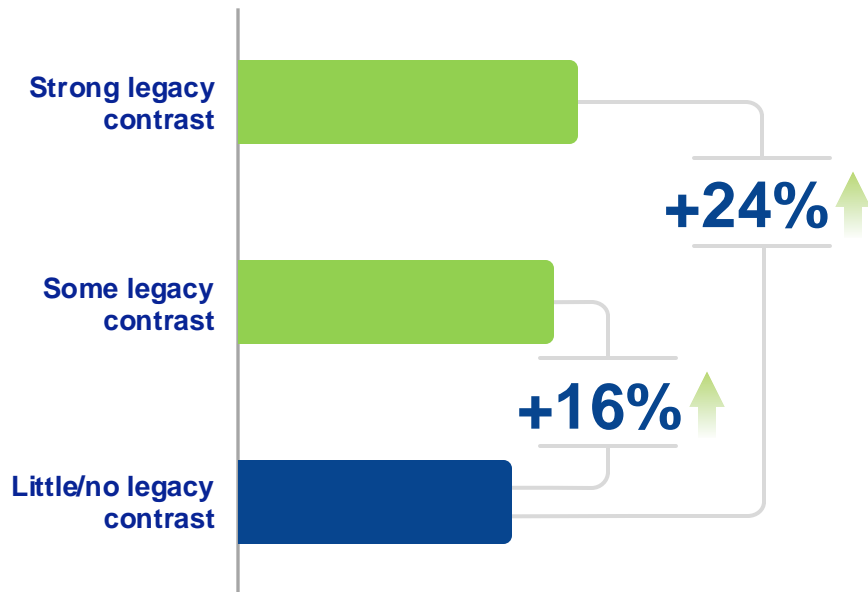
**MOA uniqueness has to be directly contrasted vs. legacy products for it to be truly impactful.**

HCPs have more familiarity and comfort with existing MOAs and even when a new drug has a “theoretically better” or disease-modifying type MOA, unknowns about the mechanism of the new drug serve as a barrier to adoption.



# MOA uniqueness needs contrasting

Increase in Relative Preference  
Share for MOA Messaging



Adding an **MOA** message to launch story flow adds most upside in preference share when it is **contrasted** with legacy products.

08

“Know better, do better!”



If your messaging doesn't effectively explain **where and how** to use your drug, HCPs will likely delay adoption!

For launch drugs, if HCPs are not abundantly clear about how to use the drug, they will simply procrastinate the adoption decision. Winning brands present dosing messaging prominently and repeat it throughout the story flow to create comfort with the dosing.

# Explain your dosing/administration repeatedly

The VABYSMO Prefilled Syringe is now available to order

Commercial product will be available as early as the week of September 3, 2024



The VABYSMO PFS is co-packaged with the first FDA-cleared Injection Filter Needle for intravitreal injection<sup>1</sup>

## DOSING

### Start with flexible 1–4 month dosing<sup>1</sup>

Recommended dose for VABYSMO is 6 mg administered via one of three regimens<sup>1</sup>  
4 monthly loading doses followed by:<sup>†</sup>



Although VABYSMO may need to be dosed as frequently as every 4 weeks after the first 4 doses, additional efficacy was not demonstrated in most patients compared to every 8 weeks.<sup>1</sup>

### Deliver the difference in 3 key steps

Allow VABYSMO to reach room temperature (68–77°F) and visually inspect before use<sup>1†</sup>

#### SNAP the cap



Aseptically remove the PFS, hold it by the white collar, and then snap the cap off<sup>1</sup>

#### SECURE the needle



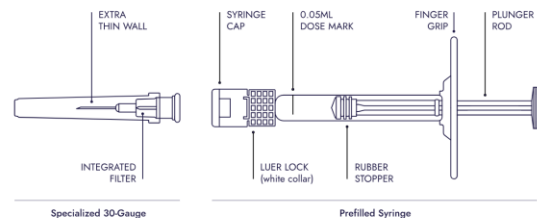
Secure the provided Injection Filter Needle by firmly attaching it to the syringe Luer Lock<sup>1</sup>

#### SET the dose



Set the dose by gradually pushing the plunger rod until the lower edge of the rubber stopper dome is aligned with the 0.05 mL dose mark<sup>1</sup>

The VABYSMO PFS is co-packaged with the first FDA-cleared Injection Filter Needle for intravitreal injection<sup>1</sup>



# +15% ↑

Brands that explain their dosing and administration prominently in the story flow perform better on RPS.

09

“The paradox of choice”



## Be careful about messaging to **options heavily** during launch.

If a launch product emphasizes options for dosing, patient type, treatment sequencing etc., it can make the trial decision unnecessarily complex for HCPs, ultimately leading to procrastination and delay.

# Beware of the choice paradox



A LYRICA pill has a distinctive shape and color, making it easy to identify and get the brand name.

INDICATION	Dosing Regimen	Maximum Dose
DPN Pain (2.2)	3 divided doses per day	300 mg/day within 1 week.
PHN (2.3)	2 or 3 divided doses per day	300 mg/day within 1 week. Maximum dose of 600 mg/day.
Adjunctive Therapy for Partial-Onset Seizures in Pediatric and Adult Patients Weighing 30 kg or More (2.4)	2 or 3 divided doses per day	Maximum dose of 600 mg/day.
Adjunctive Therapy for Partial-Onset Seizures in Pediatric Patients Weighing Less than 30 kg (2.4)	<i>1 month to less than 4 years:</i> 3 divided doses per day  <i>4 years and older:</i> 2 or 3 divided doses per day	14 mg/kg/day.
Fibromyalgia (2.5)	2 divided doses per day	300 mg/day within 1 week. Maximum dose of 450 mg/day.
Neuropathic Pain Associated with Spinal Cord Injury (2.6)	2 divided doses per day	300 mg/day within 1 week. Maximum dose of 600 mg/day.

**-22%↓**

Launch brands who message to **options** about where/how their drug can be used tend to perform worse on RPS.

10

“Show, not tell!”

# Use **gentle nudges** instead of **telling** customers what to do!

Winning launch brands smartly use nudge-based messaging and *demonstrate* to customers that the benefits of changing behavior far outweigh the effort instead of *telling* them to change behavior.



# Nudge customers towards desired behaviors

Example  
Nudge

**#1** PRESCRIBED THERAPY IN 1L AML FOR PATIENTS INELIGIBLE FOR INTENSIVE CHEMO<sup>15\*</sup>

**NCCN**  
RECOMMENDED

National Comprehensive Cancer Network® (NCCN®) recommends venetoclax (VENCLEXTA®) plus azacitidine for AML patients<sup>2†</sup>

For patients ≥18 years of age who are not candidates for intensive induction chemotherapy in first-line AML regardless of mutation status:

**VEN+AZA** | NCCN Category 1 preferred

Example  
Call-to-Action



For treatment-eligible patients with newly diagnosed *FLT3*-ITD+ AML

Start and stay with VANFLYTA—The only *FLT3* inhibitor indicated for  
**INDUCTION, CONSOLIDATION, AND MAINTENANCE<sup>1-3\*</sup>**

\*Please see Full Indication, including Limitations of Use, to the left or bottom of the page.

*FLT3*-ITD+, AN AGGRESSIVE THREAT IN AML<sup>4</sup>

**FOCUS YOUR ATTACK**

-26% ↓

Launch brands who tell the HCP what to do instead of nudging them have significantly lower RPS.



11

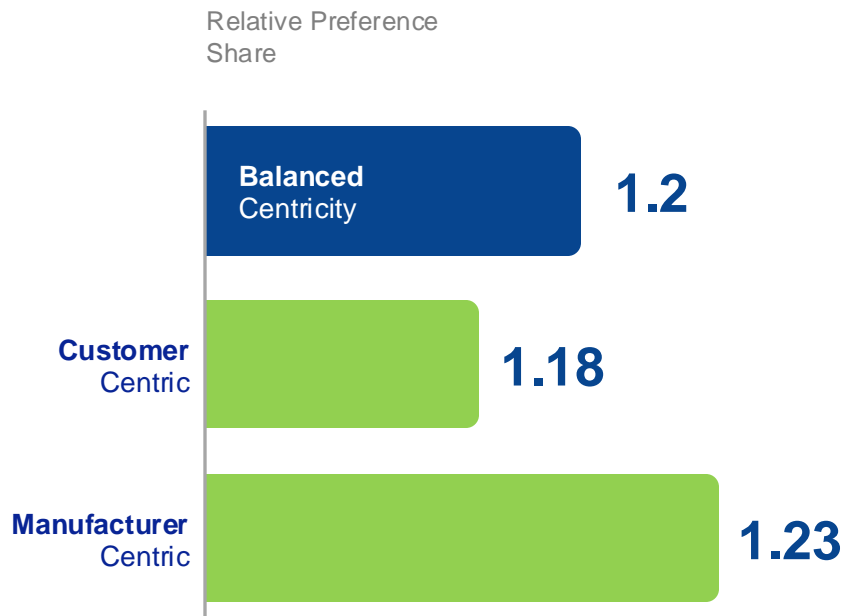
“When product is king!”

**Manufacturer-centric**  
messaging can be as effective  
as **customer-centric** messaging  
if the product just works!

When the messages are simple and the data is compelling, HCPs/patients can easily translate the benefits of the product to them and don't necessarily need customer-centric language to enhance the messages further.



# Customer vs. manufacturer centricity



## Inline brands:

past meta-analyses have shown that **customer-centric messaging** performs significantly better.

## Launch brands:

manufacturer-centric messaging **performed** as well as customer-centric, which is surprising.

12

“Work smarter, not harder!”

**Don't make the customer work harder than needed to find the most information in your messaging.**

Better performing launch brands make sure that the most important information in message story flows and within each message is **EASILY FINDABLE**. Findability is highest when important data/words are put at the beginning OR the end of messages.



# Make your information easily findable

## Important Message First

+22%

higher RPS



Opening a story flow with the most important message results in **22% higher RPS**

## Headlines with Numbers

+18%

higher RPS



Headlines with numbers do **18% better** than headlines without numbers

## Data at the Beginning or End

+19%

higher RPS



Adding data at the beginning or end of the message (instead of middle) leads to **19% higher RPS**

13

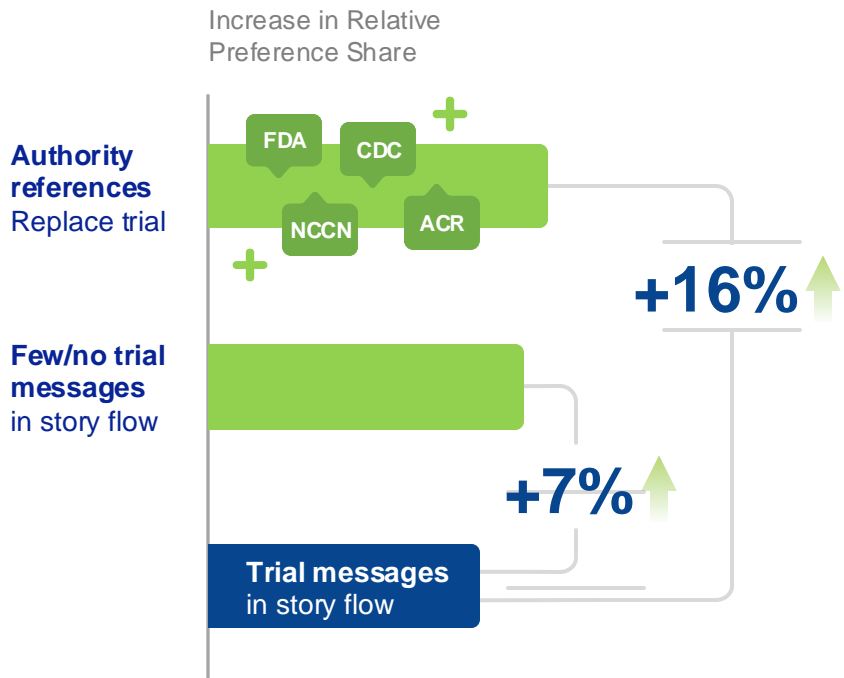
“Trials and Tribulations”



Your **trial** messages  
don't add as much  
**credibility** as you think!

Unless the clinical trial design of a launch drug is a source of competitive advantage, trial information adds little authority vs. other credible sources like FDA, CDC, NCCN, etc.

# Use credible sources of authority



Having many trial messages in the story flow can hurt performance.

Authority references like FDA, CDC, NCCN, ACR, etc. add more credibility than trial names.

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