POV



#### The End of the Blockbuster:

# Adapting to a New Pharmaceutical Landscape With a New Commercialization Model

Greg Skalicky, President, EVERSANA

### Introduction: The Industry's Revenue Crisis

In recent years, the pharmaceutical industry has been grappling with steep revenue declines, exacerbated by cost-cutting measures that stifle the ability to invest in new assets. As manufacturers pivot toward specialty therapies to bolster their bottom line, they face the challenge of targeting smaller populations and ensuring patient adherence. The landscape is further complicated by crowded markets, inflated operational costs and department downsizing, forcing teams to do more with less.

## Why Traditional Commercialization No Longer Drives Financial Impact

Unless manufacturers have a high-revenue product in their pipeline, such as a GLP-1, the era of blockbusters is effectively over. Yet many manufacturers still carry high SG&A costs without the resulting revenue. The strategies that once fueled massive growth and profitability – which focus on launching a few high-selling drugs – are no longer viable in today's complex and competitive market.

Internal and external pressures are significantly straining the financial health of manufacturers:

 Patent cliffs: Loss of exclusivity leads to more competition, lower market share and reduced revenue.

- Rising patient acquisition costs: Escalating expenses for identifying and engaging patients make it harder to achieve a strong return on investment.
- Convoluted supply chain management: Reliance on wholesalers and complex, costly distribution models obscures visibility into the product journey and limits manufacturer control.
- Fragmented execution: Disjointed commercialization efforts with multiple vendors and consultants lead to competing priorities and duplicative resources.
- Lack of pricing transparency: Uncertainty regarding medication costs delays access for patients. At the same time, frequent and unpredictable policy changes undermine pricing and contracting strategies, complicating efforts to ensure affordability and consistency.
- Complicated relationships with pharmacy benefit managers (PBMs): The complexity of negotiating and maintaining partnerships with PBMs leads to pricing pressures, misaligned incentives and challenges in optimizing access and reimbursement.

The pharmaceutical landscape has shifted, leading to the need for more nuanced, sustainable approaches to commercialization. Manufacturers can no longer rely on blockbuster products and traditional playbooks to succeed. Instead, they must consider a flexible, outsourced commercialization infrastructure and strategic partner to stay competitive.



# Good News: A Proven Commercialization Model Exists Today

For years, EVERSANA has been at the forefront of disrupting the industry, reshaping how manufacturers bring products to market. As a team of pharma veterans, we've faced the same industry pressures: doing more with less, streamlining operations and fighting to unlock the full potential of our therapies.

Today, that transformation is complete. After launching five of our own products each year, we navigated the challenges and optimized every process, giving us the firsthand knowledge of what truly works. From field promotion to distribution to patient support, we redefined commercialization.

Our Direct-to-Patient (DTP) model – EVERSANA DIRECT Commercialization™ – streamlines access to patient care and elevates engagement to achieve a 70% adherence rate.

By integrating advertising, field teams, telehealth, patient services and dispensing, our model maximizes sales potential and establishes a deeper, more direct relationship between manufacturers and patients. Our ready-to-deploy infrastructure with best-in-class technology allows manufacturers to shift from large field teams to a high-impact field strategy, scale resources and optimize operations.

EVERSANA DIRECT Commercialization meets the demands of the landscape and addresses the key factors impacting manufacturers' growth and profitability:

- Patent cliff: By connecting directly with patients, DTP can outperform the competition, sustaining patient engagement and market share.
- Rising patient acquisition costs: DTP allows manufacturers to find new patients and connect with those already showing interest, reducing patient acquisition costs up to 50%.

- Supply chain management: Through our own 3PL, warehouse and specialty pharmacy, we bypass traditional channels to streamline distribution and accelerate medication delivery.
- Fragmented execution: Our ready-to-deploy, end-to-end commercialization engine – implemented as a fully outsourced solution or an extension of an existing infrastructure – removes the hefty costs of a "do-it-yourself" approach and mitigates financial risks.
- Lack of pricing transparency: DTP leverages technology and integration of our 3PL and patient services hub to track rebates, chargebacks and copay adjudications, enhancing transparency, preventing revenue leakage and optimizing formulary management.
- Alternative options to PBMs: As the thirdlargest channel provider and the only "vendor" to launch its own products, EVERSANA operates independently of traditional PBMs, offering a new level of transparency and cost efficiency.

As the sole industry partner with a comprehensive, end-to-end commercialization engine, EVERSANA is uniquely equipped to deploy a DTP model that drives long-term success and enables flexibility in an ever-evolving landscape. Our proven track record includes successful DTP deployments for both small biotechs and global pharma giants.



