"Nothing changes if nothing changes."

Why an integrated commercialization platform with the amplified power of a direct-to-patient (DTP) channel is no longer an option; it's a must.

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It feels like a broken record. Across the pharmaceutical and biotech sectors, new therapy launches continue to fail to meet projected sales forecasts. According to one recent industry example, 66% percent of launches underdelivered—with reasons ranging from clinical and logistical complexities to relentless pricing pressures and rising overhead costs. Despite these perennial frustrations, many brand leaders have been slow to adapt or even adjust. As the adage goes, "Nothing changes if nothing changes."

The reason why the status quo remains baffles the mind. Over the past five years, the industry has experienced a flurry of innovation in commercialization strategy and options. **So, we must ask: How do we get out of our own way?**

Innovation flurry #1: Integrated commercialization models

While traditional brand teams use different outsourcing arrangements to support their launch and commercialization strategies, the ability to engage with a single third-party commercial partner that can provide end-to-end services under one roof has emerged. Rather than engaging a patchwork of vendors and service providers to carry out individual aspects of the commercialization, integrated models provide operating efficiencies while reducing overall costs and risk.

Years ago, EVERSANA launched EVERSANA COMPLETE Commercialization®—an outsourced end-to-end solution which has been used to support the launch and market growth of more than 30

therapies across various therapeutic categories. The model helps life sciences companies forego the need to build and maintain an extensive internal infrastructure or permanent personnel. **EVERSANA COMPLETE Commercialization's operating model increases revenue 5%-15%, delivers 20% cost savings** compared to internal build, and includes fully-aligned financial objectives to align incentives and eliminate the blame game.

Innovation flurry #2: Using DTP... ASAP! (our industry loves a great acronym)

Enter the boom of GLP-1s in recent years and the rise of "Direct-to-Patient." The DTP model was developed to help life sciences companies close critical gaps in market reach. DTP promises to identify, directly engage and then compliantly activate previously undiagnosed or treatment-naïve patients. While DTP quickly became an industry buzzword "du jour" in the last 12 months, few leaders truly understood it and veteran leaders of pharma commercialization were hesitant to dive in.

Let's break it down. Yes, a core component is a telehealth platform and distribution channel, but "If you build it, it doesn't mean they will come." A model like DTP cannot deliver its potential unless it's part of a broader commercial strategy and smart marketing approach.

If strategized and executed correctly, DTP will engage and educate individuals who are actively researching symptoms or looking for a new treatment option. AI-informed capabilities then activate messaging with "next best actions" that empower "activated patients"

[1]https://www.eversana.com/insights/a-spacex-philosophy-to-launching-in-pharma/

> **"If you build DTP, it doesn't mean patients will come. You need a smart, integrated marketing approach."**

to take decisive action like scheduling a virtual consult and verifying their insurance coverage. Ultimately the goal is to allow patients to receive a timely diagnosis—typically within a day or so—and then allow them to access therapy as quickly as possible.

For those motivated by "health equity," in both rural and urban settings, it is not uncommon for patients to wait weeks or months to get an appointment with their HCP or a specialist of choice. DTP can help to bridge this gap.

And then it's not enough to simply target and engage (although not simple at all) so an effective DTP model must also provide tools to help patients move through real or perceived barriers, to streamline medication access, address affordability issues, and accelerate speed to therapy. To reduce both cost and wait times for patients, this solution is designed to either ship the product directly to their home or to coordinate dispensing at a local pharmacy.

Once the patient begins therapy, the right DTP channel can provide various forms of ongoing support to promote long-term adherence to therapy.

DTP models do not compete with the traditional HCP-centered treatment paradigm. Rather, they are designed to augment the underlying commercialization strategy and address unmet clinical need in two ways:

- By providing a time- and cost-effective way to identify and engage undiagnosed, untreated patients, and

- By giving patients unprecedented levels of self-sufficiency and autonomy when it comes to understanding their symptoms, receiving a timely diagnosis, verifying their insurance benefit status (and exploring other potential options to address affordability issues if needed) and receiving their medication quickly at home

With DTP, all these capabilities are integrated into a seamless, user-friendly workflow (which begins with an intuitively designed DTP landing page). This ensures that patients can easily access and navigate all program offerings from home using their phones or computers.

DTP is ideally suited for medical conditions (and related treatments) that can be effectively diagnosed using telehealth resources, and those therapies for which extensive laboratory testing is not needed to validate a diagnosis or inform therapy selection. Early adopters have been in branded therapies in categories such as dermatology, obesity management and medications that offer a cash payment option for those without insurance.

Early adopters, based on data provided by EVERSANA DIRECT Commercialization™, have realized tangible improvement in several key metrics, reporting these improvements:

- ✓ Onboarding/conversion rates (whereby prescriptions written by HCPs are dispensed and received by the patient) up to 95%, versus 50% industry average

- ✓ Adherence/refill rates of 90% versus 50% industry average

- ✓ Patient-acquisition costs that are 30 to 50% lower than previously possible

Of critical importance is that a DTP channel does not cannibalize the brand's existing HCP-directed patient base or the value of an effective pharma field force. Rather, this novel digital channel helps life sciences brand teams to cost-effectively identify, engage and activate patients. The contracted outsourcing arrangement gives drug developers the opportunity to greatly extend the reach of the medication within its therapeutic space, without requiring significant investment in permanent internal overhead and personnel.

It is worth noting that such a channel is not reserved solely for new product launches. Rather, existing product franchises can adopt this digital, technology-enabled DTP channel later in the product lifecycle to re-energize efforts to expand market reach and market share. The opportunity to use this innovative channel

to potentially expand the patient base by 20–30% provides a compelling business imperative for brand teams and can help to counter the stiff headwinds many brands are facing.

An important aspect of this comprehensive patient-lead framework and technology framework is that it also gives brand teams comprehensive visibility into patients' actions and behaviors over time, from diagnosis through ongoing disease management. This allows brand teams to continuously fine-tune their outreach and deliver tailored interventions that support individual patients in actionable, impactful (or meaningful) ways.

Innovation flurry #3: Using DTP to Amplify an Integrated Commercialization Model

When pharma companies or individual brand teams try to create ad hoc DTP offerings by engaging different vendors to provide selected program elements (such as HCP and patient awareness, telehealth, electronic benefits verification, digital pharmacy, support services, and so on), the resulting patchwork approach creates unavoidable siloes that reduce visibility and efficiency of the overall operation. For instance, each service provider must first be identified, vetted and onboarded. Similarly, each service provider will then have its own P&L methodology and thus, different embedded drivers for profitability. Creating seamless interoperability among competing technology platforms, standard operating procedures (SOPs) and more creates challenges that up until now, have just been accepted as the status quo, or "the way it's been done for years."

By contrast, brand teams are most successful when a single commercialization partner can provide all aspects of the commercialization strategy using a unified approach, including a single unified P&L strategy to govern all activities.

Adding a DTP channel within the commercial strategy and working with a single partner to carry out all aspects of the commercialization, including driving patients to the channel as a strategy, helps to align all business objectives and financial incentives, increase visibility, drive efficiency and further reduce overall risk.

Every Barrier Breaks with the Right Incentive

Considering the cost, complexity and high failure rate associated with many product launches, it rarely makes sense for drug manufacturers to handle every part of the commercial launch strategy and infrastructure on their own.

Pairing integrated commercialization with a targeted, marketing-first DTP channel, offers brand teams a seamless outsourcing solution that meets the needs of both HCPs and patients in ways that drive both clinical and commercial success for all stakeholders.
The ability to do this while also realizing cost savings and operational efficiencies can help to further differentiate the medication from other options, provide competitive advantage and boost the brand reputation within the therapeutic space.

IMPACT ACTIVATION:

A brand team projected a U.S. market of 6 million patients for a new therapy. By adding a DTP channel to its commercialization strategy, they have an opportunity to reach 16 million more diagnosed but untreated patients, plus 57 million undiagnosed and potentially eligible.

With digital outreach and AI insights, peak revenue forecasts jumped by $1B.

The gain came from:

- **12M additional prescriptions** from diagnosed-but-untreated patients

- **9M from newly identified** undiagnosed patients

- **33% boost in adherence** through targeted digital support

Critically, the DTP approach enabled the company to cut its planned field force in half—shrinking from 600 reps at launch to 300 over a decade. That reduction translates to **$200M in savings**, helping offset commercialization costs while sustaining growth.