TRIANGLE INSIGHTS GROUP by Valerís

New Product Planning:
Am I Doing it Right?

Insights from our Recent New Product Planning Benchmarking Survey and Implications for Pharma and Biotech Commercial Leaders.

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WHITE PAPER

Introduction

Launch success has always meant the difference between market transformation and missed opportunity, but in the current environment of an evolving commercial landscape, budget tightening, and increased competitive intensity, the pressure to achieve flawless execution has never been higher. In this new era, how can commercial leaders ensure that their go-to-market preparation maximizes the likelihood that they will achieve launch success? Developing and executing a winning commercial strategy relies on the confluence of market unmet need, asset value, and a level of organizational readiness that connects the two. This process of new product planning (NPP) begins years ahead of the actual launch, connecting the commercial strategy and upstream R&D with the organizational readiness that will be required to deliver on the promise of the asset. Given all of the uncertainties and unknowns related to today's drug development and commercialization, Triangle Insights Group sought to understand if there were any commonalities within the NPP process from which commercialization leaders could compare their own playbook.

Methodology

Triangle Insights conducted a survey with N=124 pharma and biotech commercial leaders who led a new drug launch (i.e., NME) within the past five years. The survey participants' experience came from a mix of companies of various sizes (e.g. small vs. large pharma/biotech), portfolio breadth (e.g. first launch vs. large/portfolio expansion), therapeutic areas, and indication types (e.g. rare vs. non-rare disease). Survey respondents provided insights on key activities, timelines, and budget spend through the NPP process. Key NPP workstreams and definitions included in the questionnaire are listed in Figure 1.

NPP Workstream Importance: What are the MVPs?

In the first set of questions, respondents were asked to indicate the relative importance of key NPP workstreams by allocating 100 points across the activities, with more important activities receiving more points. This data allowed analysis of the relative priority placed on NPP

Figure 1: Key Workstreams Discussed in Survey

Workstream	Definition
Market Landscape Evaluation	Evaluation of the current and evolving market (e.g., current treatment, unmet needs, competitive intensity, clinical and pricing/market access benchmarks)
Target Product Profile (TPP)/ Value Proposition Development	Development and optimization of the asset profile and value that can be delivered at launch
Stakeholder Segmentation	Stakeholder categorization that defines common attitudes and behaviors that inform differential commercial and promotional strategy
Pricing and Market Access Strategy Development	Refinement of pricing/contracting and engagement strategy that optimizes access and quality of access
Message/Promotional Material Development and Testing	Development and optimization of messages and promotional collateral
Stakeholder Engagement Strategy Development	Structured plan for identification, outreach, and communication that effectively educates, motivates, and activates stakeholders
Patient Support Services Strategy Development	Design and implementation of programs and resources that support patient access and affordability
Field force Strategy (Size/Structure) Development	Strategic design of field team size, structure, and locations (sales, medical affairs, account/reimbursement managers)
Demand Forecast	Model expected revenue and demand, especially close to launch, to inform supply and commercial support needs

workstreams and identified nuances based on factors such as therapeutic area and disease prevalence. Overall, respondents consistently reported the most valuable NPP activities are market landscape assessment, pricing & market access strategy development, and TPP/value proposition development (Figure 2a). These activities are key to defining a new product's niche within the market, naturally increasing the value of the output to the overall commercial strategy. However, the market dynamics anticipated at product launch influence the value of these activities relative to each other, resulting in additional nuance.

Among respondents launching oncology assets, market landscape assessment and TPP/value proposition development were reported as more valuable activities compared to the total average (figure 2b). Given the rapid evolution of care and institutionalized treatment guidelines in oncology, innovators must clearly define the clinical differentiation of new entrants against the standard of care. Additionally, as treatment continues to be optimized for distinct patient segments based on biomarker status, the addressable patient population for new entrant must be clearly understood in order to best articulate the value and positioning of the asset.

Perhaps unsurprisingly, respondents participating in metabolic/obesity launches rated the relative value of stakeholder engagement, field force strategy development, and message development/testing higher compared to the overall average (Figure 2b). In this market, driven by large players with sophisticated commercial reach spanning both specialists and primary care, there is likely a greater need to elevate an asset's "share of voice" in a clear and compelling way that drives awareness and enthusiasm. With the growing focus on innovative distribution channels (e.g. direct to consumer), it is likely that commercial leaders are also prioritizing message development and stakeholder engagement that supports this pathway to prescribing and mitigates any potential friction along the way.

Differences in NPP workstream importance was also observed between respondents with launch experience in rare vs. non-rare disease. Respondents for rare disease launches rated the value of patient journey mapping higher and demand forecasting lower compared to those representing experience in non-rare disease (figure 2c). In a rare disease, there may be extremely high unmet need and limited competition, but the patient population and path to treatment may be poorly characterized. Patient journey mapping is thus critical to understanding the treater ecosystem and where patients may egress from the healthcare system. As such, this vital workstream may underpin many other elements of launch strategy, such as approaches to streamline diagnosis and identification of field force targets. In contrast, demand forecasting may have greater relative importance for a non-rare disease launch where multiple therapeutic alternatives compete across different customer segments and drivers for treatment selection may be more complex.

Figures 2a-c: Relative Importance of NPP Workstreams

Figure 2a: NPP Activity Importance (All Respondents)

Figure 2b: Importance of NPP Workstreams, by Key Therapeutic Areas

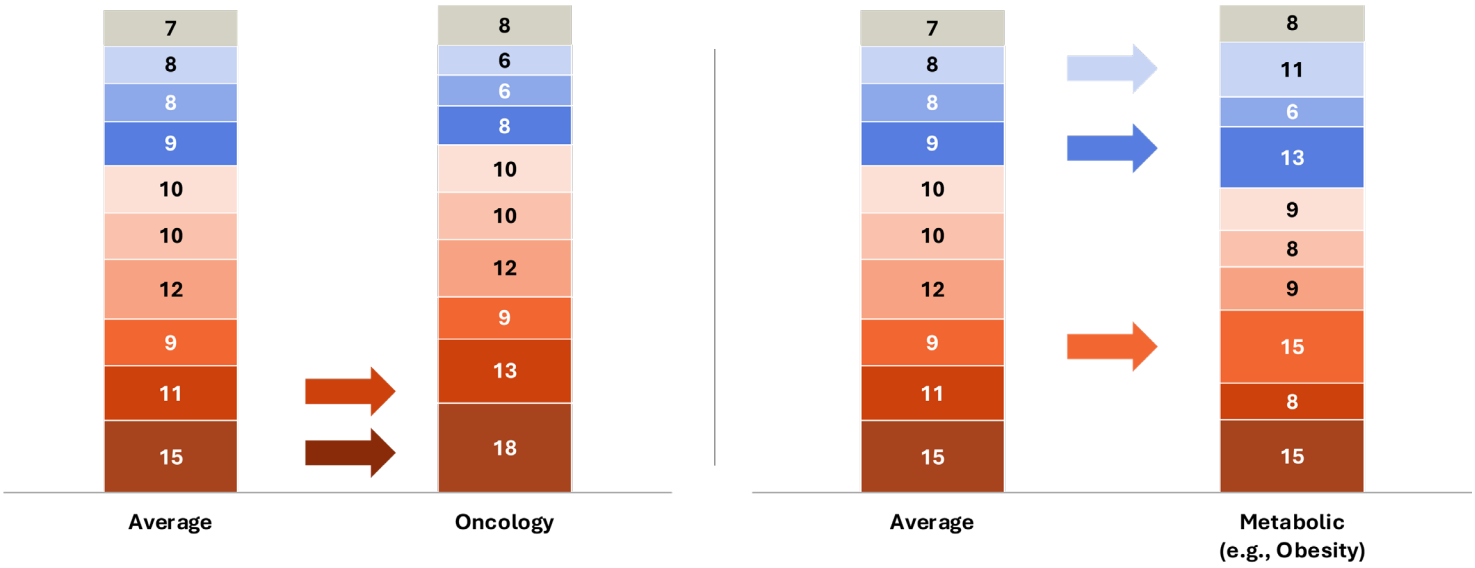
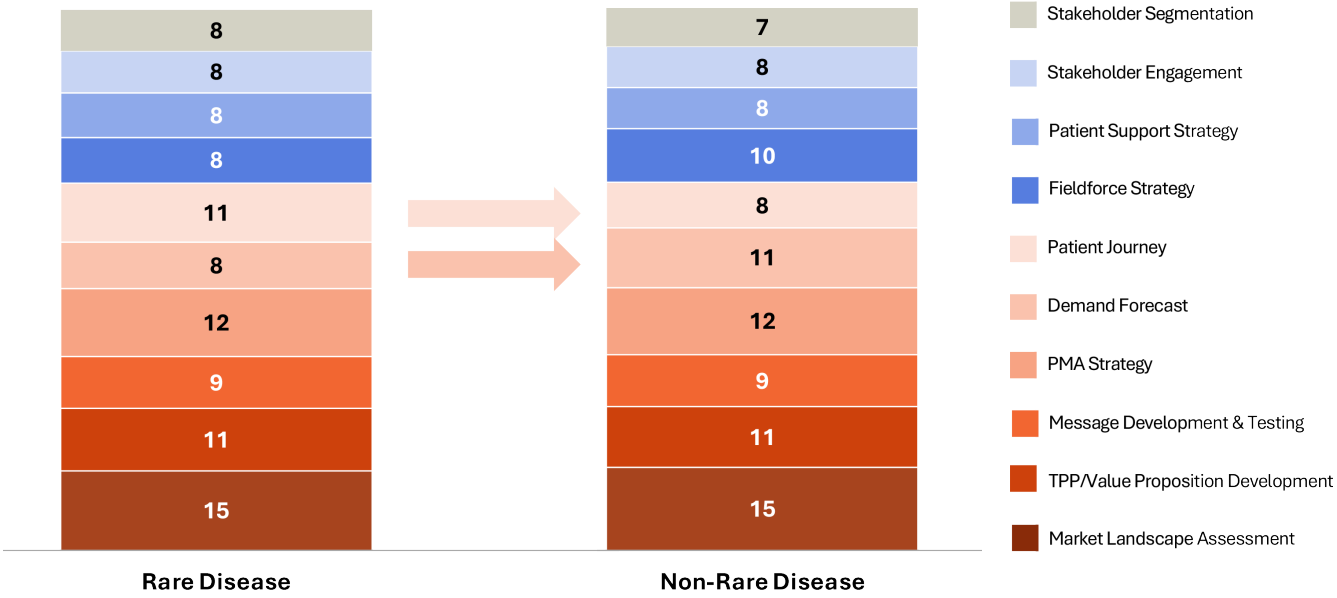


Figure 2c: Importance of NPP Workstreams, by Disease Rarity



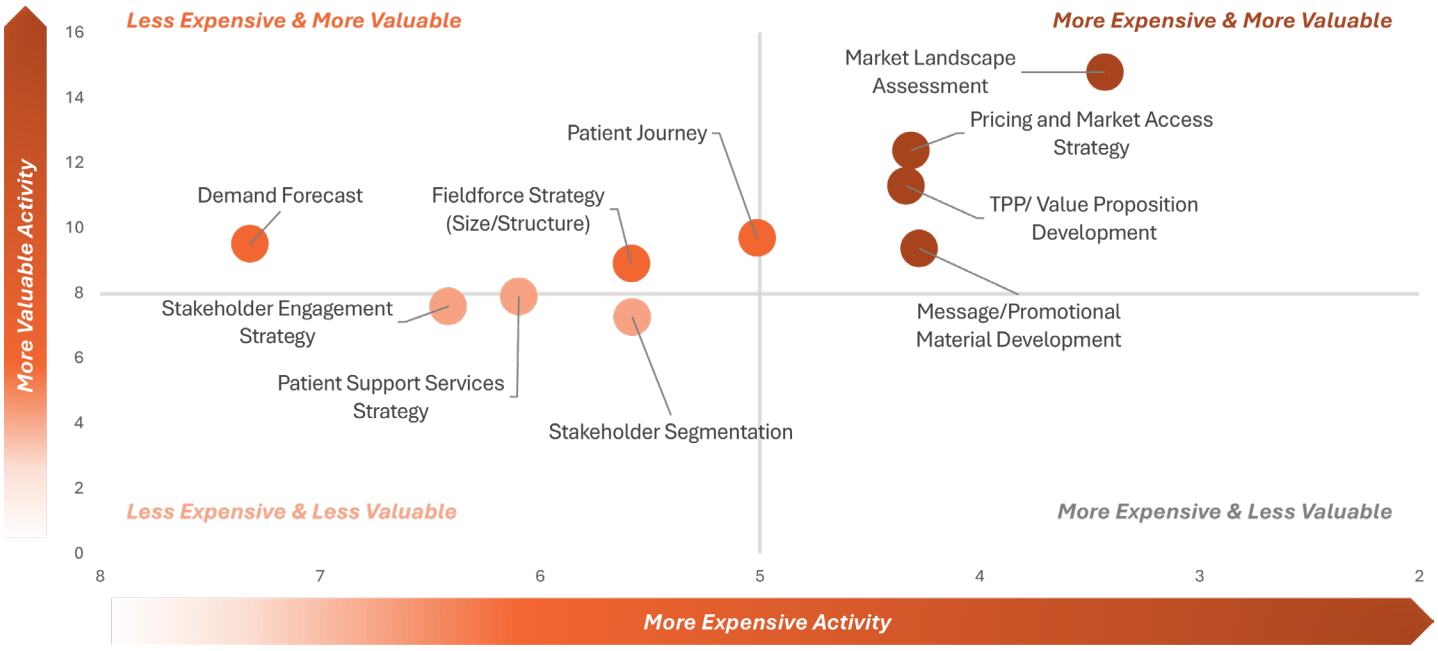
Question to Respondents: "Please allocate 100 points between the following pre-launch activities, based on their importance to the last product launch in which you participated."

NPP Workstream Value vs Cost: Is the Juice Worth the Squeeze?

In addition to understanding the relative importance of NPP workstreams, respondents were also asked to rank the activities from most to least expensive. Survey results suggest that the most valuable workstreams also tend to be the most costly and resource intensive.

In general, respondents consistently ranked market landscape assessment, pricing & market access strategy development, and TPP/value proposition development as both the most valuable and most costly activities (Figure 3). These workstreams are central to understanding the product's differentiation, value, and positioning within the market, making them critical underpinnings for any go-to-market strategy. Demand forecasting, field force strategy development, and patient journey mapping were also identified as higher relative value activities but less costly compared to the market landscape, pricing and market access strategy, and TPP/value proposition development workstreams.

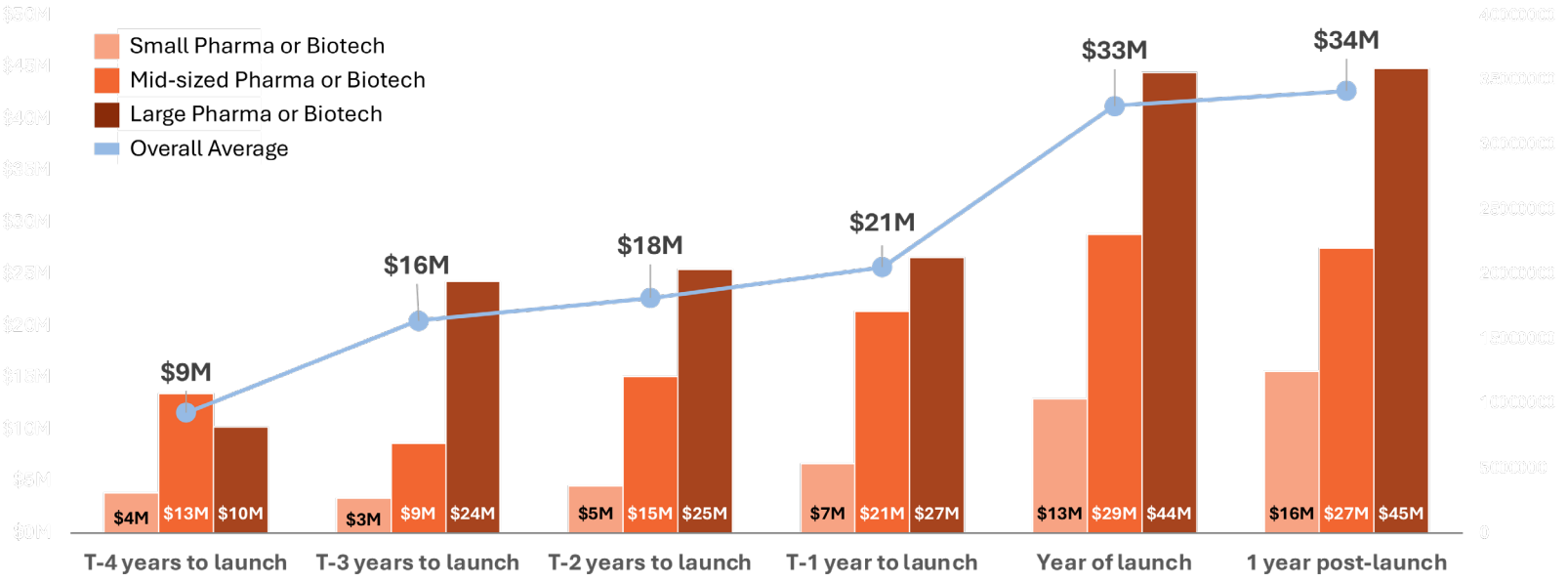
Figure 3: Mapping of NPP Workstream Importance vs Cost



Question to Respondents: "Please allocate 100 points between the following pre-launch activities, based on their importance to the last product launch in which you participated."; "Please order the following activities based on your organization's total expenditure to complete the workstream."

Unsurprisingly, across workstreams, large pharma/biotech tends to spend more on NPP activities compared to smaller companies. Collectively, respondents from large pharma/biotech indicated their organizations allocated three to five times more to annual NPP and pre-launch budgets, likely reflecting a broader scope of activities and a greater scale of commercialization infrastructure (Figure 4). Timing of spend showed consistent patterns, regardless of company size, with allocated launch budgets peaking during the year of launch and the first year post-launch.

Figure 4: Budget Across the Launch Timeline



Small pharmaceutical or biotechnology company: $500M - $5B annual revenue or $200M- $2B in R&D expenditures; Mid-sized pharmaceutical or biotechnology company: $5B - $10B annual revenue or $2B - 4B in R&D expenditures; Large pharmaceutical or biotechnology company: $10B+ annual revenue or R&D expenditures of $4B+

NPP Workstream Timelines: Am I too late?

In addition to the prioritization of NPP workstreams, the timing and duration of activities varied by company size and disease characteristics. While most stakeholders across organizations confirmed executing on a similar set of activities, company and disease characteristics may drive operational nuances, such as activity initiation and time and/or resources spent to complete the workstream. Survey respondents were asked when key NPP workstreams were initiated relative to launch, and how long it took to complete each activity.

Survey results yielded a few observations depending on company size. Compared to larger organizations, respondents from smaller organizations reported earlier execution of market landscape assessments and TPP/ value proposition development (Figure 5b). Early initiation and completion of these particular activities may in part be driven by a need to validate the commercial opportunity and secure further external funding or partnerships.

For large companies, workstreams were generally initiated earlier, but were conducted over a longer period of time. This finding was even more pronounced for field force strategy development and patient support service development (Figure 5c). It is possible that for larger pharma, more complex segmentation and positioning, global scale, and contingency and scenario planning drive longer timelines compared to smaller companies. TPP/value proposition development may take longer to complete, as larger organizations may invest more time and resources into testing multiple iterations of product profiles and preparing for a broad array of market scenarios.

Survey results also showed distinct patterns for rare disease launches compared to launches in non-rare conditions. Respondents with recent launch experience in rare diseases noted message development/testing, stakeholder engagement, and patient support strategy development begin earlier compared to non-rare conditions (Figure 5d). Given the lack of awareness of

many rare diseases and relatively limited characterization of the patient populations, launches in rare disease may initiate these activities to engage stakeholders and drive awareness in the market earlier than more common conditions with more mature markets. In diseases with little to no previously available treatments, a path to pharmacotherapy may be less established and require greater investment from companies to ensure patients can access treatment and other key resources (e.g., sponsored genetic testing).

Figures 5a-e: NPP Activity Initiation and Completion Timing

Figure 5a: Average Timeline (All Respondents)

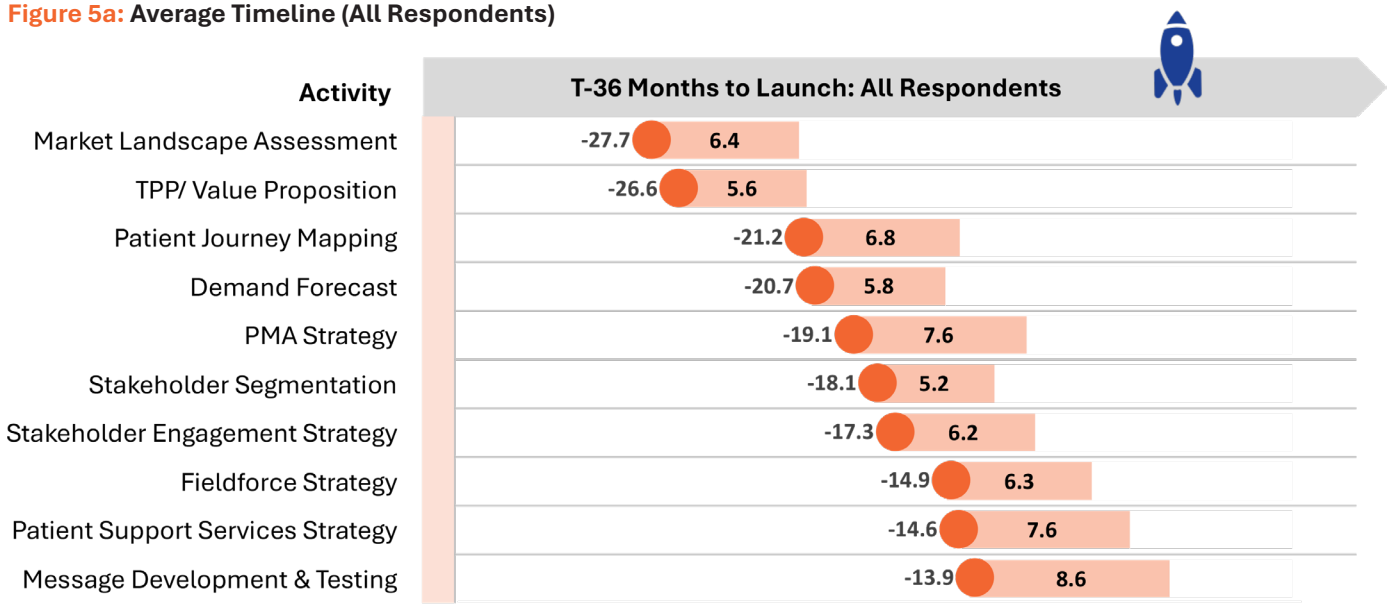


Figure 5b: Small Pharma Average Timeline

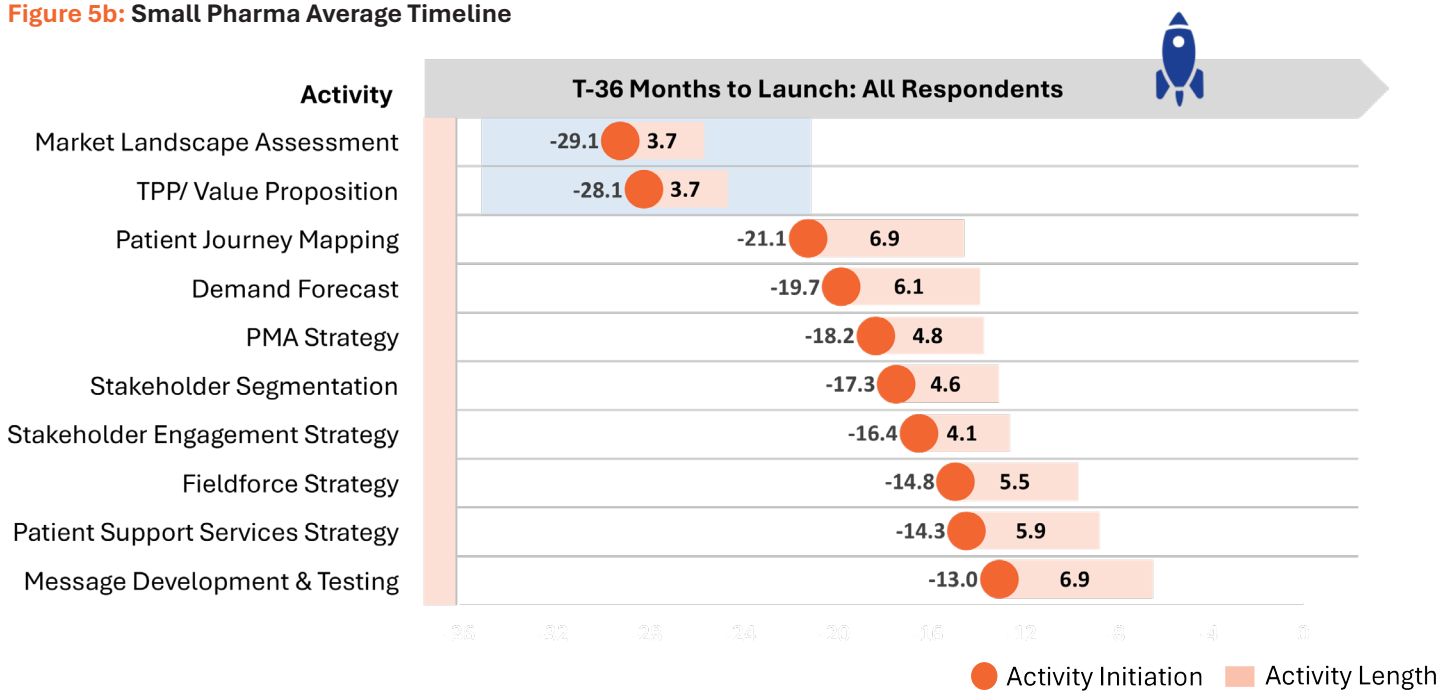


Figure 5c: Large Pharma Average Timeline

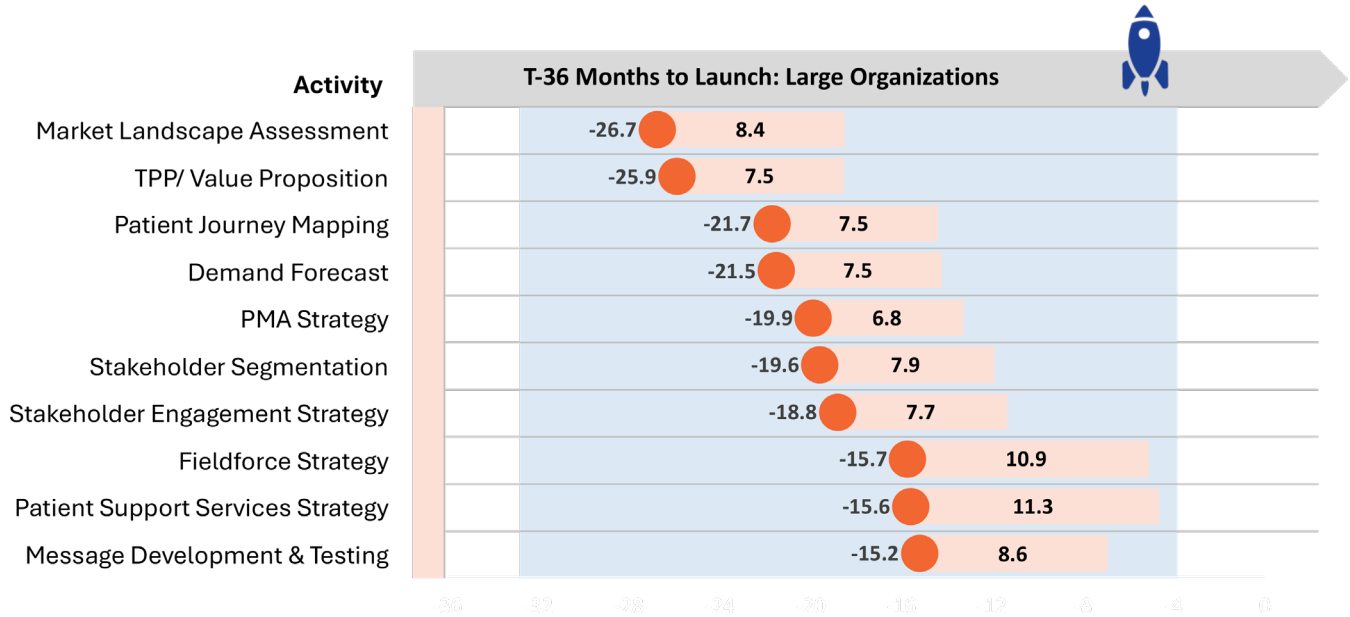


Figure 5d: Rare Disease Average Timeline

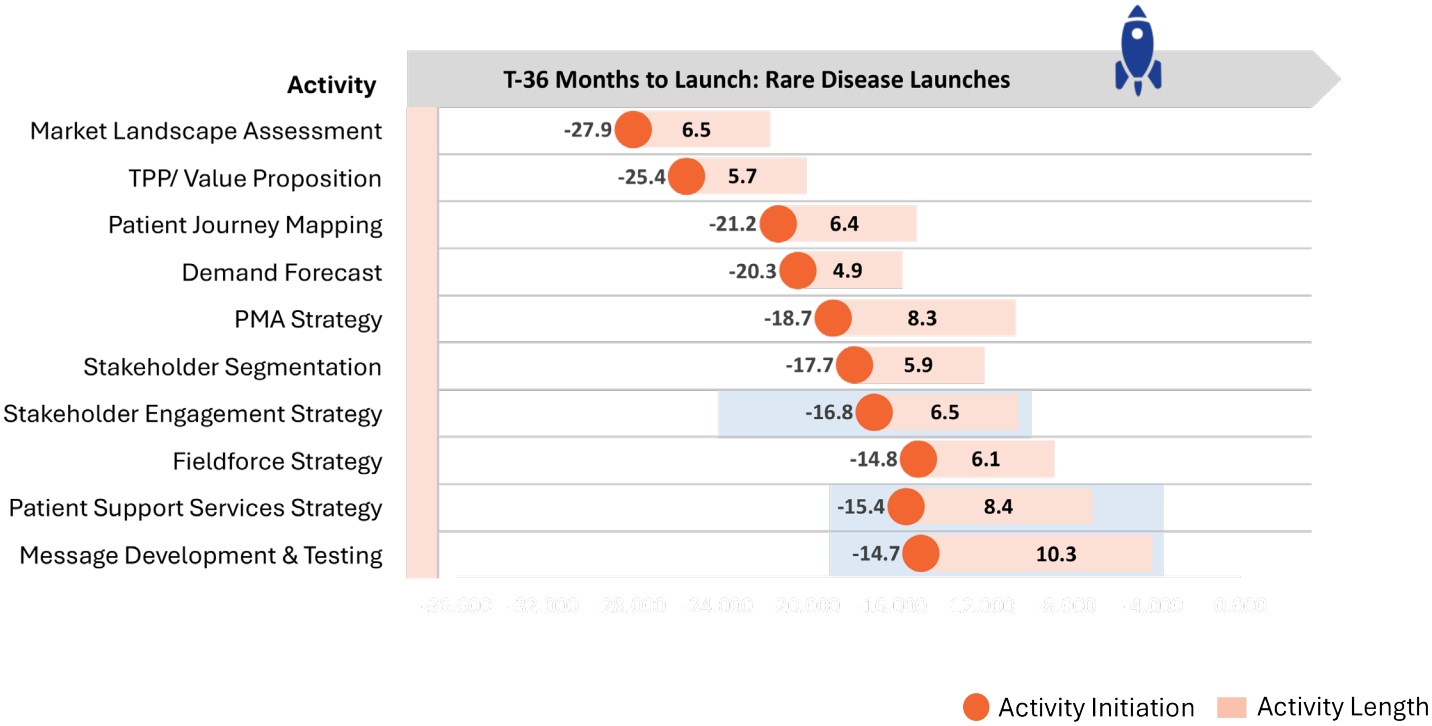
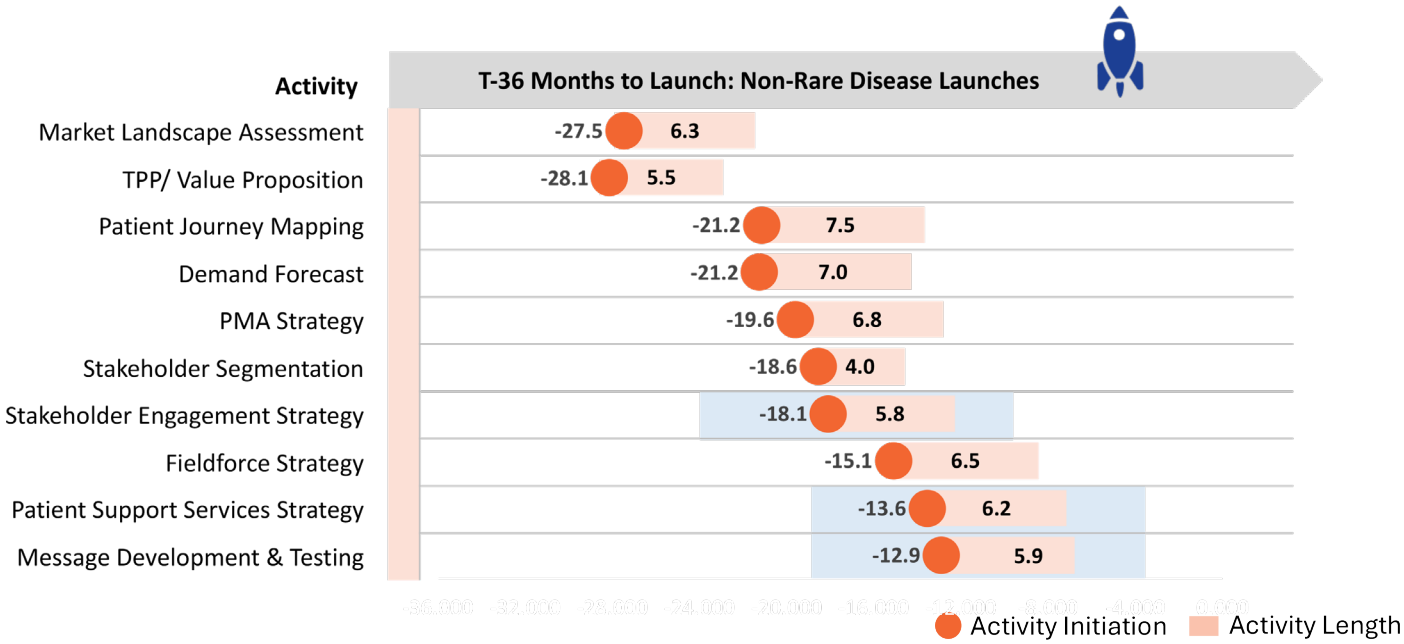


Figure 5e: Non-Rare Disease Average Timeline



Question to Respondents: "Please plot them along the below timeline, based on when these activities were initiated relative to launch."; "How long did each activity take to complete (months)?"

Support for NPP Workstreams: When to Bring in External Support

In the final topic, survey respondents were asked to indicate whether key NPP workstreams were completed internally or externally. The decision to conduct key NPP activities internally or engage external partners varies by the specific workstream as well as organizational resources. Activities requiring greater strategic alignment may be best executed in-house, while other activities requiring specialized analytics and expertise may be better conducted by an external partner with more experience in a specific area.

Across all respondents, survey results indicate that the ownership for TPP/value proposition development, demand forecasting, and stakeholder engagement strategy workstreams fell more frequently to the internal team (Figure 6a). While many companies engage external support to conduct parts of these workstreams, they ultimately require an organizational ownership component spanning multiple functional areas and requiring cross-functional alignment. In contrast, external partners are more often enlisted for workstreams where new or different perspectives and blinded and unbiased testing environments are advantageous, such as in patient journey mapping and message development/testing.

Additionally, the size and resources available to an organization impacts the division of internal and external workstreams. Based on survey responses, small pharma may more often outsource key workstreams (Figure 6b). Smaller organizations may have leaner internal teams and lack previous launch experience, driving the need to leverage external expertise in a way that can be on-demand or fluctuate through the new product planning process. In contrast, larger organizations may conduct a greater proportion of these workstreams internally, leveraging established launch frameworks and experience, as well as existing resources and full-time employees.

Figures 6a-b: Completion of NPP Workstreams Internally vs Externally

Figure 6a: Overall Averages of Internal vs External Completion of Activities

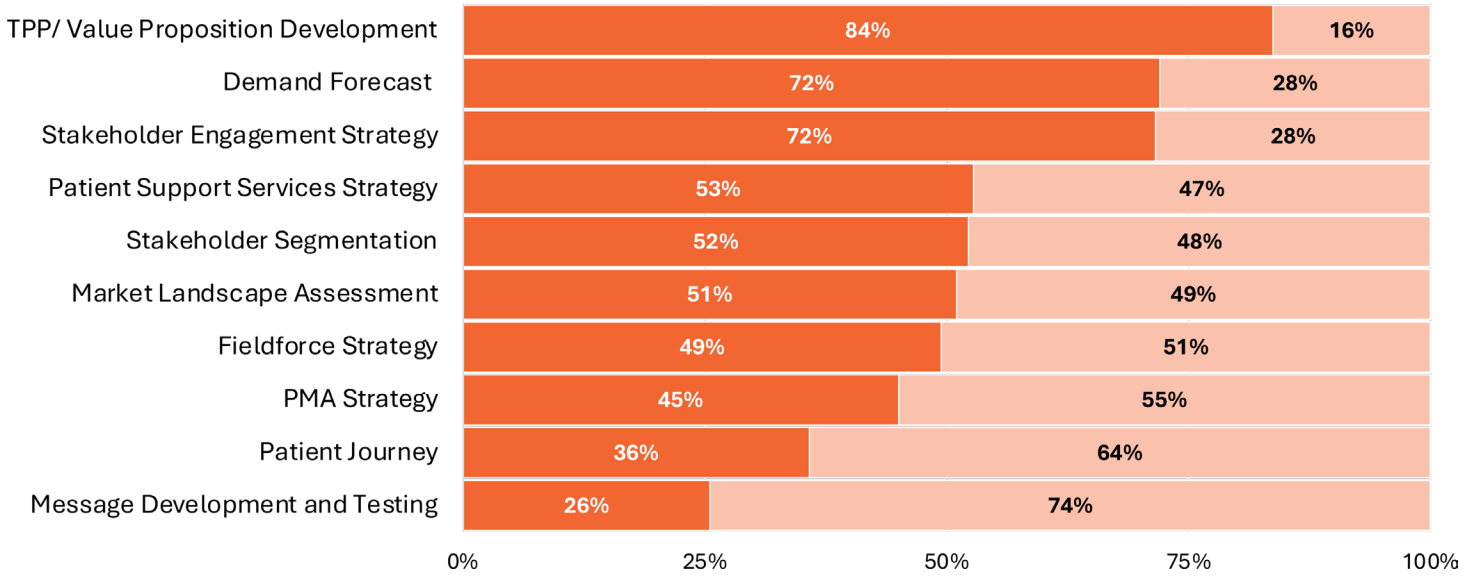
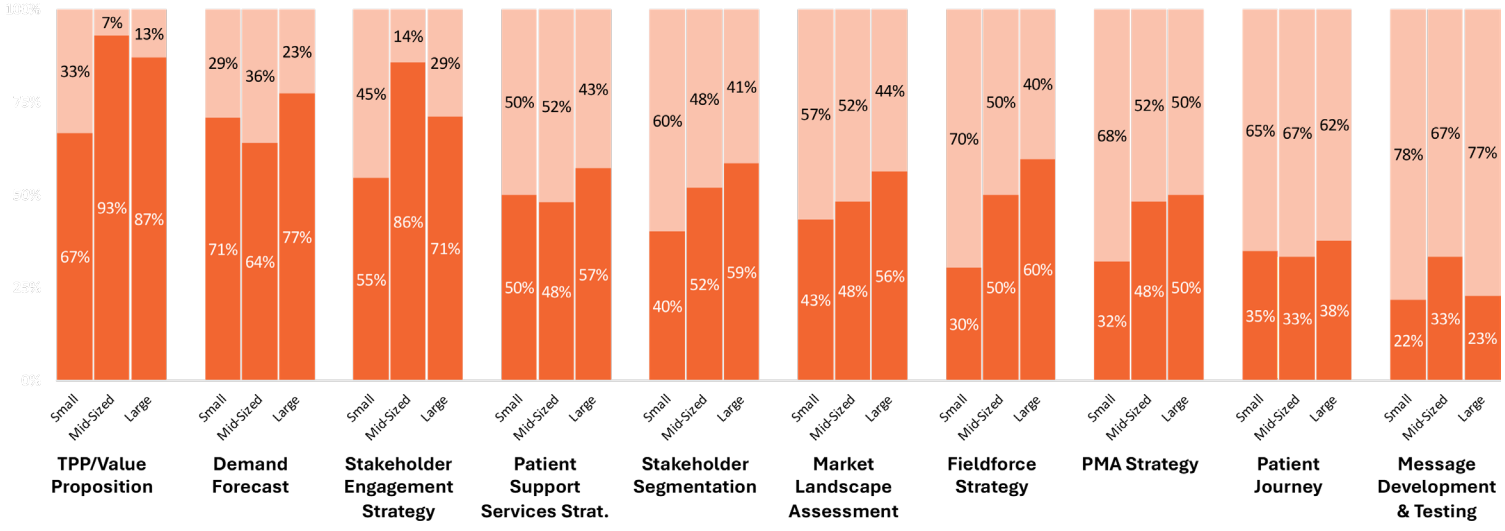


Figure 6b: Averages of Internal vs External Completion of Activities, Segmented by Company Size



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Completed Internally Completed by External Partner

Question to Respondents: "For each of the following activities, were the majority of contributing workstreams completed in-house (i.e., by your organization) or by an external partner (e.g., consulting firm)?"

Final Conclusions

The findings from this benchmarking survey reinforce that, while new product planning is neither uniform nor formulaic, there are some similarities among organizations of similar size, therapeutic area, and commercialization experience that one can compare their own playbook to. Successful launches are characterized by a strong connection between the unmet need in a market and the intended value of the asset as well as the ability to mobilize cross-functional resources in a way that aligns strategic intent with operational execution. By focusing resources where they matter most and engaging the right expertise at the right time, organizations can optimally bridge commercial strategy to execution to maximize success at launch.