White Paper

In Pursuit of Medical Launch Excellence

Lessons for medical affairs from IQVIA's Launch Excellence research

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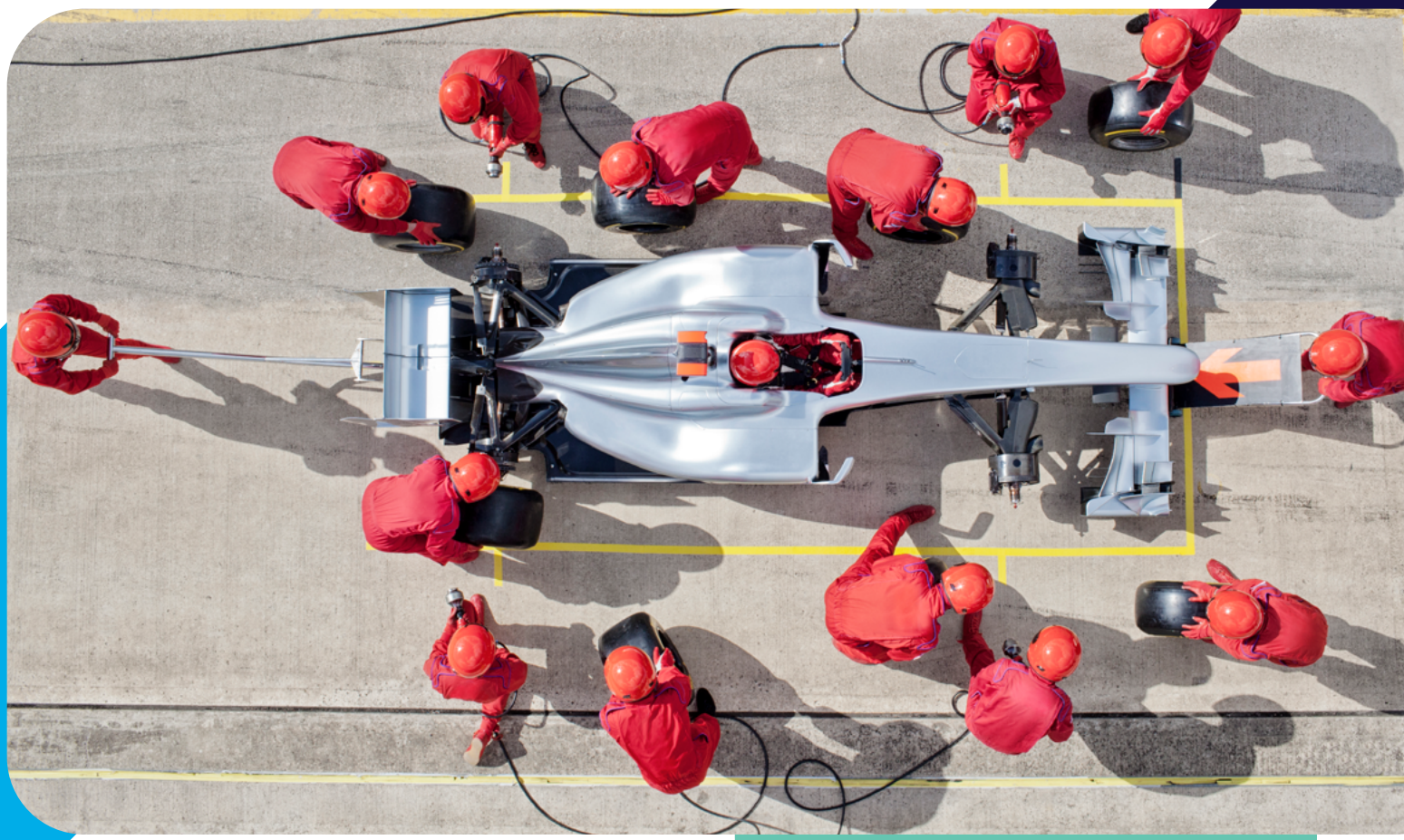


Table of contents

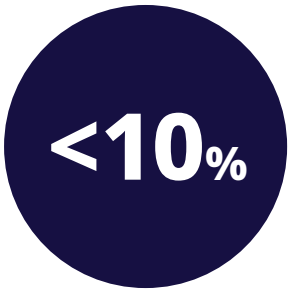
Introduction

Medical affairs has been on a transformational journey to emerge as a strategic function with an expanded remit which increasingly provides leadership within life science companies.[1–3] As it continues along this trajectory, what role should medical affairs play as part of cross-functional asset and brand teams in driving launch success?

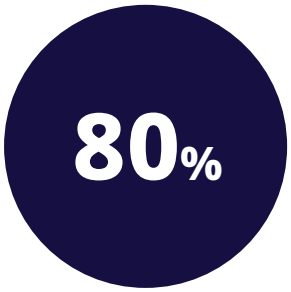
To answer this question, we are drawing on the learnings from IQVIA's long-established Launch Excellence series,[4] which has been systematically studying the performance of launches of innovative products spanning the past two decades to understand the underlying drivers of success. That research applies a consistent set of quantitative, commercial performance criteria that can be objectively assessed using IQVIA proprietary data assets. Specifically, excellent launches outperform on three metrics in two or more countries: (i) a steep sales trajectory; (ii) sustained sales leadership by rank; and (iii) relative out-performance when adjusted for competitive intensity.

Clearly, these metrics are not applicable or appropriate for assessing the activities of medical affairs, a non-commercial, non-promotional function, and we nowhere suggest otherwise. However, there is value in looking through a medical affairs lens at the strategic pillars underpinning launch excellence that IQVIA's launch research has identified to derive implications for the role medical should play as part of a cross-functional effort at the different stages of launch preparations.[5]

In this white paper, we will explore the critical contributions of medical affairs to launch success, where and when it should play a leadership role and examine the practical implications for making this happen.



*of all launches **achieve Excellence**, while for post-pandemic launches the odds are even longer*



*of all launches have their long-term fate determined during the **first six months** on the market*

The future of Launch Excellence

As IQVIA's research has consistently shown, launch excellence proves elusive for most, with historically fewer than 10% of launches achieving this much coveted title.[4] For post-pandemic launches, the odds are even longer, as only 6% of specialty care launches are excellent and only 1% of primary care launches.[6]

To add to the challenge, 80% of all launches have their long-term fate determined during the first six months on the market, after which their uptake trajectory is set. Our most recent research published in July 2023 confirms that notwithstanding the severe disruption of the launch environment by the pandemic the first six months remain a vitally important timeframe for new launches (see Figure 1).[6]

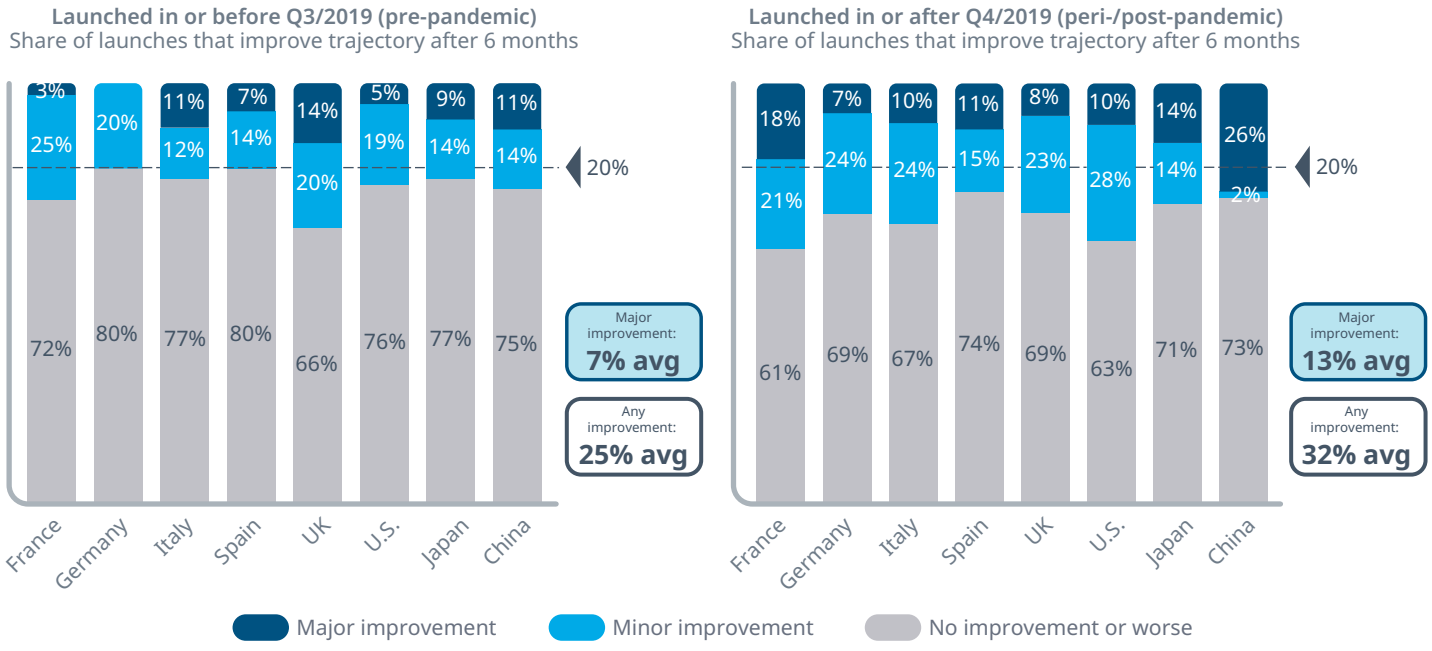
This means the stakes are high because the vast majority of launches are only afforded one shot at success.

The foundations for launch success are laid during the critical pre-launch phase, when the quality of key decisions and the quality of executing launch preparations have profound and long-lasting impact on an asset's future prospects.

While the fundamentals of launch performance patterns have stood the test of time, the strategic pillars of Launch Excellence have evolved, driven by three post-pandemic trends:

- A growing gap between the requirements to adopt innovation and health system capacity[7]
- Average interactive HCP engagement volume for innovative launches remaining far below pre-pandemic levels in most key markets, while hybrid engagement models are here to stay[8]
- Hard-pressed payers exerting stricter controls and driving up evidence thresholds[9,10]

Figure 1: The six-month window holds — The vast majority of launches only have one shot at success



Notes: Improvement defined by a product's jump in sales rank decile between month 6 and month 18: jump by 2 or more deciles = major improvement; jump by 1 decile = minor improvement; pre-pandemic launches have their first 6-months sales in a country before COVID (Q2 2016 to Q3 2019); Peri-/post-pandemic launches may have their first 6-month sales impacted by the pandemic (Q4 2019 – Q2 2021).

Source: IQVIA Launch Excellence VIII publication, July 2023, IQVIA MIDAS Monthly 2023; excludes orphans, Hep C products, COVID-19 vaccines and treatments.

Therefore, launch preparations now must focus on the following three strategic pillars as the foundations of launch success:

1. **HEALTHCARE SYSTEM READINESS**
   Struggling health systems must be supported in achieving their goals by addressing post-pandemic weaknesses, e.g., resource and capacity bottlenecks or disrupted care pathways. Optimising care pathways is essential to ensure health systems are able to adopt innovation, elevate the standard of care and for novel therapies to promptly make their way to the right patient. Implementation science plays a key role in accelerating the translation of innovation into change in clinical practice on the ground.[11]

   In addition to addressing operational and capacity barriers, access and reimbursement need to be secured in a budget constrained environment, which may require exploring alternative payment models, e.g., performance- or outcomes-based, annuity-type payments, e.g., for cell and gene therapies, or population health agreements, to address financial pressures health systems are facing.

2. **CONTENT-DRIVEN, INTERACTIVE ENGAGEMENT**
   With healthcare professionals' (HCPs) available time to engage at a premium, an orchestrated, HCP preference-led omnichannel approach is critical to rebuild engagement and make every contact count.[12,13] By extension, this also applies to other key stakeholders, such as external experts, payers, IDNs or nurse practitioners. Dissemination of clinically relevant content through a seamless, personalised education journey ensures a superior customer experience. It requires overcoming the deeply entrenched function-centric model and moving towards an aligned engagement approach between commercial and medical to connect company engagement with HCPs to enhance disease understanding, therapy knowledge, build advocacy and, ultimately, enable optimal treatment for better patient outcomes.

Medical affairs has a prominent role to provide leadership for delivering on key aspects of the three strategic pillars of launch success.

3. **TIMELY AND COMPELLING EVIDENCE**
   An integrated evidence strategy is critical to address the needs of all key stakeholders in a timely manner, along all stages of the product lifecycle, to ensure approval, access and adoption. Furthermore, evidence is also key to generate disease awareness, understand unmet patient needs and, internally, to inform key strategic decisions, e.g., TPP, brand strategy and positioning, or scientific communication platforms. Increasingly, in addition to demonstrating differential value vs. the standard of care, and possibly even against other competitors in crowded TAs, with both payer- and patient-relevant endpoints, evidence must also show beneficial health system impact of novel therapies, e.g., delivering cost-offsets or alleviating the capacity burden.

These strategic pillars rest on:

- A deep insight foundation spanning all healthcare stakeholders, as well as patients and their caregivers
- A detailed understanding of disease areas, treatment patterns, patient journeys and local health system priorities and needs
- The ability to engage in a non-promotional way to generate and disseminate relevant evidence
- The ability to build trusted relationships with both individual healthcare stakeholders and at the health system level around a common agenda of optimal patient and healthcare system outcomes

This puts medical affairs in a prominent role as key enabler to provide leadership for delivering on critical aspects of those three strategic pillars of launch success.

Medical affairs: Making or breaking Launch Excellence

In this section we will systematically explore the pivotal role of medical affairs in driving launch success against each strategic pillar (see Figure 2).

I. Healthcare system readiness

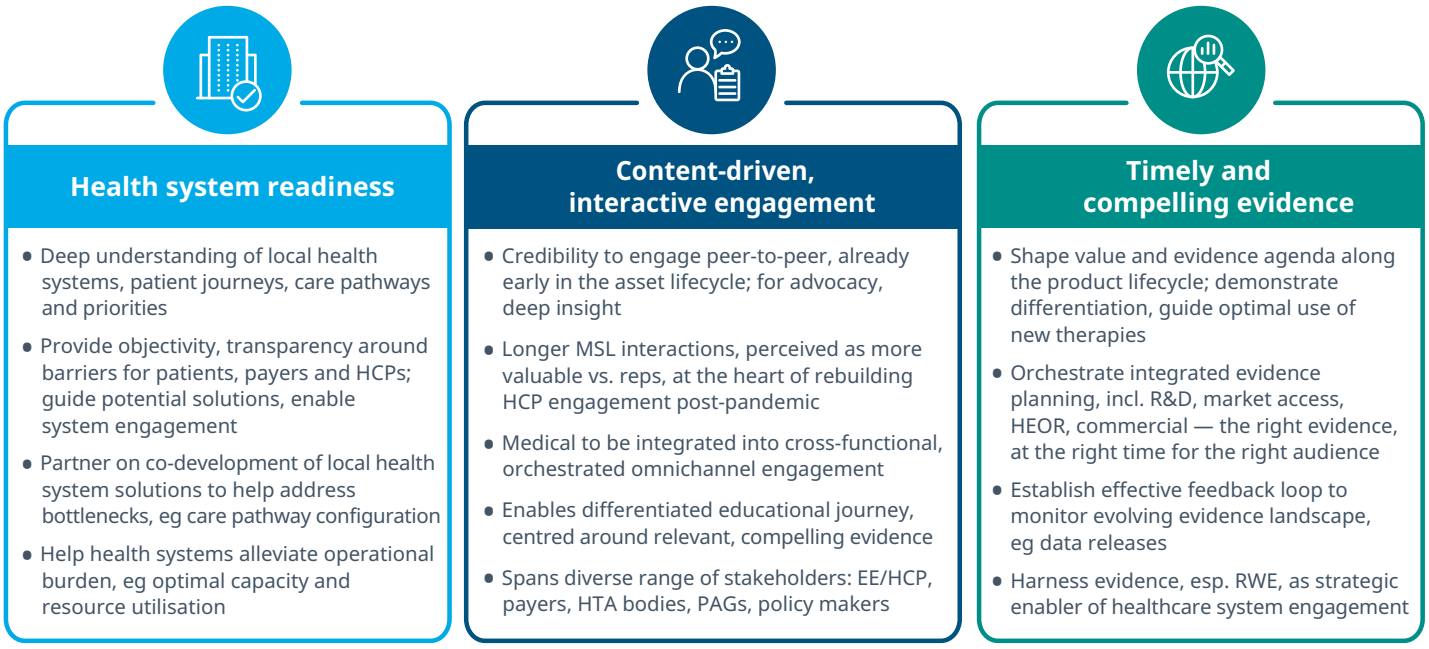
Medical affairs is best placed for leading healthcare system engagement to facilitate system readiness to maximise the benefits and patient outcomes from innovative new therapies.[2,14–16] It is a non-promotional function, with deep understanding of disease, mode of action and the underlying science behind innovation. As the home of insight into treatment algorithms, clinical practice and patient needs, medical affairs is in tune with the real world.

Specifically, medical affairs must lead on:

- Developing a deep understanding of local health systems, patient journeys, care pathways and priorities as the foundation of healthcare system engagement by providing objectivity and transparency around barriers for patients, payers and HCPs and to guide potential solutions
- Partnering on the co-development of local health system solutions to help address bottlenecks and ensure patient journeys and care pathway configuration are aligned with delivering optimal patient outcomes and superior patient experience; for example by deploying pathway analytics, facilitating best practice or via patient support programmes
- Helping healthcare systems alleviate their operational burden, e.g., through optimal capacity and resource utilisation, to ensure the sustainable delivery of high-quality care and unlock funds for broadening patient access to cutting edge innovation in a budget- and resource-constrained world

Medical affairs unique position stems from the nature of its external relationships, which are trust-based and free of potential commercial conflicts of interest or perceived bias. Furthermore, medical has easier access to senior, influential stakeholders who are often hard to reach by other functions, e.g., leading External Experts (EEs), board members of national or international societies or steering committees of patient advocacy groups

Figure 2: Three pillars of Launch Excellence and the pivotal role of Medical



Source: IQVIA EMEA Thought Leadership.

THE ANGELS INITIATIVE

Since 2016 Boehringer Ingelheim has been supporting the Angels Initiative, a non-profit, non-promotional, public-private partnership, which aims to increase the number of patients treated in stroke-ready hospitals according to evidence-based guidelines and to optimise the quality of treatment in all existing stroke centres.[17]

Specifically, the Angels Initiative targets barriers to optimal stroke care along the care pathway, e.g., the early detection of stroke; in-hospital management, including admission, triage and treatment with thrombolysis/ thrombectomy; or implementation of acute care protocols to help manage common complications of stroke. As an example, among participating European hospitals average thrombolysis administration time has been reduced by 37% from baseline, a highly patient-relevant improvement for a serious condition where speed directly equates to better patient outcomes, and indeed can make the difference between life and death.

The Angels Initiative now includes over 100,000 participating HCPs from 7,500 hospitals in 147 countries and has helped 1,700 incremental hospitals become stroke-ready. Since its inception it has impacted the health outcomes of an estimated 7.46 million stroke patients globally, including 4.68 million patients in low- and middle-income countries (LMICs).[18]

II. Content-driven, interactive engagement

Medical affairs is uniquely placed to build early stakeholder relationships, with its ability to engage early in the asset lifecycle, as peers, with the clinical community. In response to unsolicited requests, medical affairs professionals can enable a balanced understanding of an asset's mode of action and its clinical risk/benefit as a new treatment and build trust with external experts, which may translate into potential advocacy. Medical engagement also generates important early insights into physician viewpoints and educational needs.

Beyond external experts and HCPs, medical affairs engagement spans a diverse range of stakeholders, for example payers, HTA bodies and patient advocacy groups. The relative importance of each audience varies along the product lifecycle, and between different healthcare systems, and must be reflected in the priorities of orchestrated, cross-functional stakeholder engagement strategies.

Medical interactions with HCPs typically last longer than those with sales reps, while a survey by the MSL Society found that 58% of HCPs rated MSL interactions as more valuable, and a further 18% of HCPs saying these are much more valuable than sales rep visits.[19] This positions medical affairs at the heart of efforts to rebuild HCP interactive engagement post-pandemic.

Engagement of HCPs as a trusted partner seeing eye to eye is not a one-way street and allows medical to have in-depth discussions on a range of topics, including asking probing questions to explore specific issues, gather intelligence and understand HCPs' beliefs, preferences and their rationale for treatment choices as well as their perceptions of patients' unmet needs. This way, medical affairs gains a deep, typically early, understanding of the practical realities within the healthcare system as experienced by HCPs and patients, including clinical practice, care pathways, patient journeys and competitive dynamics.

Such insight, especially into local patient journeys, also forms the foundation for applying implementation science to deliver benefits of innovative therapies to patients in routine medical practice.[11]

CONTENT IS KING

Content will always be the primary driver of HCPs' interest and at the heart of the value they attribute to interactions with pharmaceutical companies.

A scientific communication platform (SCP) should form the foundation for external medical communications to ensure a strategically aligned, consistent content approach. Medical affairs plays a key role in facilitating the cross-functional development of an SCP early on in the pre-launch phase.[20]

An SCP ensures accurate, consistent content themes that are aligned with medical strategy and communication objectives, provides a lexicon and references to support a unified narrative and messaging to specific external stakeholders, including physicians, payers, providers and nurses. As an internal, strategic and dynamic document which evolves along the product lifecycle, an SCP should be used as an organisational training tool to drive cross-functional alignment (see case study 1).

Using the SCP as a base, tailored medical communications material for each stakeholder audience and interest area can be developed to form a rich library of content for use multi-modally as part of an omnichannel strategy. Technology, including AI, large language models, will be a key enabler for generating modular content building blocks that can be readily personalised at scale, either in-house or by third-party partners for use in omnichannel strategies. Paired with a persona-driven engagement strategy per target audience, a high quality content library can drive truly personalised and valuable medical communications with HCPs.

Case study 1: Medical pre-launch strategic planning, scientific communication plan and platform

Situation

In preparation for the launch of a novel therapy for prostate cancer, a client's medical affairs team needed to define a data dissemination and communication strategy that would evolve over the asset lifecycle, including identification of key stakeholders to engage, and lay the foundation of their scientific communications.

Approach

In close collaboration with medical affairs, IQVIA facilitated development of a pre-launch plan, involving strategic planning workshops, to deliver:

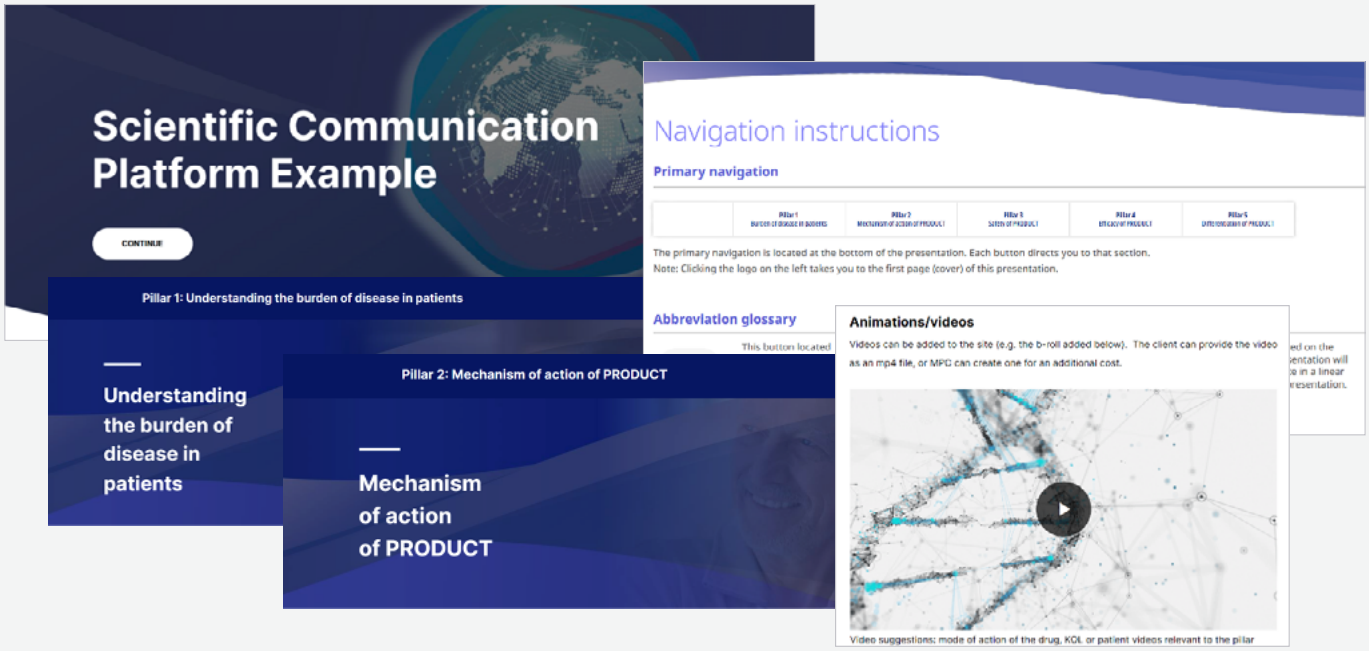
- **Situation analysis:** Scientific landscape in prostate cancer and product SWOT analysis to inform key messages supported by data
- **Scientific communication platform (SCP):** Defining key elements of the product SCP, including communication objectives, key themes, core statement hierarchy, target audiences, optimal content formats; focused on short- to medium-term needs and outlining longer-term considerations
- **Publication plans:** Embedding consistent approach to effective and timely evidence dissemination; maximizing reach and impact of publications

Outcome

An innovative digital scientific communication platform, optimised for a superior user experience (see Figure 3), to support:

- Training of clinical teams and onboarding of medical teams
- Conversations with external experts at key congresses and as part of medical education activities
- Development of further communication tools and establishing internal/external lines of communication

Figure 3: IQVIA digital Scientific Communication Platform



Source: IQVIA Medical and Patient Communications.

THE NEXT FRONTIER: OMNICHANNEL ENGAGEMENT

The promise of omnichannel engagement is widely recognised across the life science industry, however, most companies still face a significant gap between aspiration and reality. To date, efforts across the industry have predominantly focused on embedding omnichannel capabilities for commercial teams, where most of the progress has been made. As we discussed elsewhere, omnichannel is also increasingly being viewed as the next frontier for medical engagement and the dissemination of scientific and medical content.[13]

As organisations further evolve their omnichannel capabilities, medical must be included in these efforts, exchange experiences and lessons learnt with other functions and play a central role in cross-functional planning and implementation of an aligned approach (see Figure 4).

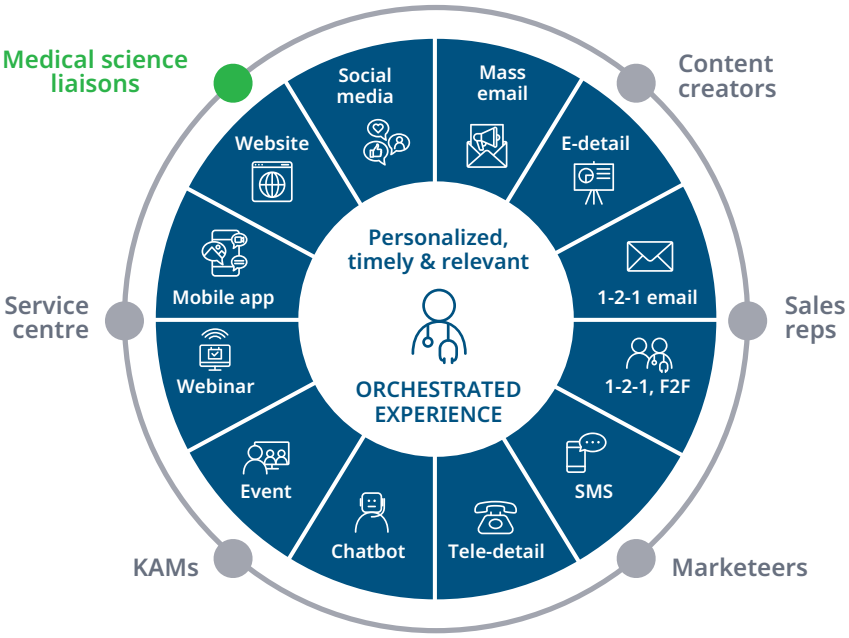
As the industry as a whole moves towards an omnichannel model, the content available to and targeted at HCPs is likely to increase dramatically.

Medical affairs teams can enable a truly valuable and, therefore, differentiated educational journey, centred around the communication of relevant, compelling evidence and provision of expert-led guidance on implications for clinical practice, tailored to the specific educational and channel preferences of HCPs.

Medical affairs has a key role to play as integrator for developing compliant, cross-functional stakeholder engagement strategies and tactical plans — a prerequisite as life science companies strive for orchestrated omnichannel engagement. Through its deep understanding of HCP preferences and needs, medical affairs enables greater precision in the personalisation of relevant content, its contextualisation and delivery, ensuring the right content via the right channel, at the right time.

Figure 4: Medical must be part of a holistic omnichannel approach

Orchestration across channels and functions is key for delivering a consistent HCP experience



Omnichannel engagement takes HCPs on a continuous educational journey, delivering

- Relevant content, at the right time and place, via the preferred channel(s) and format
- Connected and contextualised insight
- A seamless, personalised experience aligned with individual needs and preferences

Source: IQVIA EMEA Thought Leadership; IQVIA white paper: Medical Affairs next frontier: Unlocking omnichannel engagement, 2022;

III. Timely and compelling evidence

Integrated, multi-stakeholder evidence strategies developed early in an asset's lifecycle have become essential for securing approval and access for new therapies and to enable their adoption by healthcare systems. Crucially, innovators must think beyond the needs of regulators and plan carefully for evidence that addresses payers, HTA bodies, physicians and patients to craft a comprehensive, compelling and differentiated value proposition.[9,21]

Data generated during clinical development forms the foundation of a product's value proposition. However, during the peri-launch and on-market stages in the lifecycle it is RWE which captures a new therapy's value within the reality of routine medical practice and in sub-populations who may have been under-represented or excluded from clinical trials, e.g., ethnic minorities, the elderly, women, patients with co-morbidities or children.

Pre-launch RWE plays a key role in generating disease awareness and highlighting unmet needs, e.g., through studies exploring epidemiology, burden of illness or the natural history of disease.

Medical affairs is in prime position to provide leadership for delivering on this strategic pillar of launch success, specifically:

- Shaping the value and evidence agenda along the product lifecycle and driving innovation in evidence generation
- Orchestrating integrated evidence planning across R&D, market access, HEOR and commercial. This includes translating the brand strategy into evidence requirements and identifying evidence gaps to close to be able to demonstrate value, differentiation and guide the optimal use of new therapies — the right evidence, at the right time, for the right audience
- Establishing an effective feedback loop that monitors the evolving evidence landscape, e.g., new data releases, to identify potential gaps, inform refinements of evidence strategies and support dynamic evidence generation
- Harnessing evidence, especially RWE, as strategic enabler of healthcare system engagement and the foundation for the co-development of solutions that underpin health system readiness, the first of our three strategic pillars of launch success

The unique insight medical affairs can provide on many important aspects, as we have elaborated earlier, is a key prerequisite for making optimal decisions about the brand strategy, evidence planning and its generation.

This positions medical as a critical contributor to the brand strategy and as the ideal orchestrator for the evidence gap analysis and integrated, cross-functional evidence planning (see case study 2).

Crucially, innovators must think beyond the needs of regulators and plan carefully for evidence that addresses payers, HTA bodies, physicians and patients to craft a comprehensive, compelling and differentiated value proposition.

Case study 2: Integrated Evidence Programme to support market shaping

Situation

A client was developing an oncology asset with the potential to re-define clinical practice by introducing a novel, targeted therapy option in an indication with high unmet need in a biomarker-defined population. Market shaping was critical for launch success to establish a new, meaningful patient segment and to set a new SoC. Achieving both strategic brand objectives required a comprehensive, integrated evidence programme.

Approach

Working closely with medical affairs, IQVIA facilitated holistic, cross-functional evidence planning, including translating market shaping objectives into concrete evidence requirements to address the needs of key healthcare stakeholders at different points in the asset lifecycle. Rigorous evaluation of ongoing and already planned evidence activities informed tactical plans to address gaps and ensure the right evidence will be ready at the right time.

Outcome

A comprehensive, integrated evidence programme that supports the strategic brand objectives for launch success, with shared objectives across functions (see Figure 5):

1. **Evidence priorities aligned to key levers of market shaping:** (i) Raising awareness of unmet need; (ii) demonstrating product differentiation to HCPs, patients and health systems, including clinical, patient-centric and health economic benefits; (iii) enabling optimal clinical practice, e.g., biomarker testing, patient identification, streamlined patient journeys or product positioning within the treatment algorithm.
2. **Evidence phased over the asset lifecycle:** From pre-launch, peri-launch through post-launch, reflecting when specific stakeholder needs must be addressed and highlighting lead times for generating timely evidence.
3. **Clear, pragmatic tactical plans for evidence generation:** Identifying data needs, e.g., proactive data sourcing, establishing research networks; specifying most suitable methodologies, study designs for fit-for-purpose evidence generation, balancing robustness, speed, cost; defining clear timelines, resource/budget needs and responsibilities.

The unique insight of medical affairs, especially into healthcare stakeholders and their unmet needs, proved invaluable for strategic evidence planning and gave credibility to its role as orchestrator of the process.

Figure 5: Integrated evidence programme for market shaping *ILLUSTRATIVE*

Market shaping levers	Pre-launch	Launch	Launch + 2 yrs
Raise awareness of unmet need	• Incidence, prevalence and mortality of biomarker XX positive tumour X • SOC treatment and outcomes in biomarker XX positive population • Background rates and management of AEs from current treatments in the real world • Characterisation of subgroup of patients with poor outcomes based on molecular and clinical features	• Patient preference on benefits vs tolerability across lines of treatment • Physician preference on benefits vs tolerability across lines of treatment • RW outcomes of patients that are being rechallenged/recycled with SoC	• Resistance mechanisms of patients with disease progression at all lines of treatment
Show product differen-tiation	• Correlation of endpoints in biomarker XX positive tumour X with OS • Baseline HCRU inc. duration of hospitalization, cost of disease progression and AE management	• Product X efficacy, safety in biomarker+ population, as per single-arm RCT • Product X efficacy, safety in biomarker+ population: RCT vs external comparator	• Identification of long-term AEs in the real world (survivorship) • Quality of life outcomes data (including PROs) in patients treated with product X • RW outcomes products X in different, biomarker-defined sub-populations • Long-term HCRU impact of product X, incl cost offsets from AE management
Enable optimal clinical practice	• Patient journey (inc. diagnostics, treatment sequencing and outcomes) across geographies • Patient identification, biomarker testing in clinical practice and trends over time • Sequencing of existing regimens within and across different MoAs • Identification of fast progressors on SoC	• Biomarker XX testing: best practice • Incidence, prevalence and prognosis of patients with other biomarkers, incl. overlaps • Identification of high-risk patients developing high-grade AEs • Unwarranted variation in local care pathways, capacity and demand management	• Prognostic value of biomarker XX mutant vs wild type populations • Sequencing of product X vs. existing regimens within and across different MoAs • Product X efficacy impact of dose-reduction strategies

Source: IQVIA Real World Solutions.

The unique insight of medical affairs, especially into healthcare stakeholders and their unmet needs, proved invaluable for strategic evidence planning and gave credibility to its role as orchestrator of the cross-functional process.

Medical Launch Excellence: Making it happen

IQVIA research has consistently found that Launch Excellence critically requires an aligned and prepared organisation to deliver a disciplined, cross-functional launch effort, including close global-to-local collaboration.[4] Furthermore, launch preparations must start early, from 3 years before launch, to craft a differentiated, evidence-based value proposition and allow adequate and effective engagement of all key external stakeholders.

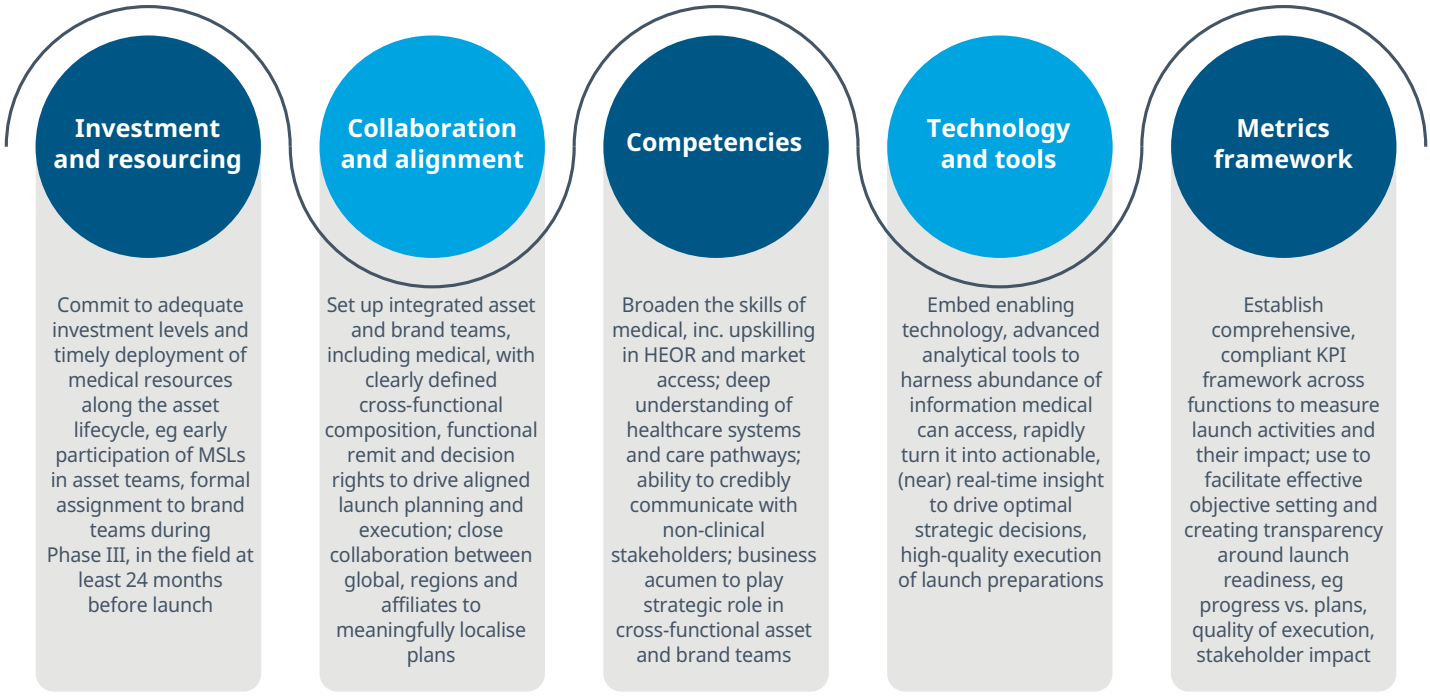
This provides the setting for medical affairs to play its pivotal role in driving launch success against the three pillars of Launch Excellence, as discussed herein, and it defines the pre-requisites for equipping medical to fulfil its promise.

Specifically, five organisational priorities must be addressed to deliver Medical Launch Excellence (see Figure 6):

1. **INVESTMENT AND RESOURCING**
   Commit to adequate investment levels and timely deployment of medical resources along the asset lifecycle, e.g., MSLs are available to already participate in asset teams during clinical development[22], followed by formal assignment to a brand team during phase 3 and being in the field to engage with EEs at least 24 months before launch; medical adequately resourced to deliver early disease, patient journey and stakeholder insight, or support omnichannel engagement and lead evidence generation and content development.

2. **COLLABORATION AND ALIGNMENT**
   Set up integrated asset and brand teams, including medical, with clearly defined cross-functional composition, functional remit, responsibilities and decision rights, to drive aligned launch planning and execution. Ensure close collaboration between global, regions and affiliates to meaningfully localise plans and activities; supported by formalised processes that explicitly define, and mandate, the role and contributions of medical at each stage during launch preparation and execution.

Figure 6: Five priorities for delivering Medical Launch Excellence



Source: IQVIA EMEA Thought Leadership

3. COMPETENCIES

Broaden the skills of medical, including upskilling in HEOR and market access; deep understanding of healthcare systems and care pathways; ability to credibly communicate with non-clinical stakeholders; business acumen and mindset to play a strategic role in cross-functional asset and brand teams; data fluency and digital savviness.

4. TECHNOLOGY AND TOOLS

Embed enabling technology and advanced analytical tools to harness the abundance of information medical can access. This includes tapping into structured and unstructured data[23, 24], e.g., clinical trial data, RWE, literature reviews, intelligence gathered by field medical, feedback from ad boards, or other medical information, social media and newsfeeds, and rapidly turn it into actionable, (near) real-time insight to drive optimal strategic decisions and high quality execution of launch preparation.

5. METRICS

Establish a comprehensive, compliant KPI framework across functions to measure both pre- and post-launch activities and their impact. This will facilitate effective objective setting and create transparency around launch readiness, including tracking progress vs. plans, the quality of execution, or stakeholder impact in a competitive context, e.g., share of scientific voice (SoSV) to measure the impact of evidence dissemination and scientific communication platforms in building awareness and advocacy (see case study 3).[25]

Starting in the early pre-launch phase and informed by relevant metrics, regular launch reviews must be conducted throughout to assess organisational readiness for launch and, where necessary, to identify corrective actions. This is particularly important for medical pre-launch activities, given the prominent role medical plays during the early stages in the asset lifecycle.

Case study 3: Maximising impact and efficiency of expert engagement with IQVIA Share of Scientific Voice™

Situation

After an initial analysis showed that this affiliate immunology team was not engaging several key leaders in their indication, it decided to perform a new External Expert (EE) identification and use Share of Scientific Voice™ (SoSV) to track the impact of their EE activities. The goal was to identify the true leaders for their strategic imperatives to enable its cross-functional team to engage with greater accuracy in the most relevant and impactful activities.

Solution

A baseline measurement of SoSV was established for the client's product, EEs and for competitor products at different stages of the lifecycle.

This data-driven approach enabled setting of more precise KPIs for EE engagement activities. By identifying the most strategically relevant EEs, combined with granular profiles, the client built a more precise engagement plan, including important, yet previously not engaged EEs. Ongoing impact tracking informed any necessary refinement of strategy and plans (see Figure 7).

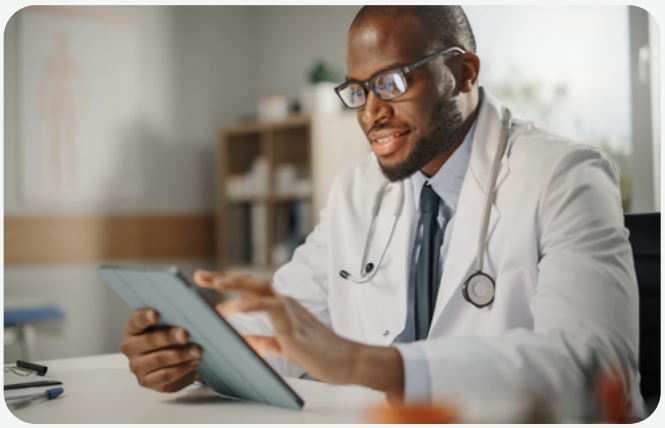
IQVIA SoSV is a strategic measure of medical affairs evidence generation, dissemination and EE activities. SoSV measures the disseminations on a company's product and strategic topics, across all scientific evidence, including publications and meeting abstracts, compared to competitors.

Accurately measuring SoSV requires a comprehensive data set. IQVIA SoSV is powered by the world's largest scientific data lake, which captures over 22,000 scientific meetings, 10,000 grant round meetings and 1.87 million meeting abstracts globally per year.

Impact

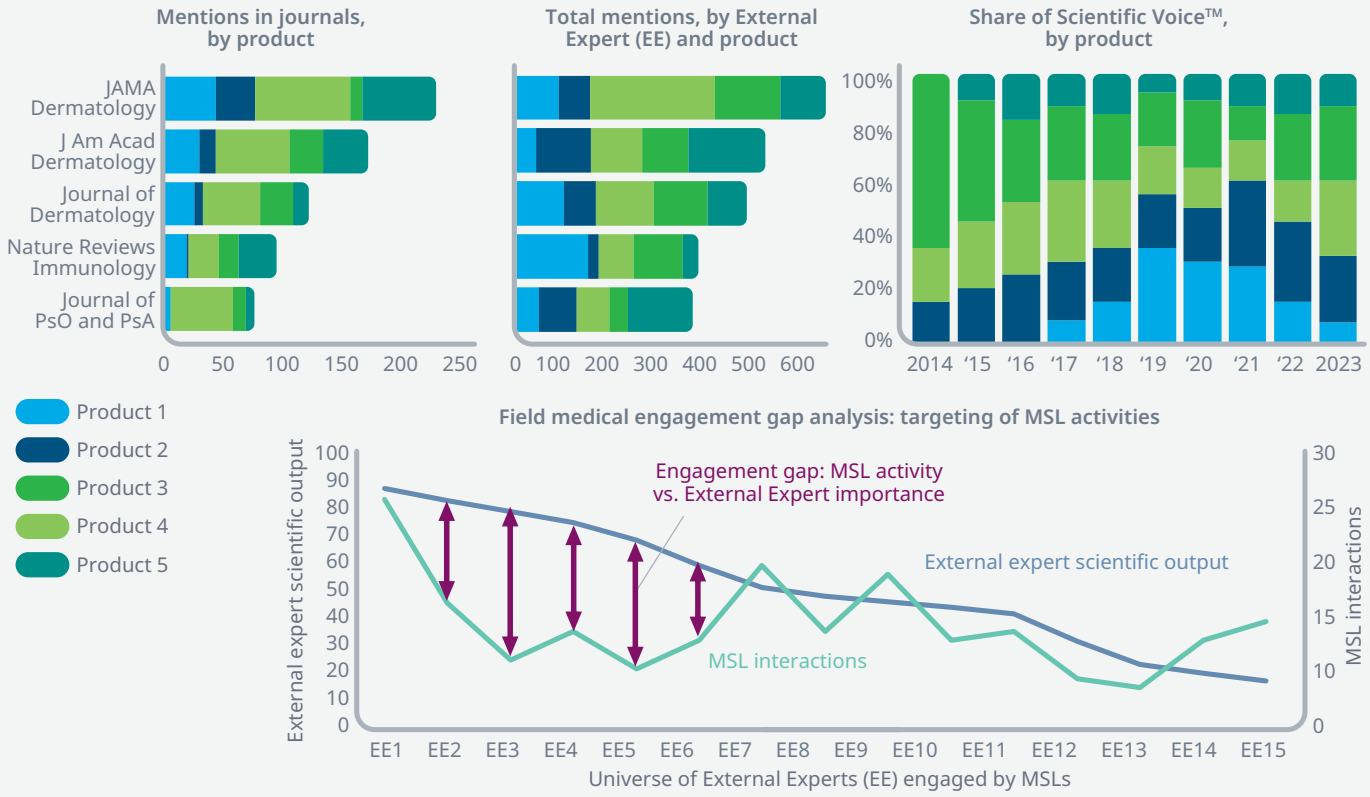
The client's medical affairs team doubled its impact over a two-year period achieving several advances:

- SoSV in the launch indication increased from 31% to 46% after year one, and to 60% after year two.
- MSL efficiency increased dramatically: 120 hours-a-year saved in preparation time per MSL, including 30-50% less time spent exploring EE interests during interactions.
- Better understanding of EEs and their interests resulted in more accurate planning and decision-making, enabling more innovative activities, faster implementation.



This data-driven approach identified the most strategically relevant EEs, including important, yet previously not engaged EEs. More precise engagement plans helped medical affairs double its impact over a two-year period.

Figure 7: Share of Scientific Voice™ to guide medical engagement *ILLUSTRATIVE*



Source: PHARMASPECTRA, an IQVIA business.

Medical affairs has moved centre-stage and now plays a strategic leadership role in many aspects of launch preparation and execution that can make or break a successful launch. In an increasingly unforgiving launch environment, it is imperative for life science companies to master medical Launch Excellence as a matter of urgency.

In an increasingly unforgiving launch environment, it is imperative for life science companies to master medical Launch Excellence as a matter of urgency.

References

1. The Future of Medical Affairs 2030; Medical Affairs Professional Society, 2022; https://medicalaffairs.org/future-medical-affairs-2030/
2. Their finest hour: Medical affairs in a disrupted world; IQVIA white paper, 2022; https://www.iqvia.com/library/white-papers/their-finest-hour-medical-affairs-in-a-disrupted-world
3. In the thick of it: Medical Affairs, strategic partner to other functions; IQVIA white paper, 2023; https://www.iqvia.com/library/white-papers/in-the-thick-of-it-medical-affairs-strategic-partner-to-other-functions
4. IQVIA Launch Excellence series, bi-annual publications I-VIII, 2007-2023
5. Medical Affairs Launch Excellence; Medical Affairs Professional Society, 2021; https://medicalaffairs.org/wp-content/uploads/2021/05/Launch-Excellence-Standards-Guidance.pdf
6. Launch Excellence VIII – The challenge of change: building Excellent launches in the post-pandemic environment; IQVIA white paper, 2023; https://www.iqvia.com/library/white-papers/launch-excellence-viii
7. Firestorm to Burnout: The Impact of the Pandemic on Healthcare Professionals; IQVIA white paper, 2023; https://www.iqvia.com/library/white-papers/firestorm-to-burnout-the-impact-of-the-pandemic-on-healthcare-professionals
8. IQVIA EMEA Thought Leadership analysis of IQVIA Channel Dynamics™ data, October 2023
9. Journey into the Whirlwind: Post-COVID pricing and evidence policy changes and their implications for development and commercialization; IQVIA white paper, 2023; https://www.iqvia.com/library/white-papers/journey-into-the-whirlwind
10. See The Whole Board: The Inflation Reduction Act of 2022, and the complex chess game now in play for pharmaceutical manufacturers; IQVIA white paper, 2022: https://www.iqvia.com/locations/united-states/library/white-papers/see-the-whole-board
11. Rubin R. It Takes an Average of 17 Years for Evidence to Change Practice—the Burgeoning Field of Implementation Science Seeks to Speed Things Up. JAMA. 2023;329(16):1333–1336. https://jamanetwork.com/journals/jama/fullarticle/2803716
12. Choosing the right channel: Healthcare professional engagement preferences in a rapidly evolving environment; IQVIA blog, September 2023; Choosing the right channel: Healthcare professional engagement preferences in a rapidly evolving environment - Part 1 - IQVIA
13. Medical Affairs' Next Frontier: Unlocking Omnichannel Engagement; IQVIA white paper, 2022; https://www.iqvia.com/library/white-papers/medical-affairs-next-frontier-unlocking-omnichannel-engagement

14. Collaborative working between Roche, the NHS and beyond: https://www.roche.co.uk/en/partnerships/collaborative-working-with-the-nhs.html

15. MSD collaborations: https://www.msd-uk.com/partnerships/collaborative-working/(HNC)

16. BMS-Macmillian prehabilitation: DEC2022-updated-Executive-Summary-Macmillan-Prehabilitation-Collaborative-Working-Project-ONC-GB-2200786.pdf (bms.com)

17. The Angels Initiative – a unique healthcare initiative to improve acute stroke care: https://www.boehringer-ingelheim.com/cardiovascular/stroke-care/angels-initiative

18. Caso V, van der Merwe J et al, Six years of the Angels Initiative: Aims, achievements, and future directions to improve stroke care worldwide. Int J Stroke. 2023 Oct;18(8):898-907; https://doi.org/10.1177%2F17474930231180067

19. Key Opinion Leaders Reveal the Value of Medical Science Liaison, Medical Science Liaison Society (MSLS); survey of 203 KOLs across 33 specialties based in the U.S., 2021

20. Scientific Communication Platforms: Best Practices for Medical Affairs; Medical Affairs Professional Society, 2019: https://medicalaffairs.org/wp-content/uploads/2021/04/Download-Guidance-Document-Template.pdf

21. Excellent launches are winning the evidence battle – Beyond necessity and nice to have: RWE as a true strategic differentiator; IQVIA white paper, 2020; https://www.iqvia.com/locations/united-kingdom/library/white-papers/excellent-launches-are-winning-the-evidence-battle

22. R. Berkels, The Value of MSLs in Clinical Trials; The MSL: Journal of the Medical Science Liaison Society, 2023; The Value of MSLs in Clinical Trials - THE MSL (themsljournal.com)

23. McLoughlin M, Jonkman M, Zivkov M., Building Medical Insights Capabilities In Medical Affairs Organizations; Medical Affairs Professional Society, 2021; https://medicalaffairs.org/wp-content/uploads/2022/09/Building-Medical-Insights.pdf

24. McLoughlin M, Jonkman M, Zivkov M. Moving to an integrated, holistic approach to insights-related activities in medical affairs; Medical Affairs Professional Society, 2021; https://medicalaffairs.org/wp-content/uploads/2022/05/Holistic-Integrated-Insights.pdf

25. Laudano J, Dutton G, Leveraging Medical Affairs Analytics to Enhance Engagement and Demonstrate Value. The Journal of the Medical Science Liaison Society, 19 October 2021; https://themsljournal.com/article/leveraging-medical-affairs-analytics-to-enhance-engagement-and-demonstrate-value/

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David has 20 years of experience in pharmaceutical Medical Affairs and healthcare communications.

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Reinhard has more than 15 years of Medical Affairs experience in the pharmaceutical industry, holding country-level, regional and global roles. He has successfully covered all facets of Medical Affairs, including launch readiness, digital transformation, RWE generation, medical education, MSL excellence and medical strategy, and was responsible for leading Medical Affairs teams with direct accountability to senior management.

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Prior to his current role, and before moving into Medical Affairs, Reinhard gained experience in drug discovery and pre-clinical development in the pharmaceutical industry.

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