Marketing New Treatments: How to Maximize Impact with Data-Driven Optimizations

For emerging biotechs, the launch of a new treatment is a pivotal moment, but there's also a lot at stake.

Analytics that are tied to health outcomes and move beyond engagement metrics such as impressions and clicks can show whether you are reaching diagnosed patients or driving new patient starts. Access to this information helps you use marketing dollars more effectively and prove the impact of your investments.

Veeva Crossix measures one out of every two brand launches.[1] We've gathered insights and best practices across campaigns, from common to rare disease states. Let's look at the various data signals that influence optimization decisions to improve campaign performance at each stage of the brand launch process.

Brand launch process

Stage 1	Stage 2	Stages 3 and 4
Define your target audience	Unbranded campaign	Approved and branded campaign launch

[1] FDA Approved Novel Drugs and Biologics from January 1, 2021 through December 31, 2023 spending a minimum of $1MM on digital media

Stage 1: Define your target audience

Timing	Goals	Measurement goals
Pre-launch	Precisely define your target audience and establish clear, measurable objectives.	Design an impactful measurement framework tied to critical business outcomes.

Insights to inform your marketing strategy and campaign execution

During pre-launch, use data to identify which patients you are trying to reach. Define your audience by connecting patient-level health data with other data sources like demographic, socioeconomic, consumer, and media. Data-driven behavioral segmentation on tens of thousands of patients allows for fuller insight into target populations and can serve as the baseline for additional primary research. After you've defined your audience, develop strategies for reaching them cost-effectively, including choosing your channel mix (e.g., the mix of connected TV, digital media, and linear TV) and targeting tactics, such as **health-based audience segments**.

Next, solidify your measurement strategy so you have the right metrics to validate whether you are getting to the right patients and driving impact. This can include identifying how many qualified patients you want to reach across your plan. When your campaigns are live, use audience quality benchmarks to track your progress toward these goals. For example, if you want to reach 50% of your patient population, how are you performing with qualified reach?

Stage 2: Unbranded campaign

Timing
Start as early as ~1 year before the expected Prescription Drug User Fee Act (PDUFA) date. You may also continue to run unbranded creative after receiving approval.

Goals
Prime market and generate awareness of disease state.

Campaign objective
Drive diagnoses and understand what media performs well vs. what doesn't. Apply learnings to the branded campaign.

Measurement goals
Understand if you're reaching the right audience and how receptive the audience is to your messaging.

Use early campaign signals to refine your plan

Once your unbranded disease state awareness or education campaigns begin, start optimizing based on audience quality metrics to reach your target audience more effectively. For consumer campaigns across digital, Crossix recommends selecting **one upper-funnel metric and one lower-funnel metric for audience quality**. For complex therapeutic areas, you may need more.

The **upper-funnel audience quality metric** determines if your messaging influences the audience to visit their doctor or get a test. By driving awareness of the disease state, you're helping potential patients start a conversation with their doctor and begin a path toward treatment. This can also signal if these people could eventually become part of the lower-funnel metric.

A **lower-funnel audience quality metric** helps you understand what percentage of the audience already has a certain diagnosis or other health criterion. For example, the lower-funnel audience quality metric for a brand treating depression might be *diagnosed with major depressive disorder (MDD)*. This can help determine if your unbranded media is already reaching a portion of patients with MDD who can later be treated with your branded treatment. The lower-funnel audience quality metric will remain important when running the branded campaign.

Post-exposure to advertising metrics such as doctor visitation and conversion to category help determine if patients are visiting relevant doctors or taking it further and beginning to treat in category. Conversion to category can help you understand how receptive the audience is to your messaging.

Upper-funnel audience quality metric:
The pool of people from which you want to drive diagnosis or testing that would qualify them for treatment.
Example metrics: Treating in category or diagnosed with a related condition

Lower-funnel audience quality metric:
The pool of people who already have a diagnosis or have taken a specific test.
Example metrics: Diagnosed with the targeted condition, received a specific test

Stages 3 and 4: Approved and branded campaign launch

Timing

Post PDUFA,
0-2 years

Goals

Generate new
patient starts.

Campaign objective

Drive awareness for
gaps in treatment, efficacy,
and ultimately the
availability of the new
branded treatment.

Measurement goals

Find optimization
opportunities and
understand the impact of
advertising on lower-funnel
patient behavior.

Leverage benchmarks to validate learnings and manage expectations

Similar to the unbranded campaign, audience quality is an early indicator that can signal the first optimization decisions for your branded campaign. It will help you understand the audience's treatment intent and hone in on diagnosed patients or patients who have taken necessary tests. As you refine your plan, balancing targeting, reach, and frequency is essential. Ensuring patients receive your message at different times in different ways will drive the most benefit.

Benchmarks can help you measure performance. Are you on track, or doing better or worse than expected? Crossix measurement allows you to view benchmarks across channels to compare like vs. like. For example, you may find that programmatic Partner A performs better than 75% of programmatic partners in rare disease campaigns. Or, endemic Partner B performs 50% worse than endemics in a specific, more prevalent disease category.

Whether you're marketing a rare disease brand or a more prevalent disease state treatment, use early data points to start optimizing often. For some disease states, such as very rare disease treatments, you might not get to post-exposure media metrics like doctor visitation or conversion until later in the campaign. However, audience quality is highly correlated with lower-funnel behavior, so you can still use it as an optimization mechanism. For more common disease states, doctor visitation and conversion will start populating soon after launch, and you will want to optimize toward partners driving that lower-funnel behavior.

Key takeaways

While every brand launch is unique, it's helpful to remember the following:

1. Tie marketing to business outcomes from day one: immediately define your measurement framework to track whether you're actually reaching diagnosed patients, and driving doctor visitation or new prescriptions once media launches. This will allow you to improve performance, prove value, and secure future investment.

2. Learnings from the unbranded disease state awareness campaigns can help you refine your branded launch strategy.

3. Optimize early and often using health-based metrics.

Review these additional best practices to allocate investments and execute effective launch campaigns. ↗