EXECUTIVE INSIGHTS

Behavior-First Biopharma Go-to-Market Strategies

Start with the right question

Biopharma go-to-market planning today demands a new level of precision and flexibility. Commercial leaders are facing mounting pressures from rising costs, constrained budgets and intensifying competition. Meanwhile, richer claims datasets, greater computing power and an expanding menu of engagement approaches provide more insights and options than ever, making it more complex to choose which levers matter most.

Despite this, companies may be tempted to rely on benchmarks and inherited frameworks to design their go-to-market strategies. But in our experience advising on a broad range of launches, we recommend starting by asking one deceptively simple question first:

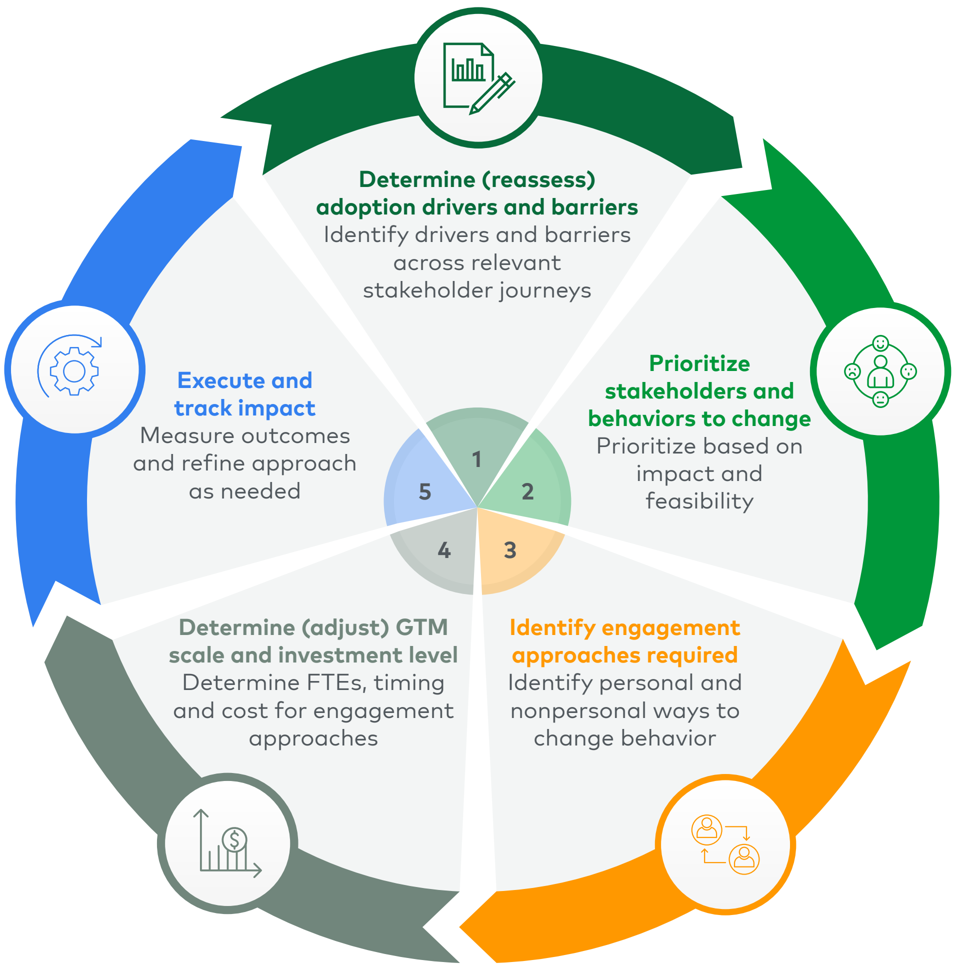
Which behaviors, in which stakeholders, need to be changed for patients to start and stay on treatment?

Approaching the challenge through a behavior-first lens naturally sharpens decision-making. It encourages functions to align around shared outcomes rather than siloed tasks and deploy the right interventions at the moments that matter most. Too often, this behavioral lens is applied only later — for example, at the brand planning stage — rather than earlier when it can shape go-to-market strategy itself. Capturing these insights up front requires more investment than most organizations are used to, but it pays dividends in sharper execution later.

In this edition of L.E.K. Consulting's *Executive Insights*, we propose a five-step process for developing and continuously refining the go-to-market strategy (see Figure 1).

Figure 1

Behavioral-driven process for developing a go-to-market strategy



Note: GTM=go-to-market; FTEs=full-time equivalents
Source: L.E.K. research and analysis

1. Determine (reassess) adoption drivers and barriers

We suggest companies begin by defining the full set of stakeholders whose behaviors influence adoption — core groups like prescribers, patients and payers, as well as caregivers, referring physicians, clinic administrators, nurses, distributors, pharmacies, genetic counselors, professional societies or associations, and patient advocacy groups. The next step is to map the journey each stakeholder takes, from symptom recognition to treatment initiation and ongoing use, and to pinpoint the specific behaviors required at each stage to drive adoption and persistence. This process identifies both barriers that block adoption and drivers that substantiate it, providing the foundation for go-to-market design by showing where momentum builds and where it breaks down (examples of barriers for some key stakeholders are shown in Figure 2).

Figure 2

Examples of barriers to adoption across select stakeholders

NONEXHAUSTIVE

	Symptom recognition and care seeking	Referral, testing and diagnosis	Treatment initiation	Treatment experience and monitoring
Patient and caregiver	× Low disease awareness × Symptom normalization × Misinformation × Complex travel logistics	× Complex travel logistics × High financial burden × Test invasiveness	× Side effect concerns × High financial burden × Confusing onboarding × Confusing self-admin	× Side effects × High financial burden × Treatment burnout
HCP/ center		× Misdiagnosis × Lack of referral relationships	× Safety concerns × Tx not in guidelines × Poor buy-and-bill economics	× Difficulty interpreting response markers × High admin load for reauthorization
Payer		× Poor coverage of Dx testing × Payer-preferred labs do not offer the test	× Restrictive prior authorization and/or reauthorization × Step edits through less expensive alternatives × Unclear criteria for retreatment or dose adjustments	

Note: HCP=healthcare provider; Tx=therapeutics; Dx=diagnostics
Source: L.E.K. research and analysis

2. Prioritize stakeholders and behaviors to change

No product launch can — or should — target every potential prescriber, patient or influencer equally. The starting point is identifying those who will most directly drive adoption and, within each group, the subset that could have the largest impact with focused engagement. For healthcare providers (HCPs), that might mean the 20%-30% of specialists who account for the majority of prescribing or patient volume in a category; for patients, it could mean those most likely to switch therapies within the next 12 months rather than the entire diagnosed population. It is also critical to identify the stakeholders that determine or influence the therapy's market access — payers, institutional decision-makers and clinical guideline committees — since their choices determine how broadly adoption is even possible.

With priority stakeholders identified, teams should next prioritize the behavior changes needed to drive adoption. Each behavior should be viewed through two lenses: the impact if successfully changed and the ability to influence that change.

The impact should be linked to measurable outcomes, such as incremental treated patients, revenue per claim or avoided discontinuations. Doing this well requires strong business insights and analytics capabilities to translate claims data and market research into clear implications for go-to-market strategy.

The ability to influence then screens for feasibility: which barriers sit within the manufacturer's realm of control and which demand broader policy, infrastructure or socioeconomic shifts. For example, rural clinics may lack access to advanced imaging required for diagnoses; expanding regional scanner capacity would accelerate uptake, but the manufacturer cannot feasibly build or finance new facilities.

Finally, companies must take a balanced approach to addressing the behavior changes. For instance, a campaign focused on the therapy's value proposition versus its competitors will have limited impact if the disease remains highly undiagnosed upstream or has significant payer coverage restrictions.

3. Identify engagement approaches required

With priority behaviors identified, behavior change is most often supported by a combination of personal and nonpersonal engagement. Except where personal engagement is restricted or cost-prohibitive, high-performing go-to-market plans choreograph both forms of engagement around each behavior change.

The process typically starts by clarifying what is needed to shift the behavior — educating, persuading, enabling or reminding — and then weighing potential approaches, competitor activity and cost versus impact before settling on the right mix (see Figure 3).

Figure 3

Selecting the mix of personal and nonpersonal engagement approaches

Note: EMR=electronic medical record
Source: L.E.K. research and analysis

For behaviors that require persuasion through nuanced, individualized dialogue — such as deciding to prescribe a therapy with complex risk-benefit trade-offs — personal promotion is the anchor. A live conversation with a medical science liaison (MSL) can surface concerns no digital banner could. Even so, nonpersonal tools — like a short explainer video, follow-up text or concise evidence digest — help educate prior to making a decision and reinforce the exchange after a decision has been made.

When the barrier to the behavior change stems from a straightforward information gap, recognition lapse or procedural misstep, scaled digital tactics focused on educating, enabling and/or reminding can shoulder more of the load. Take physician office activation for prior authorization as an example: Interactive microlearning modules, autopopulated checklists in the electronic medical record (EMR) system and real-time status alerts can standardize submissions and cut cycle time. A field reimbursement manager remains on call for escalations, providing a targeted human touch when digital alone is not enough.

Personal engagement: Design the customer-facing model

Delivering the personal side of engagement requires a clear customer-facing model with a blueprint for which roles engage which stakeholders and how those interactions are coordinated.

Certain roles — sales representatives, MSLs and national account managers — form the backbone of nearly every launch. During go-to-market planning, companies must decide which additional roles to layer on and at what scale.

This should be dictated by the behaviors the company has prioritized and the skills required to shift them. If diagnostic inertia is a constraint, deploy diagnostic specialists who can walk clinicians through test-ordering workflows. If access friction is resulting in patient drop-off, plan for a robust field reimbursement manager force to navigate prior authorization appeals and benefit investigations. When administration is complex, nurse educators equipped to train infusion sites and coach patients become critical.

Equally important, coordinate these specialists' outreach so stakeholders experience a seamless dialogue — not a barrage of overlapping touchpoints.

The customer-facing model assigns the right roles to the right behaviors, maintains the necessary share of voice and reserves human expertise for the moments when personal engagement drives outcomes.

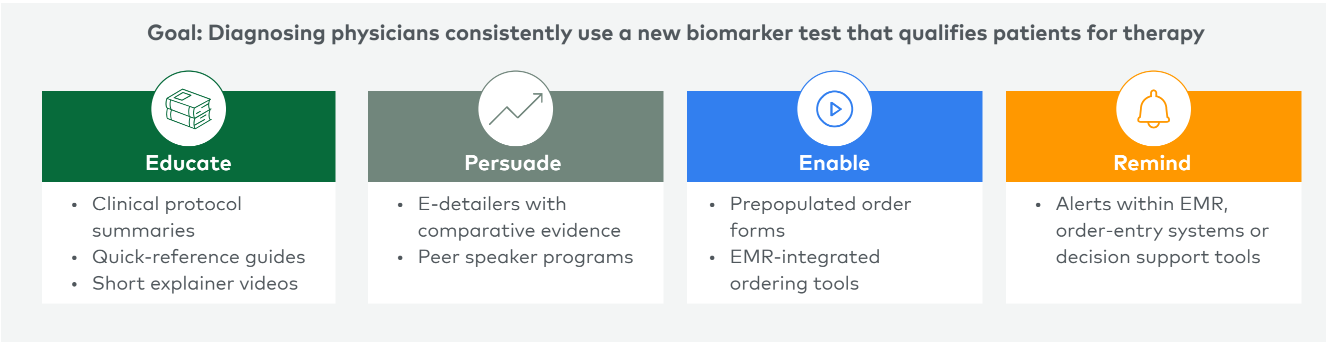
Deploy nonpersonal engagement

Nonpersonal engagement is also critical for behavior change and demands the same disciplined planning as personal engagement. At the go-to-market strategy stage, the goal is to match each prioritized behavior with the nonpersonal approaches most likely to shift it, gauge the investment those approaches will require and surface net new capabilities — such as EMR system integration or modular content operations — so budgets and roadmaps are grounded before detailed tactical planning begins.

The most effective programs anchor nonpersonal engagement in the behavior that needs to shift and what it will take to make that happen. Take the example of slow adoption of a new biomarker test despite guideline inclusion, where nonpersonal engagement approaches are coordinated to collectively educate HCPs about the biomarker test, persuade them of the benefits of using it, enable them to easily order it and remind them on an ongoing basis when patients are appropriate for that test (see Figure 4).

Figure 4

Examples of nonpersonal engagement approaches mapped to a behavior to change



Note: EMR=electronic medical record
Source: L.E.K. research and analysis

The best-performing companies treat nonpersonal engagement as a precision tool — designed, budgeted and measured with the same rigor as personal engagement. They ensure that nonpersonal engagement is highly personalized, with messages customized and channels tailored to individual stakeholders' needs and preferences. They also monitor and rapidly integrate emerging innovations into the engagement mix as appropriate.

4. Determine (adjust) go-to-market scale and investment level

With priorities and engagement approaches defined, teams must right-size the effort. This means translating the strategy into the required investment, talent, technology and vendor support. That assessment should also account for the technology (e.g., customer relationship management platforms, modular content platforms, omnichannel orchestration platforms and data integration capabilities) that will be needed to execute engagement efficiently and at scale. If the plan exceeds available resources, adjustments might include narrowing the target audience, phasing deployment or substituting lower-cost tactics that still address the barrier. The aim is not simply to fit the budget but also to ensure resources are sufficient to overcome key barriers without overspending on low-impact activities.

5. Execute and track impact

Next, the focus shifts to execution and ongoing measurement. Uncertainties are inevitable — competitor entry, evolving stakeholder needs and the emergence of new barriers can alter the market landscape. Teams should anticipate these possibilities through scenario planning and establish clear decision triggers in advance. The impact should be measured against prespecified outcomes-based key performance indicators, not just activity levels.

This measurement process feeds directly into the next cycle — reassessing progress against existing barriers, identifying new ones and refining the engagement plan accordingly. Teams should continually assess which approaches are delivering impact and which are not and adjust the mix as needed. Adjustments must be made carefully, particularly where established stakeholder relationships could be disrupted, but also decisively and with agility. Taking a cyclical, data-driven approach to go-to-market strategy ensures it remains responsive, targeted and effective over time.

Takeaways for executives

In today's fast-moving market, it is easy to default to familiar tactics executed within individual functions without stepping back to ensure they are aimed at the highest-priority stakeholder behaviors to change. A behavior-first go-to-market approach counters that tendency by focusing on the most important adoption barriers and aligning resources to overcome them. It also empowers teams to address downstream workflows, especially brand planning, allowing them to build on this base and consider the attitudes and emotions that are so important for personalizing messages and channels to each stakeholder.

To put this approach into practice, executives should focus on five imperatives (see Figure 5).

Figure 5

Imperatives for behavior-first go-to-market strategy

Follow the behavior, not the blueprint	**Anchor on data, not assumptions**	**Solve problems cross-functionally, not in silos**	**Measure performance, not just inputs**	**Be flexible - strategy is not set in stone**
While it is tempting to rely on past successes and benchmarks, focusing on behavior change to overcome barriers enables smarter investment	An effective GTM strategy requires investing in business insights and analytics to steer decisions	The biggest barriers often require integrated solutions across functions	KPIs must reflect real behavior change and outcomes to ensure the GTM model is driving impact	GTM strategy and execution must be revisited based on performance

Note: GTM=go-to-market; KPIs=key performance indicators
Source: L.E.K. research and analysis

When applied with discipline, effective go-to-market strategies can cut through the noise of competing priorities and keep the organization focused on what will truly drive adoption. The companies that revisit those priorities regularly and act on them in a coordinated and decisive way will be the ones that turn intent into sustained market impact.

Note: AI tools were used to support this article.

For more information, please **contact us**.

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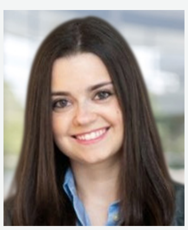

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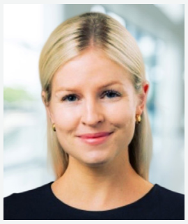

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