



Laggards and Leaders

A Report on How Manufacturers Are Winning Drug Launches Before Day 1

By the time most launch teams realize their brand is lagging, the race is already over. The brands that win start months earlier - in the one place that decides market share: the physician's mind.

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Varsha Sundaram is a Product Owner and Lead for Brand Performance Tracking at ZoomRx, bringing nearly a decade of experience in pharmaceutical and healthcare market research. She specializes in brand tracking, and launch strategy development, with a focus on translating complex market dynamics into actionable insights for life sciences clients.

Varsha is a key architect of ZoomRx's Integrated Launch Tracking offering, which challenges the conventional approach of siloed research in favor of a more connected, comprehensive view of launch performance. Her work is grounded in the belief that fragmented insights lead to fragmented decisions – and that an integrated approach is essential for launch success in today's competitive landscape.

90+

Launch Studies Conducted
in the last 2 years

130+

Launch Brands tracked
in the last 5 years

1.2 M+

Launch Benchmark
datapoints in the last 5 years

What ZoomRx Has Learned from 40+ Oncology Brand Launches:

01

Top performers enter launch with a 25-point aided awareness advantage over below-norm brands, before a single prescription is written. That gap almost never closes.

02

Brand trajectories diverge decisively within the first 3 to 6 months post-launch. Brands that fall behind in this window face an increasingly steep climb that most never complete.

03

Top-of-Mind Awareness (TOMA)^[1] movements precede shifts in prescribing behavior, making it the earliest actionable signal in the dataset.

04

By Month 24, four distinct performance archetypes emerge, and which one your brand becomes is largely determined by decisions made before and during the first 6 months.

ZoomRx has tracked 40+ oncology brands from pre-launch through Month 24. This paper distills what that data consistently reveals: the progression from a physician first hearing a brand name to the moment it becomes their default prescribing choice.

The Concrete Costs of Poor Insights

Most oncology brands enter launch believing the hard work is behind them. The clinical data is in. Regulatory approval is secured. The sales force is trained. What the data reveals, however, is that by the time a brand takes its first prescription, the commercial outcome is already largely determined - decided not at launch, but in the months and years before it. Without insights, a serious risk exists that the hard work from brand, market research, and HCP marketing teams may not translate into HCP and patient adoption.

The cost of that misalignment is measurable. Across ZoomRx's oncology dataset, the gap between Top Performers and Below Norm brands in Most Often Used (MOU) status at Month 24 is substantial (a 58% gap) and it almost never closes.

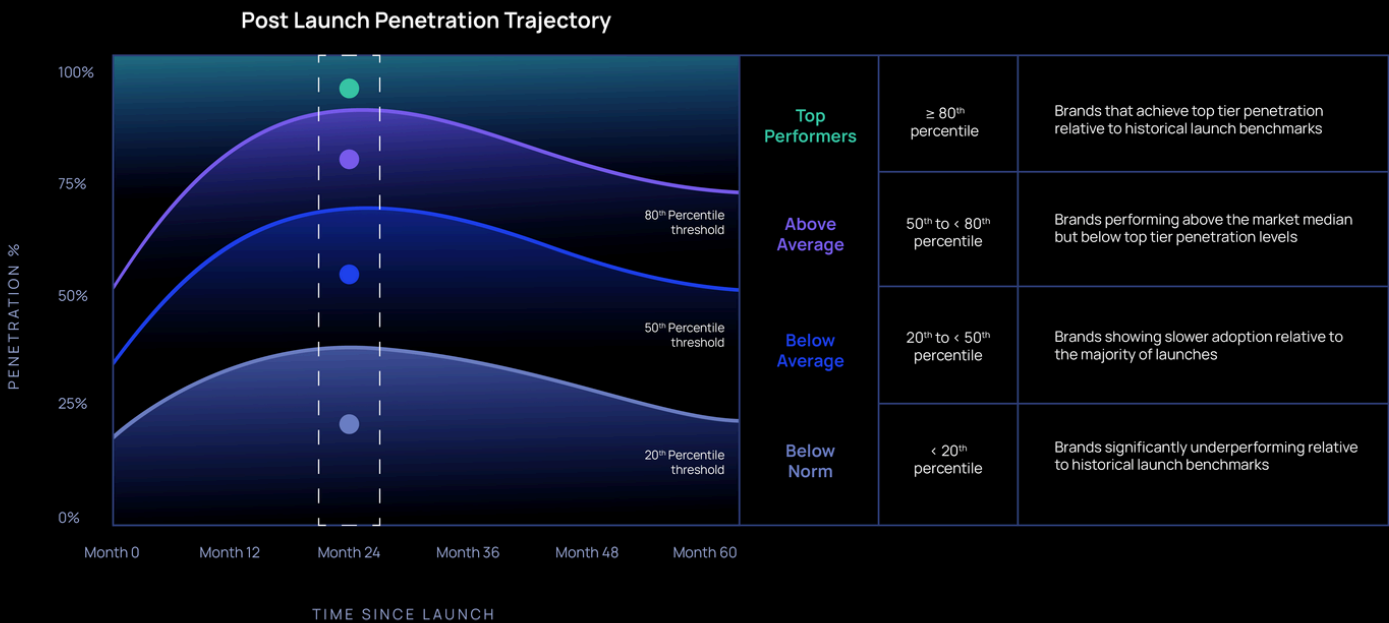
Brands that arrive at Day 1 without established HCP awareness face a prescribing deficit that compounds with every passing month, as competitors deepen their hold on physician habit. The window to influence those habits is not the first-year post-launch. It is 12 to 24 months before it.

This paper explains why - and what distinguishes the brands that get it right. The patterns it describes are drawn from ZoomRx's longitudinal tracking of 40+ oncology brands from pre-launch through Month 24. They are not hypotheses. They are the consistent signature of how launches unfold when pre-launch investment is made early, sequenced correctly, and oriented around the right signals. For readers of this paper, the central question is not whether these patterns exist. It is which trajectory your brand is currently on - and whether you still have time to change it.

How Performance Groups are Defined

The 40+ brands in this dataset are grouped into four performance tiers based on their brand penetration ranking at Month 24 - the point at which launch trajectories have matured enough to distinguish leaders from laggards. These groups appear throughout the paper as **Top Performers**, **Above Average**, **Below Average**, and **Below Norm**.

Defining The Four Groups



The difference between these tiers is largely decided before most launch teams think the race has started.

The Critical Window: When Trajectories Form

Most of what determines a launch's long-term trajectory is decided in the first six months. Not eventually. In the first six months.

THE DAY 1 ADVANTAGE

Top performers don't wait for Day 1 to start building awareness. They arrive with it. Our analysis shows that top performers carry a 25-point aided awareness advantage at launch, averaging 75% aided awareness on Day 1, compared to 55% for below-norm brands. This lead is built pre-launch through deliberate awareness-building efforts. Disease education campaigns, medical congress presence, and peer-reviewed publication programs all help seed familiarity before approval.

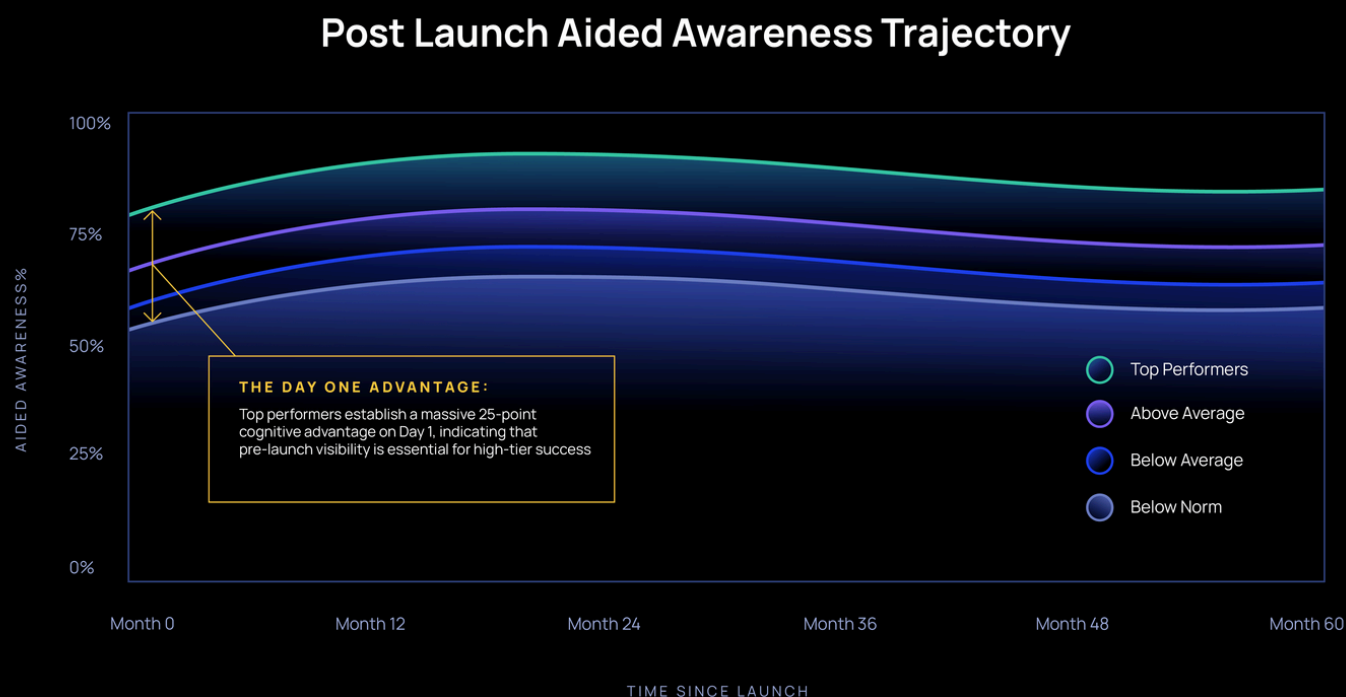


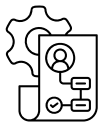
FIGURE 1: AIDED AWARENESS AT LAUNCH: TOP PERFORMERS VS. BELOW-NORM BRANDS.

The two trajectories run nearly parallel from Day 1 through Month 48: the gap established before launch never narrows.

Source: ZoomRx Oncology Launch Benchmark

How to build the awareness advantage

The 25-point Day 1 awareness advantage that separates Top Performers from Below Norm brands is not accidental - it is the result of a sequenced, multi-lever pre-launch program executed over 18 to 24 months. Three awareness-building levers consistently appear in the profiles of Top Performers. Each has an optimal start window, and each builds on the last.

TIMELINE	LEVER	HOW ?
18-24 months pre-approval	 Disease and unbranded education	Shape how HCPs define the unmet need before your brand enters the conversation. When done well, physicians are already fluent in your disease lexicon by the time branded promotion begins.
12-18 months pre-approval	 Congress presence and data dissemination	Present across 2-3 major congresses with data sequenced to build conviction progressively. Goal: your brand is in the differential before the sales force arrives.
9-12 months pre-approval	 KOL advisory boards and publications	Build a network of peer advocates carrying your clinical story before the commercial team can. Pair with a structured publication strategy in the journals your target physicians read.

THE 3 TO 6 MONTH INFLECTION WINDOW

Awareness gaps widen fast. ZoomRx's longitudinal launch data shows that within the first 3 to 6 months post-launch, unaided awareness trajectories diverge - and brands that fall behind here face a recovery curve that most never complete. By the time the gap in Most Often Used (MOU)^[2] status becomes visible after Month 12, the contest is largely settled.

These diverging trajectories crystallize into four distinct archetypes by Month 24. Understanding what separates them starts with understanding what each trajectory looks like.

Early momentum doesn't just matter – it compounds. Every prescription written deepens familiarity, reinforces habit, and widens the gap between leaders and lagging brands.

Post Launch 'Unaided Awareness' Trajectory

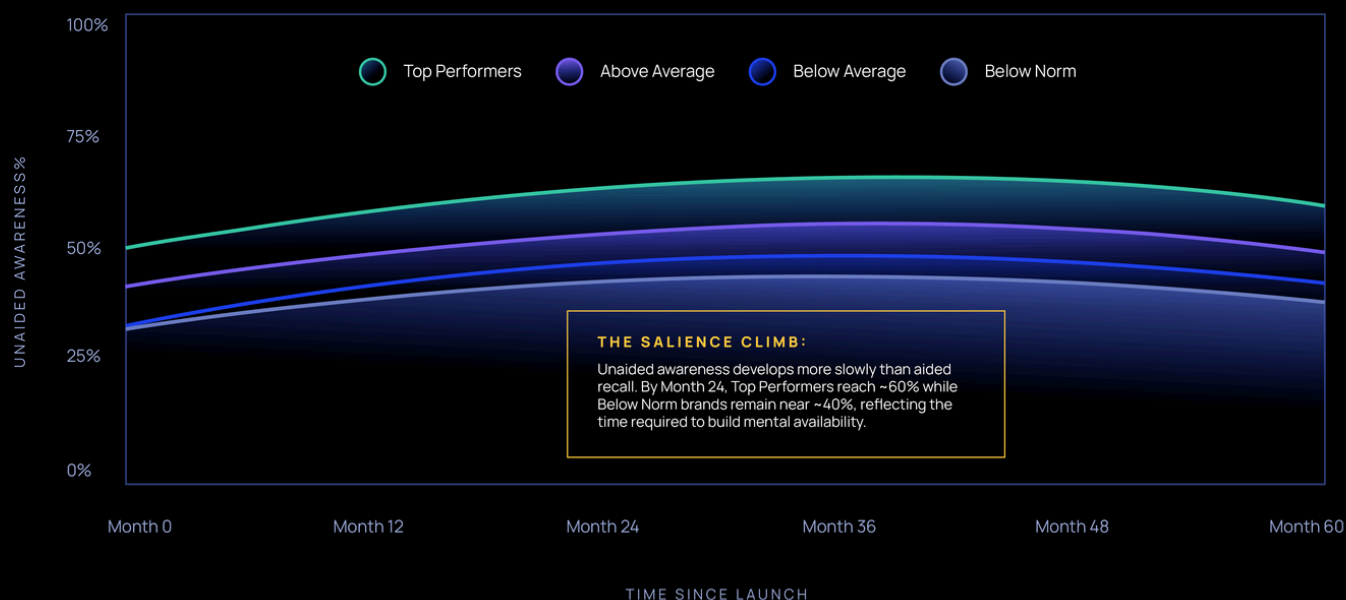


FIGURE 2: UNAIDED AWARENESS TRAJECTORIES: MONTHS 0-60.

Within the first 3 to 6 months, the four groups separate and rarely reconverge.

Source: ZoomRx Oncology Launch Benchmark

Post Launch 'Most Used Brand' Trajectory

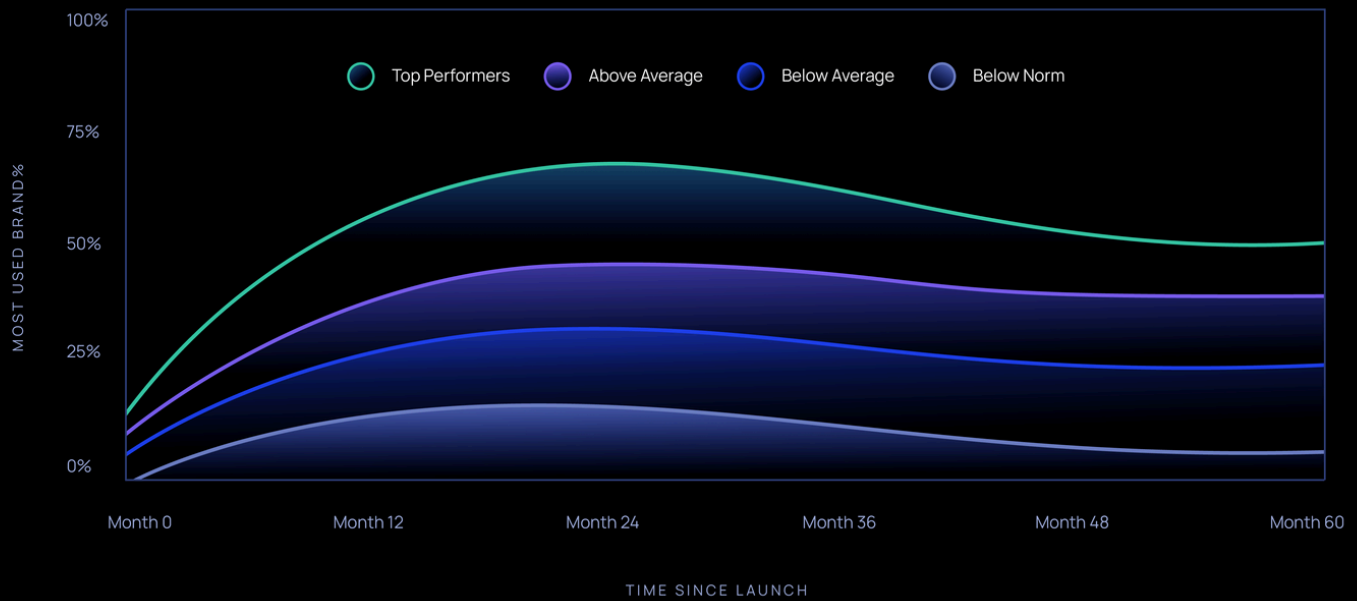


FIGURE 3: MOU TRAJECTORIES: MONTHS 0-60.

Prescribing leadership consolidates early. Top performers open a gap in months 1-6 that rarely closes.

Source: ZoomRx Oncology Launch Benchmark

What to do in months 1-6 when trajectories start to diverge

WHAT?	WHY?
Watch TOMA weekly, not quarterly	A plateau in months 1-3 is a signal, not a footnote. Establish a monthly tracking cadence before launch so you have a baseline to read against
Diagnose, don't default to detailing	By month 3, the pattern is usually readable — is unaided awareness lagging, or is penetration lagging despite awareness? The right response depends entirely on which barrier is forming.
Re-engage KOLs with real-world data	If TOMA is plateauing, clinical trial data alone won't restart it. Early real-world experience shared through KOL channels can rebuild momentum where promotion cannot.
Segment by prescriber readiness, not volume	In months 1-6, high-familiarity physicians move first. Building early usage among them generates the peer influence needed to move the broader market.

What Defines the Four Adoption Archetypes?

By Month 24, brands stratify into four performance archetypes - defined not by clinical profile alone, but by how effectively each brand translated its value into awareness, trial, and habit.

TOP PERFORMERS (≥ 80 TH PERCENTILE)

Rapid adoption from strong clinical differentiation and sustained pre-launch investment - congress presence, KOL engagement, and disease education 18–24 months before approval. HCPs arrive at launch already convinced.

ABOVE AVERAGE (50TH–80TH)

Solid growth with good clinical assets, but a compressed 9–12 month pre-launch window leaves HCPs still evaluating at launch. Potential is often realized later as real-world evidence builds.

BELOW AVERAGE (20TH–50TH)

Slower adoption from late pre-launch investment - outreach beginning only 3–6 months before approval leaves safety questions and positioning unresolved. Even strong data underperforms when HCPs aren't prepared by Day 1.

BELOW NORM (< 20 TH PERCENTILE)

Limited uptake from weak clinical differentiation and absent pre-launch investment. No KOL conviction, no prescribing narrative - awareness doesn't convert to demand, and recovery without an external catalyst is rare.

The archetype a brand ends up in is largely decided before Month 12, and TOMA is the metric that shows you which direction you're heading - months before prescribing data does.

ZoomRx pre-launch perception tracking. ZoomRx tracks HCP perceptions across all three pre-launch investment dimensions - unbranded disease familiarity, KOL conviction, and congress-driven awareness - from as early as 18 months before approval. This is the data that tells you, before Day 1, which archetype trajectory your brand is on and whether the investment being made is actually landing with the right physicians in the right way.

TOP PERFORMER

Scientific & commercial investment before launch
High

When HCPs first start hearing about the brand
18-24 months before approval

Pre-launch activity profile

Sequenced over 18-24 months: congress data presentations first, then KOL advisory boards, then disease and biomarker education campaigns. Each step builds on the last.

What drives performance

HCPs arrive at launch already convinced - not still evaluating.

ABOVE AVERAGE

Scientific & commercial investment before launch
Medium

When HCPs first start hearing about the brand
9-12 months before approval

Pre-launch activity profile

Concentrated into a shorter window: 2-3 major congresses, a narrower KOL network, activities run in parallel rather than in sequence. Less time to build prescribing conviction.

What drives performance

HCPs are still evaluating at launch. Uptake is solid but slower than the clinical profile warrants.

BELOW AVERAGE

Scientific & commercial investment before launch
Low-Medium

When HCPs first start hearing about the brand
3-6 months before approval

Pre-launch activity profile

Reactive: HCP outreach begins late, safety or complexity concerns (e.g. ILD risk, biomarker requirements) are not adequately addressed before launch, leaving oncologists hesitant.

What drives performance

Demand never fully forms before launch. Unanswered safety or positioning questions slow prescribing.

BELOW NORM

Scientific & commercial investment before launch
Low

When HCPs first start hearing about the brand
At or after launch

Pre-launch activity profile

Minimal or misdirected: either no pre-launch activity at all, or investment is made but fails to generate KOL conviction because the clinical story is weak relative to alternatives already on the market.

What drives performance

Oncologists have no compelling reason to prescribe. Without an external catalyst, recovery is rare.

Where does your brand stand today? A self-diagnostic

Answer the four questions below honestly. Your answers will indicate which archetype trajectory your brand most closely resembles today - and how much runway you still have to act.

QUESTION	TOP PERFORMER	ABOVE AVERAGE	BELOW AVERAGE	BELOW NORM
Q1. When did HCP-facing awareness-building begin?	>18 months before approval	9–18 months before	3–6 months before	At or after launch
Q2. Current aided awareness among target HCPs?	Above 75%	60–75%	40–60%	Below 40% or unknown
Q3. Where does TOMA sit relative to MOU?	TOMA meaningfully exceeds MOU	TOMA and MOU roughly aligned	TOMA flat or below MOU	Not currently tracking TOMA
Q4. Has the conversion barrier been diagnosed?	Yes – barrier identified and response plan in place	Yes – identified, response in progress	Suspected but not formally diagnosed	Both metrics lagging; root cause unclear

Mostly Top Performer signals:

You are on the right trajectory - the priority is sustaining momentum and monitoring for early warning signs.

Mostly Below Average or Below Norm signals:

The window to course-correct is narrowing. The sections that follow explain what to do next.

TOMA: The Signal That Precedes Prescribing

Of all the metrics in ZoomRx's dataset, Top-of-Mind Awareness (TOMA) stands out as the most actionable leading indicator. TOMA movements precede shifts in prescribing behavior - capturing emerging preference before it converts to habitual prescribing. While MOU reflects established habits, TOMA captures where those habits are forming.

- **Momentum Signal:** When TOMA exceeds current usage rates, the brand is winning the cognitive contest before the prescribing contest has started. Continued investment in awareness-building is warranted.
- **Early Warning System:** A TOMA plateau or decline before it shows up in prescribing data calls for immediate review of whether messaging is reaching the right physicians with a compelling reason to prescribe.

The Awareness Signal That Precedes Prescribing

TOMA as an Early Indicator of Prescribing Momentum

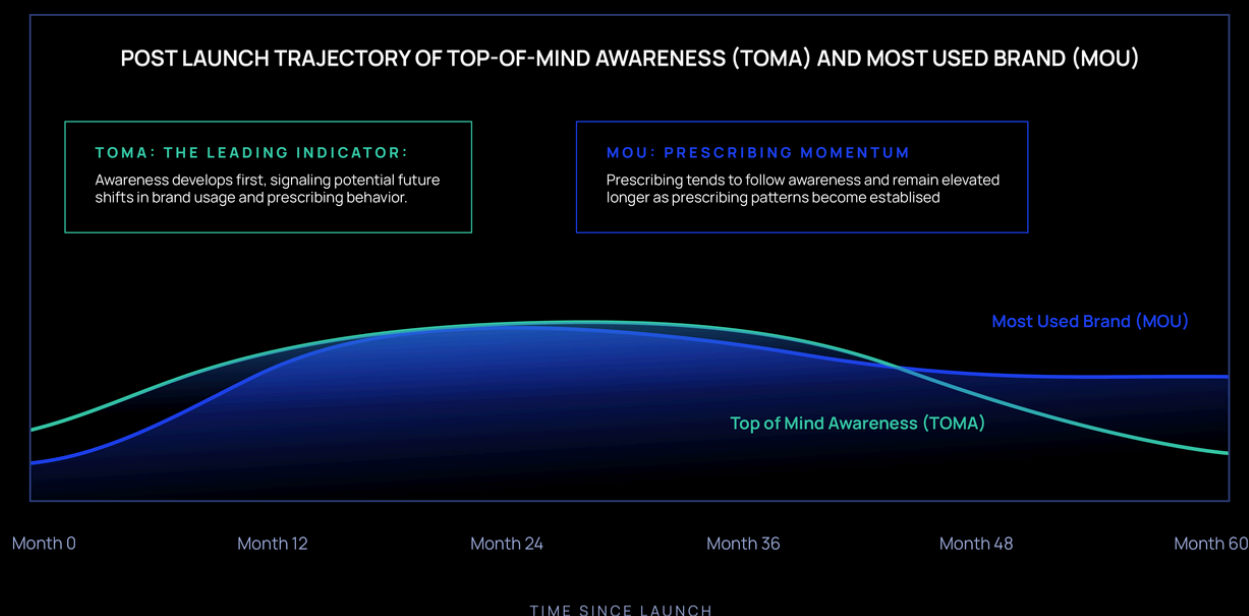


FIGURE 5: TOMA AND MOU TRAJECTORIES, POST-LAUNCH.

TOMA rises ahead of prescribing behavior, signaling brand momentum before it appears in prescription data. Brands whose TOMA leads MOU are still building; those where TOMA plateaus face a prescribing ceiling.

Source: ZoomRx Oncology Launch Benchmark

TOMA tells you where a brand is heading. What it doesn't tell you is why some brands never build it - and what specific friction is blocking the path from awareness to prescribing.

The TOMA and MOU are captured in [ZoomRx's ATU tracking studies](#) - run monthly or quarterly depending on the brand and indication. These studies are the primary mechanism through which launch teams access the longitudinal benchmarks referenced throughout this paper.

How to read the landscape: using TOMA and MOU as a paired diagnostic

T O M A & M O U	I M P L I C A T I O N
TOMA > MOU, and both rising	Awareness momentum is ahead of prescribing. The brand is building in the right direction — sustain investment and monitor for inflection.
TOMA and MOU roughly aligned	Prescribing is tracking awareness but not accelerating ahead of it. Adequate trajectory, but limited headroom — investigate whether a positioning or access constraint is capping growth.
TOMA plateauing while MOU lags	The brand is not winning the cognitive contest. Physician conviction is stalling — likely a messaging or differentiation problem. Review whether the right HCPs are being reached with a compelling reason to prescribe.
Both TOMA and MOU flat or declining	The brand has stalled at both ends of the funnel. This pattern requires a root-cause diagnostic before any tactical response — more promotion without diagnosis will not move either metric.

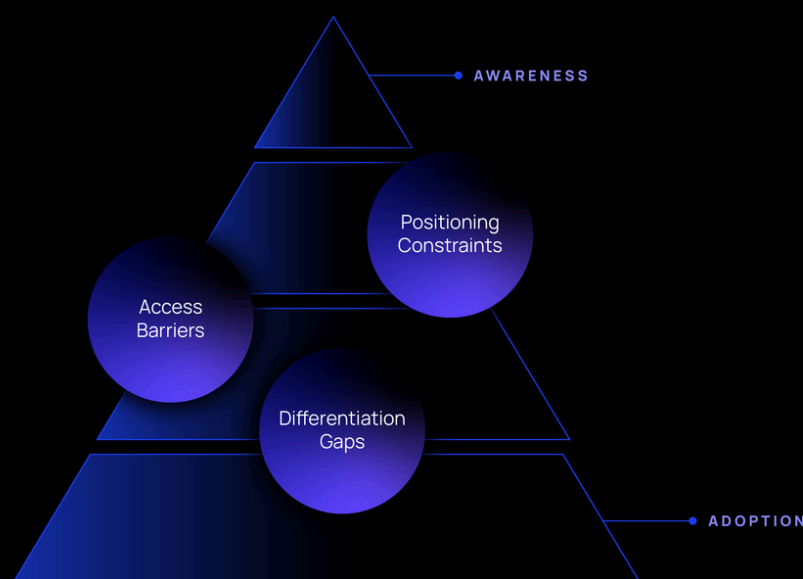
The Awareness-to-Adoption Gap

The benchmark data shows where brands end up. This section explains why some stall on the way there. Not every brand with strong awareness reaches strong prescribing - and the gap between the two tends to follow one of three recognizable patterns:

- **Access Barriers:** Unaided awareness is strong but penetration is low. Insurance or reimbursement hurdles are blocking physicians who want to prescribe.
- **Positioning Constraints:** Penetration exists but MOU lags. The brand is being tried but not becoming a default. Later-line or niche positioning is capping the addressable opportunity.
- **Differentiation Gaps:** Both awareness and penetration trail expectations. Physicians lack a compelling reason to switch. When both metrics lag together, the root cause is rarely execution – it's the value proposition.

Identifying the right barrier at Month 3 is worth more than diagnosing it at Month 12.

The Awareness-to-Adoption Gap



Barrier diagnostic guide: how to identify, respond to, and measure each pattern

BARRIER	SIGNAL METRIC	RESPONSE	WORKING WHEN
 Access Barriers	High unaided awareness + low penetration; HCPs want to prescribe but cite reimbursement or formulary hurdles.	Fix payer access before adding promotional spend.	Penetration starts moving independently of awareness.
 Positioning Constraints	Solid penetration but MOU lags; brand is being tried but not becoming the default	Sharpen patient selection messaging and use KOLs to demonstrate broader use	MOU begins closing the gap to penetration
 Differentiation Gaps	Both awareness and penetration lag; HCPs can't articulate a reason to prefer the brand	Problem is the value proposition, not execution – invest in data that creates a compelling clinical reason to switch	Unaided awareness and TOMA move together behind a clear prescribing narrative

ZoomRx's launch excellence research is designed to surface these patterns before they consolidate. ATU identifies which barrier is forming by Month 3. Promotional Effectiveness tracking reveals whether messaging is converting awareness into intent. HCP-Patient Dialogue exposes access friction and positioning mismatches at the conversation level. Patient Chart Audit maps whether the right patients are being reached in practice. And digital tracking - across HCP channels and patient social listening - flags gaps weeks ahead of field signals.

Together, they cover the full awareness-to-adoption funnel.

Four Imperatives for Launch Teams

Each of these barriers is addressable - but only if identified early enough to act before prescribing habits form around the competition.

Access failures need reimbursement solutions, not more detailing. Positioning constraints need a sharper indication strategy, not louder messaging. Differentiation gaps need a stronger value proposition, not better execution of a weak one. The wrong diagnosis wastes the only window that matters.

Pharma launches are not won at launch. They are won before it.

01

Begin awareness building before approval. Top performers arrive at Day 1 at 75% aided awareness - through disease education, congress presence, and publication programs. They almost never fall behind.

02

Track TOMA monthly. TOMA moves before prescribing data does. A plateau in months 1-6 is a signal, not a footnote.

03

Diagnose the conversion gap early. Each barrier requires a different response. By month 6, patterns are forming. By month 12, they're set.

04

Maximize the first six months. Awareness separates first, penetration follows, MOU locks in last. At Month 12, you're managing a trajectory already decided.

The question for every launch team is not whether these patterns apply. It's which archetype their current trajectory most resembles - and whether they still have time to change it.

The brands that win invest before Day 1, track the signals that matter, and act before the field has settled.

Glossary

Aided Awareness	Recognition when prompted: the starting point of brand visibility, built quickly through promotion
Unaided Awareness	Spontaneous recall without prompting: signals depth of memory; builds gradually through sustained engagement
Top-of-Mind Awareness (TOMA) [1]	First brand recalled spontaneously: the threshold where prescribing default status begins to form
Brand Penetration	Share of healthcare professionals (HCPs) who have prescribed at least once: measures trial and entry
Most Often Used (MOU) [2]	Share of HCPs who prescribe / use this brand more than any other brand : signals that the brand has become the default prescribing choice

ABOUT THE DATA

Based on ZoomRx Oncology-specific HCP survey data tracked since 2020: 44 brands, 10+ oncology indications. Metrics captured: aided awareness, unaided awareness, TOMA, brand penetration, and MOU.

Performance tiers are defined by brand penetration at month 24.

This analysis is observational; correlation between metrics and outcomes does not imply causation. Individual brand trajectories within each archetype vary from the median.

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Want to see how your current launch tracking approach compares to industry benchmarks? ZoomRx has analyzed X+ recent launches across X therapeutic areas.

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ABOUT ZOOMRX

ZoomRx is a life sciences consultancy trusted by 19 of the top 20 global biopharma firms to deliver AI-powered market research that turns complex data into launch-ready decisions. Our ZoomRx Integrated Launch Tracking unifies ATU, PET, PCA, and HCP-patient dialogue into a single, continuous research program spanning pre-launch through post-launch.

To learn more about ZoomRx Integrated Launch Tracking and how it can work for your team, visit zoomrx.com or reach out to your ZoomRx account representative.

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