

SCENARIO 01

The territory that isn't moving

DESCRIPTION:

It's week six of a new product launch. National uptake is tracking to plan, but one region is materially behind. Your AI flags the gap and attributes it to low HCP awareness among a specific specialty segment that your reps have visited but that shows no engagement with any digital touchpoint.

THE SIGNAL:

Rep activity logged, but no digital engagement recorded. Formulary access confirmed. No patient start data yet.

THE QUESTION:

*Could you identify which HCPs to prioritize, redirect messaging, and adjust channel mix **right now?***

IF YOU DON'T ACT NOW:

Launch windows don't stay open. Every week a lagging territory goes unaddressed is a week of prescribing habits forming around someone else's product. HCPs who don't start writing in the first 90 days are statistically unlikely to ever become meaningful writers.

The region doesn't recover and is characterized as a low-potential market. Resources get allocated to other regions.

SCENARIO 02

A competitor moves on day one

DESCRIPTION:

On the morning of your national sales meeting, a competitor announces an unexpected label update that directly addresses a prior limitation. Your field force is mid-briefing. Medical Affairs has an updated response ready but it hasn't been approved for distribution. Engagement data shows your top-tier HCPs received competitor communications in the last 48 hours.

THE SIGNAL:

Competitive event confirmed. HCP overlap identified. Field team mid-deployment. MSL bandwidth unknown.

THE QUESTION:

*Could you triage your highest-risk HCP relationships and coordinate a response **before the end of the day**?*

IF YOU DON'T ACT NOW:

Your top HCPs are reading the competitor's narrative right now, without a response from you. In high-stakes therapeutic areas, the first credible story wins. If your field force walks into tomorrow's calls without a counter narrative, they won't get a second chance to make that first impression post-label update.

| *Silence in a moment like this is confirmation.*

SCENARIO 03

The KOL who went quiet

DESCRIPTION:

Eighteen months before launch, your medical affairs team has been building relationships with a set of key opinion leaders. Your engagement tracking shows three of your top ten KOLs have gone dark with zero responses to outreach in the last 90 days and two of them spoke at a competitor-sponsored symposium last month.

THE SIGNAL:

Engagement history shows 90-day drop-off. Congress attendance data flags competitor symposium presence. MSL notes incomplete.

THE QUESTION:

*Could you assess relationship risk, identify which MSL owns each account, and trigger a coordinated re-engagement **today**?*

IF YOU DON'T ACT NOW:

KOL relationships built over 18 months don't disappear overnight, but they can transfer. A KOL who has spoken at a competitor symposium is already being cultivated by someone else. By launch, they may be shaping clinical opinion in the wrong direction.

You won't know it happened until you see their name on a competitor advisory board six months from now.

SCENARIO 04

The asset that stopped working

DESCRIPTION:

A marketing dashboard shows that email open rates for your flagship HCP campaign have dropped 31% over six weeks. The same content has been in rotation for four months. Engagement on the associated rep leave-behind is also declining. Your AI surfaces three alternative asset options with projected engagement lift based on cohort performance history.

THE SIGNAL:

Open rate decline confirmed across two channels.
Historical cohort data available. Alternate assets in content library, pending approval status unknown.

THE QUESTION:

*Could you swap the underperforming asset, push the change to active campaigns, and notify the field **in this moment**?*

IF YOU DON'T ACT NOW:

Every rep call backed by a stale asset is a spent opportunity. At scale, a 31% drop in open rates across your top segment means thousands of touchpoints are happening right now that are actively training your HCPs to ignore you.

Content fatigue is hard to reverse. The inbox that gets ignored for long enough becomes an unsubscribe.

SCENARIO 05

The patient who doesn't start

DESCRIPTION:

Prescription data shows a consistent pattern: HCPs are writing scripts, but a high percentage of patients aren't starting therapy. Hub data shows prior authorization denial rates spiking in two payer segments. Patient services has capacity to intervene but doesn't know which prescriptions are at risk in real time.

THE SIGNAL:

Rx-to-start gap widening. PA denial pattern identified by payer. Hub capacity confirmed available. Real-time script-level visibility unknown.

THE QUESTION:

*Could you identify at-risk prescriptions, route them to patient services, and trigger payer-specific support **before those patients abandon?***

IF YOU DON'T ACT NOW:

A script written is not a patient treated. Every prior auth that gets denied without intervention is a patient who doesn't start therapy that their physician believed in enough to prescribe. Some will try again, but many won't. For patients in serious disease areas, the delay has clinical consequence that no commercial recovery plan can undo.

This is the one scenario where the cost is measured in outcomes, not revenue.

The formulary decision that took you by surprise

DESCRIPTION:

A regional payer covering 180,000 covered lives moves your product to non-preferred status effective next quarter. You have 60 days. Your account team has a relationship with the medical director but no recent engagement data. Prescribers in the affected geography write 22% of your brand's volume.

THE SIGNAL:

Formulary change confirmed. HCP-to-payer attribution available in some markets. Account team last engagement: 4 months ago. Prescriber impact modeled at brand level only.

THE QUESTION:

*Could you model the volume at risk by HCP, prioritize account team outreach, and build a response plan **this week**?*

IF YOU DON'T ACT NOW:

Sixty days sounds like a long time, but it's not. Account team outreach takes weeks to schedule. Pulling together HCP-level impact models takes days if the data isn't connected. By the time a coordinated response is ready, half the prescribers have already told their patients about the change and alternative products are filling the gap. You may not get back a good portion of your brand.

Payers know their decision will be contested and they're counting on you not being ready fast enough to make a difference.

SCENARIO 07

The metric no one agrees on

DESCRIPTION:

In a monthly commercial leadership meeting, the sales team reports that performance is on track. Marketing reports that share of voice is declining. Analytics reports that new patient starts are flat. All three teams are using different data sources and different time windows. The decision whether to increase promotional spend cannot move forward.

THE SIGNAL:

Three data sources. Three definitions of "performance."
No agreed single metric. Leadership meeting ends without a decision.

THE QUESTION:

*If a decision had to be made **today**, which number would you trust and **could you defend why to the full room?***

IF YOU DON'T ACT NOW:

The meeting ends without a decision and another meeting is scheduled. The spend question stays open for another month while the market keeps moving. The less visible cost is what it does to the organization. When leadership can't agree on a number, they stop trusting each other's data. Every subsequent decision gets harder.

Metric disagreements don't resolve themselves. Every week that they persist, someone is making a resource decision on a number that they don't believe.

The rep who is in the right place at the wrong time

DESCRIPTION:

A field rep has a scheduled call with a high-priority HCP tomorrow morning. In the last 24 hours, that HCP wrote three scripts for a competitor brand, attended a competitor-sponsored webinar, and submitted a medical information request on a topic directly related to your product. The rep has none of this context going into the call.

THE SIGNAL:

HCP activity logged across three separate systems. Rep CRM shows only scheduled call. No aggregated HCP view delivered to field.

THE QUESTION:

*Could your rep walk into that call **tomorrow** with a complete picture **and a recommended approach**?*

IF YOU DON'T ACT NOW:

The rep walks in tomorrow prepared for a routine call. The HCP is primed by 24hr of competitor signals and has a specific clinical question your rep isn't prepared to answer. The call ends cordially and changes nothing. That HCP writes three more competitor scripts by the end of the week. Your rep files a call that says "good call, follow up next cycle".

The data existed to make that a different conversation but never reached the person that was in the room to make it happen.

SCENARIO 09

The patients starting to drift

DESCRIPTION:

Generic entry is six months away. Persistency data shows that a segment of long-term patients (on therapy for 18+ months) are beginning to lapse at a higher rate than historical norms. Patient services attributes it to cost conversations. Your AI flags that this cohort overlaps heavily with HCPs who have already indicated intent to switch at LOE.

THE SIGNAL:

Persistency decline in 18+ month cohort. HCP intent signal from survey data. Cost barrier attributed in hub notes. No coordinated retention playbook active.

THE QUESTION:

*Could you activate a coordinated retention strategy across patient services, the field, and payer teams **before LOE hits**?*

IF YOU DON'T ACT NOW:

Patients who have been on therapy for 18 months are not switching because the drug stopped working. They're switching because no one reached them at the moment the cost conversation happened. Once a patient transitions to a generic at LOE, re-engagement is rare. Inertia and cost favor staying put.

By the time persistency data shows the trend clearly, the patients you could have retained are already gone.

SCENARIO 10

The indication that expands mid-year

DESCRIPTION:

Regulatory approval for a new indication arrives three weeks earlier than projected. Your commercial team built targeting and messaging for the original timeline. The new indication opens a segment of HCPs (pulmonologists and rheumatologists) who were not in the original call plan. Your AI can identify the 800 highest-priority new targets nationally within hours. Your execution infrastructure is built for the old universe.

THE SIGNAL:

Approval confirmed. New HCP universe identifiable via AI targeting. Field territories not mapped to new specialty. Content not yet approved for new indication.

THE QUESTION:

*Could you expand your universe, realign territories, and brief the field **in time to matter**?*

IF YOU DON'T ACT NOW:

Early approval is a gift with an expiration date. The 800 highest priority pulmonologists and rheumatologists are currently forming opinions about your product without any engagement from your team because they aren't in a call plan yet. Competitors who were watching the same regulatory calendar are already moving. The first credible clinical conversation in a new indication sets the anchor. Right now, there aren't any reps in the room to have it.

Three weeks of early approval without execution is three weeks of missed market-shaping conversations.